

Health Promotion Strategies

Editorial

One of the clearest recommendations of the recently released *Strengthening Systems for Health Promotion* report is the need for better links between local, regional and statewide planning and delivery structures for health promotion. This is not just a matter of creating new interagency networks specifically for health promotion, but of making existing human services alliances work more effectively for the promotion of good health.

This second edition of Health Promotion Strategies focuses on a number of impressive regional and local developments that are responding to this need. Topics of particular prominence being addressed within these developments include mental health and child health.

Health promotion is now a well established focus within each of the nine Department of Human Services Regional Offices, each of which is funded to employ a Regional Health Promotion Officer (RHPO). These positions have now been in place for over two years and that time has seen an enormous development of the role and scope of regional health promotion effort.

The Public Health Division recently undertook a broad review of the function and focus of the RHPOs. It was particularly pleasing to see just how broadly health promotion approaches and opportunities were being taken up across the business of Department of Human Services at regional level. The review also reflected the huge challenge involved in balancing priorities, from efforts to enhance overall structures and systems for health promotion, through to coordinating funding and management of specific program initiatives.

The work of the RHPO varies widely between Regions, coloured by local priorities. However, there are common core elements such as Regional Health Promotion or Public Health Plans, management of statewide funding

programs, and contribution to major developments such as Primary Care Partnerships.

Discussions between Public Health Division and senior Regional Office staff over coming months will look at ways to further refine and focus health promotion activities in the context of enhancement of overall regional public health effort.

The work of the Northern Metropolitan Region has been recently showcased in a major Health Promotion Seminar and this is reported on in the opening article of this edition.

Another critical element in improving health promotion effort is research. We need to draw on health promotion research, particularly Australian and Victorian based research, to inform practice, make planning decisions and develop policy. Health Development Section is currently developing and disseminating a series of program planning papers based on review of best available evidence in specific topic areas. These are available electronically through the Department of Human Services website. Further papers will be commissioned and published in a rolling program over the next three years.

This edition profiles research from Victoria examining the issue of trust in collaborations. This is particularly relevant as the Primary Care Partnership reform (detailed in the first edition of this Bulletin) is well underway and a broad range of service providers are now working in various kinds of alliances and collaborative arrangements to integrate health promotion into their work.

Coming editions will provide an overview of the 12th National Health Promotion Conference and detail a number of major statewide health promotion strategies that will set new directions for the next three to five years.

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Celebrating Health Promotion Practice:

A Showcase of Work from Northern Metropolitan Region

The Northern Health Promotion Seminar was held on the August 21 and allowed Regional practitioners to showcase their health promotion programs & projects. Presentations were given by a number of agencies across the region including Nillumbik Shire Council, Darebin, Moreland, North Yarra and North Richmond Community Health Centres, the North East Health Promotion Centre, Youth Projects, the Coolibah Day Centre, the Victorian Aboriginal Health Service and Neami (Mental Health Service).

Additionally there were a number of poster presentations, from a variety of other agencies, on display throughout the day.

The insight and recommendations from the development (and implementation) of these projects were considered very useful and stimulating for the Regional practitioners, service managers, and Department of Human Services staff in attendance.

Kellie-Ann Jolly, Director of the North East Health Promotion Centre, gave the keynote address on the challenges to developing collaboration for health promotion - particularly relevant for Primary Care Partnership development.

A panel discussion, facilitated by Yvonne Robinson (VicHealth), on the challenges for health promotion development in 2000, provided much discussion and food for thought. Panel members included, Professor John Catford, Director, Public Health Division, Department of Human Services; Professor Vivian Lin, Head of School, School of Public Health, Latrobe University; Stephanie Lagos, Executive Officer, Migrant Resource

Centre- North East; and Tony McCartney, Chief Executive Officer, Victorian Aboriginal Health Service.

The Northern Metropolitan Region (NMR) was also pleased to be able to launch their Regional Health Promotion Action Plan. The plan has been a working document since Jan 1999 and it was timely to present the formal document.

The NMR asserts that the entire regional human service system have a responsibility to ensure the principles of health promotion are integrated in all service provision. A strong regional health promotion infrastructure and capacity will deliver better and more sustainable health outcomes for the NMR population. This includes organisations and adequate resources committed to health promotion, a skilled workforce, and a strong network of partnerships and collaboration across the Region.

This plan sets out the context for capacity building action, acknowledging the existing infrastructure for health promotion in NMR and health promotion development to date, and identifying:

- Future directions and action for building health promotion capacity and infrastructure in NMR.
- The regional priorities for health promotion action and how they are integrated with other priorities in the Region.

This plan is not intended to be prescriptive, but provides a framework for coordinated and collaborative action to achieve a strong health promotion infrastructure for population health

gain. It will be of relevance to anyone involved or interested in health promotion planning, purchasing and delivery within the Region. This may include specific health promoting agencies, other regional health service providers, people working in sectors and settings outside health, and Department of Human Services management and staff.

NMR has a strong foundation of good health promotion practice, including the Municipal Public Health Plans, health promotion strategies within Community Health, and the Women's Health Promotion Plan, as well as a wide and diverse range of health promotion activity by individual agencies across the NMR. Furthermore, the NMR has the North East Health Promotion Centre to support health promotion development in the north east of the Region.

Key drivers for health promotion development in NMR are the National and State policy context, local planning such as Municipal Public Health Plans, the Primary Care Partnership strategy and consideration of the determinants of health.

This document builds on the series of regional discussion papers disseminated in 1998 and 1999, which were based on consultation with regional health promotion stakeholders and aimed to set the scene for health promotion development in NMR. The Action Plan will be reviewed annually to evaluate progress, to update and add future health promotion strategies for the Region, and to ensure that the Region's priorities continue to be focused on the particular needs of its socially, culturally and linguistically diverse population.

Copies of the plan can be obtained from Bronwyn Diffey on 9412 2662 or by email: bronwyn.diffey@dhs.vic.gov.au.

Trust in Relationships Between Organisations

Rae Walker & Jenny Adam LaTrobe University

Trust and distrust are familiar concepts, although we rarely think about them in our daily work. Trust is a key issue in collaborative relationships between individuals and between organisations. This report is part of a larger project that is about exploring trust between organisations in the context of a primary health care system. On-going work will aim to learn more about trust, how people experience it and how people manage with trust in mind.

Trust is a key issue in collaborative relationships between individuals and between organisations.

Increasingly organisations are being required to work together to coordinate activities. Sometimes this means organisations join forces to act together on some matter (for example a joint injury prevention project), sometimes it means using mutually comprehensible and compatible processes within more than one organisation (eg common assessment protocols or common health promotion programs), and sometimes it means joint planning.

Collaborative relationships between organisations can take many forms. When organisations collaborate effectively they become more aligned with each other and the system they make up is said to be more integrated. As organisations and/or individuals get to know one another, trust may develop permitting a greater degree of cooperation. In the business literature this has been shown, amongst other things, to complement and make more sustainable contractual relationships, to enhance knowledge sharing, and to enhance the capacity of organisations to form strategic alliances.

Trust has been described as an efficient lubricant of relations. The value of trust in relationships between business organisations appears to have a parallel in the

relationships between health organisations.

Trust can serve two purposes: the first as a substitute for formal control systems and the second as an enabling condition that facilitates the formation of on-going networks for joint action. As trust declines, willingness to take risks decreases and greater protections against possible betrayal and costly mechanisms to defend interests are demanded. When levels of trust are low people are less inclined to work together and inter-organisational systems become more fragmented.

Health service providers operate in a competitive environment with scarce resources. This makes trust in relationships with other organisations harder to establish and maintain, but at the same time increases the value to be gained from it. While trust is fundamental to productive inter-organisational relationships, competitive organisational and environmental factors are likely to hinder its development. With that in mind we have been exploring what trust means in a primary health care setting.

What is Trust?

Trust within an organisational context has been examined within a range of disciplines, including organisational studies, management,

marketing, psychology, sociology, economics and philosophy, and in a variety of ways within disciplines. As a consequence, the literature contains multiple definitions, theoretical perspectives and ways in which trust has been analysed. One researcher argued that to study inter-organisational trust is to 'ride the organizational elevator up and down a variety of conceptual levels'. While trust is influenced by the psychology of individuals, it is also influenced by the way in which organisations go about their business.

Organisations can be managed in ways that support the development of trust. When health promotion people want to establish collaborative projects between organisations they as individuals, and their organisations, need to be alert to issues of trust. We think it is important to study the organisational and inter-organisational processes that can help create trust in order to facilitate the development of collaboration.

A number of researchers have distinguished between different forms of trust. One researcher in this area, Peter Smith Ring, distinguished between two kinds of trust in inter-organisational relationships. 'Fragile trust' is trust in the predictability of outcomes of a transaction. 'Resilient trust' is trust in the predictability of the goodwill of others. Fragile trust is focussed on particular relationships and objectives, and is a form of trust most common in business-type relationships. Resilient trust, on the other hand, is generalised and more typical of family and friendship networks.

However, the two forms of trust can merge into one another. It is helpful to distinguish between these two kinds of trust. It is easier to develop trust in relationships if the partners share the same assumptions. Conversely, it is harder to sustain relationships if the partners hold different assumptions.

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Mental Health Promotion—Rural Partnerships Program

In November 1999 VicHealth launched the VicHealth Mental Health Promotion Plan. The plan identified five target groups, older people, young people, Koori communities, rural communities and people who are new arrivals to Australia. Task groups were established for each target group with representation from health, community, education, sports, arts, corporate, philanthropic and legal sectors across Victoria.

The Plan describes three key themes critical to the promotion of mental health, social connectedness, valuing diversity and freedom from discrimination and violence, and economic participation. Funding has been allocated over the financial years 1999–2002 to support innovative practice and the development of transferable models to address the three key themes among the target groups.

Following the recommendations of the Rural Communities Task Group in the Mental Health Promotion Plan, and the endorsement of the Plan by the Board of Management, \$630,000 was allocated for the development and implementation of rural partnership programs during 2000–2001, with \$70,000 being allocated to assist evaluation of the funded projects.

The Rural Health & Development Branch of the Department of Human Services is contributing to the VicHealth Rural Partnerships Program through a \$10,000 allocation towards the evaluation of projects. A departmental officer from the Branch has also been a member of the project selection panel for the program and is involved in ongoing liaison with VicHealth on the development of projects.

Rural communities were invited to submit Expressions of Interest for funding of up to \$90,000 to undertake projects which addressed the development and strengthening of community infrastructure, reflecting the three main themes of the plan, and focusing on collaborative partnerships between community organisations, leaders and key agencies. Seven projects were successful including:

■ **City of Latrobe:** ***Celebrate Youth Project***

The project will deliver a range of health and well being promotional activities directed at increasing the levels of involvement and participation among young people in the City of Latrobe, targeting those who are disadvantaged and/or vulnerable. The project will provide opportunities for young people to plan and implement projects, and will further develop and strengthen the partnerships between participating youth organisations and services.

■ **Ballarat and District Aboriginal Cooperative:** ***Koori Young People's Project***

The project will involve young people (12–25 years) in the Ballarat Aboriginal community in the design and production of a video dealing with mental health and well being issues from the perspective of the young people. The video, and the learnings from the project will be disseminated as part of cultural awareness education throughout Koori communities and mainstream organisations in Victoria.

■ **Brophy Family and Youth Services Incorporated:** ***Rural Youth Enterprise Cooperative Project***

The project will extend and build on the development of the Kultcha Shift model located in Warrnambool which aims to initiate a Rural Youth Enterprise Cooperative (RYEC). The cooperative will provide opportunities for young people to develop skills, and participate in the management and conduct of a range of enterprises through a youth retail and service outlet.

■ **Rural City of Ararat:**

Partnerships for Rural Mental Health and Well Being

The project will engage local communities in Ararat and the surrounding districts in the promotion and development of economic participation through a collective and community owned approach to economic growth and social productivity.

■ **South West Health Care Macarthur Campus:** ***Macarthur Rural Women's Leadership Program***

The project will target women aged 18–40 years in the Macarthur and adjacent districts to address barriers to participation, provide leadership training, and develop relevant community structures and supportive environments to enhance participation and social connectedness.

■ **Ovens and King Community Health Service:** ***An Integrated On Line Youth Information/ Health Advice Service for Same Sex Attracted Young People***

The project will develop and pilot an integrated online youth information/health advice service that creates an environment which is safe and inclusive for same sex attracted young people (SSAYP), facilitated through partnerships with the local education and youth sectors.

■ **St Luke's Anglicare:**

Maryborough Mental Health Promotion Project

The project will target people on low incomes in Maryborough and will transfer and further develop and implement the learnings of the Shared Action (Long Gully) Project conducted in Bendigo during 1996–1999. The project will work with community members in identifying issues, and planning and implementing change in the local environment.

Healthy and Wise..... Promoting Positive Mental Health

The Healthy and Wise Program is a group based health education program for older people which has been developed by the Aged Psychiatry Service (Wangaratta Base Hospital), with funding from the Department of Human Services- Hume Region.

The aim of the project was to research, develop, trial and evaluate a group based education program which would reduce risk factors for depression in participants by:

- Promoting positive attitudes to ageing.
- Promoting positive mental health.
- Promoting overall health and wellbeing.
- Promoting individual resilience factors such as self-esteem and confidence.

The project was conceived as an attempt to proactively tackle the high incidence of depression amongst older people referred to the service, and to test whether mental health promotion strategies could be effective in improving people's mental wellbeing.

The program uses a primary prevention strategy and is designed for a general target group of people aged 50 and over. The most significant correlates of depression in older people are functional disability, chronic illness, lack of social support, bereavement and other losses, low income and cognitive impairment¹. These risk factors become more common with increasing age, hence the broadly targeted approach.

A major dilemma from the start of the project was to identify appropriate language with which to engage people in talking about such sensitive and socially stigmatised

issues as depression, mental health and ageing. Other critical dilemmas were how it might be possible to 'sell' a program, however worthy, which focussed on mental health issues and how to reach vulnerable people as a preventive measure without either targeting those already identified as depressed (no longer preventative) or inadvertently stigmatising people as 'at risk' of depression and therefore in need of such a program.

A way forward was found through establishing a positive title for the program, without creating a misleading euphemism. *Healthy and Wise* was selected for its capacity to cover physical and mental health and its connotation of honouring older people and their experience ('wise' being commonly used in this context). The concept of honouring older people's knowledge and experience was central to the process used through out the program.

The research process was seen as having much in common with community development processes. Community consultation was extensive, starting with key figures in local networks of older people and key professionals in this field and working out to further contacts suggested by these people. In addition to the research information obtained through this method, another intentional outcome was to raise awareness of later life depression and positive mental health amongst those involved.

Volunteers were sought from the target group of older people for more intensive interviews about personal perspectives on health, wellbeing, life experience, growing older and dealing with difficulties. These volunteers or 'mentors' provided a depth of insight into their

own experiences which was profoundly enriching to the project and together with information from traditional methods (such as literature review) informed the content and framework of the program. It should be noted that the mentor group was in no sense a representative sample of the local target population. As a piece of qualitative research, the process was about learning from mentor's descriptions of their experiences and drawing on common themes which it may be hoped would resonate with other people in their age group. More unique or idiosyncratic viewpoints were also of use in pointing to the range of ways in which people may interpret similar events or life stages.

Throughout the project the process was used to build partnerships with and amongst the wide range of individuals and organisations involved. This collaborative process created commitment to the program which translated into support with a range of later tasks such as reviewing the draft program, marketing the final program, presenting sessions etc. Mentors talked to their friends and the program gained local credibility before it even began.

Organisations involved in the project include community health services, Divisions of General Practice, hospital allied health staff, community legal service, local government aged care services, Senior Citizens groups, Probus groups, Older Adults Recreation Network, U3A and more.

The format of the *Healthy and Wise Program* was an eight session small group adult education program which uses a broad 'four-way fitness' (physical, mind, social and purpose fitness) framework to promote health and wellbeing. Topics discussed include Dealing with Change; Communication; Memory; Depression; Bereavement and Loss; Spirituality; Enjoying the age you are; Celebrating your wisdom; Legal and

continued next page

Healthy and Wise continued:

financial issues; Exercise and nutrition; Medical issues and self-care in partnership with your doctor; Introduction to local health, recreation and community services.

The program has run 8 times with 103 participants (age range 51–87). Only 13 men attended, work is currently progressing on a program which will better attract men in this age group. An independent evaluation, completed by the Rural Health and Lifestyle Group, Charles Sturt University, found that the mental wellbeing of participants significantly improved as measured by a pre-post test self-rating Geriatric Depression Scale and qualitative self-report post program.

This improvement was found to be sustained over a six month period post program despite many participants experiencing adverse life events during that time. Self-report indicates that wellbeing was maintained through changes in attitudes (for example 'program removed my fear of aging') and behaviours (for example 'stayed motivated by joining a fitness group'). Notably one third of participants scored significantly for depression symptomatology on the pre-test self-rating scale, exceeding community prevalence estimates for depression. Participants who were initially low in wellbeing benefited most from the program and there was an overwhelming endorsement

of the value of the program

The Healthy and Wise Program succeeded in its aim of promoting a sustainable improvement in the mental health and wellbeing of participants. Key aspects of the program which we believe have contributed to this success were ongoing community participation, the value placed on the knowledge of older persons, belief in their capacity to respond to a challenging program and the inclusive facilitation of the groups.

Reference:

1. Snowden, J. in Chiu and Ames, eds. *Functional Psychiatric Disorders of the Elderly*, 1994, Cambridge University Press.

Mental Health Promotion, Prevention and Early Intervention National Action Plan and Monograph

The way forward to better mental health and wellbeing for the whole community is through collaboration within and across all sectors to provide a spectrum of initiatives and interventions that will reduce mental problems and disorders and improve individual, community and organisational wellbeing.

The Mental Health Promotion and Prevention National Action Plan (*Action Plan*) was developed by the National Mental Health Promotion and Prevention Working Party (PPWP) during 1998 and a first edition was released early in 1999. Central to the development of this document is the belief that the way forward to better mental health and wellbeing for the whole community is through collaboration within and across all sectors to provide a spectrum of initiatives and interventions that will reduce mental problems and disorders and improve

individual, community and organisational wellbeing. It was always intended that the *Action Plan* would be a 'living document' that would be updated in keeping with advances in the evidence base and feedback from stakeholders. A second edition of the *Action Plan* is being finalised for distribution along with a Monograph document that outlines the theoretical and conceptual foundations of the *Action Plan*. These two documents will serve to progress the reforms associated

with the Promotion and Prevention and Early Intervention platform of the 2nd National Mental Health Plan. The second edition of the *Action Plan* will be widely circulated across Victoria. It is the intention of the Mental Health Branch, Department of Human Services, to lead a consultation process to gather feedback around the national documents and to assist in the development of future mental health promotion, prevention and early intervention strategies in Victoria. Involvement in these consultation forums will be broad with an attempt made to include as many communities of interest as is possible.

For further information or to register your interest in participating in the consultation process please contact Bill MacDonald on 03 9616 7602 or Linda Ivatts on 03 9616 7709, Mental Health Branch, Department of Human Services.

Child Injury Prevention Partnership

The Department of Human Services, Injury Prevention Program has established a Child Injury Prevention Partnership to assist with strategic planning, research and the provision of advice for child injury prevention activities across the State. Membership of the partnership consists of key stakeholder organisations including The Safety Centre (Royal Children's Hospital), Kidsafe- Victorian Division, Monash University Accident Research Centre,

Department of Human Services- Public Health Division (whose activities cut across the broad scope of child injury prevention issues).

The Partnership is seeking to establish links with the broader child injury prevention network, including relevant industry and other government sectors. As an initial strategic planning step, the Partnership is conducting a preliminary mapping exercise of

significant programs with a view to exploring the viability of developing partnerships around areas of strategic importance.

If your organisation is conducting a major program on child injury, we would like to hear from you. The terms of reference and further contact can be made with Nicola Rabôt, Manager, Injury Prevention Program, Department of Human Services, ph: 9637 4251, email nicola.rabôt@dhs.vic.gov.au

Child Health Record Update

The Child Health Record (CHR) is a valued part of child health practice in Victoria and should keep pace with current child health policy and practice, meeting the needs of both parents and professionals.

The Department of Human Services has recently engaged a consultant to undertake a six month project to advise on design options to improve the CHR. The project is underpinned by the findings of the three evaluation studies conducted in 1997/98 which looked at the use of the CHR by parents and

professionals, including parents from culturally and linguistically diverse backgrounds. Evaluation feedback indicated that the current CHR was too big and bulky but there was general satisfaction with the child health topics and information content in the current book. The CHR redesign will consider the development of a single resource package incorporating the three core functions of child health information, record keeping including immunisation and data collection. The project is being managed by Health Development, Public Health Division and overseen by a steering group with representatives from:

- DHS programs - Corporate Communications, Maternal & Child Health and the Maternity Enhancement Services
- Royal Australian College of General Practitioners
- Early Childhood Unit, Centre for Community Child Health, RCH.

Information about the redesigned CHR will be circulated child health professionals prior to its release midway through next year. For further information please contact Toni Collins ph: 9637 4014, email toni.collins@dhs.vic.gov.au

Trust in Relationships

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Trust in the Primary Care System

Because trust is such an interesting, important, but difficult idea, we decided to explore what it might mean in a primary health care system (as the first step in a larger project). Focus groups¹ were run with four organisations involved in joint activity with other health care organisations. In the focus groups, participants were asked a range of questions, which aimed to encourage

them to talk about their experience of trust in their relationships with staff from other organisations. One of the clear messages from the focus groups was that trust has benefits for health service providers in their work with each other. Positive outcomes of trust reported included:

- Reduction in workload due to better and easier communication.
 - Sharing of information.
 - Increased referral of clients.
 - Improved client outcomes, through better communication between professionals.
 - Less need to function in a way which focuses on self-protection..
- Most participants felt that trust in the

partner depended primarily, if not solely, on their interactions with particular individuals. However, organisations can have considerable influence on the ways individuals behave. The characteristics of trusted partners, as described by the participants, can be classified into three groups:

- Ability to undertake the work.
- Ability to relate well across organisational boundaries.
- Values and motivations, which support joint activity.

Time was perceived to be critical to the process of developing both functional and relational trust. Along with organisational factors, environmental influences such as competition between organisations for resources was considered to be a key factor influencing the development of trust between partners.

The 12th National Health Promotion Conference

Health Inequalities – Reflecting Back, Stepping Forward

29 October – 1 November 2000, Hotel Sofitel, Melbourne

A reminder that early bird registrations for the 12th National Health Promotion Conference will be closing on Thursday 31st August 2000. Early Bird registration represents a saving of \$50 per delegate. If you are a non Health Promotion Association member, you can save \$100 per delegate by simply signing up as a member of the Australian Health Promotion Association with your conference registration form. Full corporate members are entitled to five registrations at member prices.

Over 235 abstracts have so far been received and are being processed for selection. Initial indications are that this conference will be an

outstanding and significant public health event. The theme of 'health inequalities' will build upon the recent Fifth World Health Promotion conference in Mexico.

Keep your eye on the website for the latest update on the conference program as plenty of leading national and international speakers are still being confirmed. If you would like more information on exhibiting, presenting, sponsoring or registering, please either:

- Register your interest on the Conference website:
<http://www.icms.com.au/health>
- Fax us at 61-3-9682 0288
- Email us at health@icms.com.au

THE CRITICAL EARLY CHILDHOOD YEARS: *Rethinking Current Interventions and Strategies*

Inaugural National Conference, hosted by The Queen Elizabeth Centre, Melbourne 10 and 11 November 2000

What are the key issues today for children 0-5yrs in high risk families?

What can we learn from the latest research into early childhood development?

What are the best approaches for service provision?

International Keynote speakers Dr Debra Phillips and Dr Fraser Mustard will release new research findings which have implications for all service providers involved in maternal and child health, child protection, early education, family and children's courts, foster care, child care, paediatrics, midwifery, obstetrics, psychology.

The conference themes will be:

- New understandings of early childhood.
- Care and education.
- Prevention and early intervention for parents and children.
- Building parenting competence.
- High needs families; high risk infants.

For further information and registration forms please contact the Conference Secretariat, Gini Solutions on
Tel. 03 9859 5508, mobile 0419 178 138, fax 03 9859 0519 or e-mail: gini@optusnet.com.au

The Health Promotion Education Training calendar

is now live on the net. This searchable on-line calendar of education and training events will provide an integrated source of information for health promotion related seminars and training workshops. Fill in details of your course online at

<http://www.dhs.vic.gov.au/vhp/index.htm>

Health Promotion Strategies is a quarterly production of the Health Development Section within Public Health Division, Department of Human Services. This document can also be accessed via the internet at <http://www.dhs.vic.gov.au/phd/0007089/index.html>

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