

Health Promotion Strategies

This edition of *Health Promotion Strategies* is focuses on rural health promotion. This comes in the wake of Rural Health Week, with this year's theme being 'City:Meet the Country Healthy Participation'. The week's activities centred on rural living and health issues are rural Victorians and included a lively exchange of information, techniques and resources.

The recently released report *Burden of Disease Estimates 1996 in 78 Local Government Areas of Victoria* highlights the evidence of the disparity of health status between people in metropolitan and rural Victoria. There are significant differences in the rates of the leading causes of burden (that is cardiovascular disease, cancer and mental disorders).

Examination of the risk factors that lead to disease shows that the major risk factors for men (tobacco use, physical inactivity, high blood pressure, alcohol harm) contribute more to the burden of disease for males in rural areas. For women, the major risk factors (physical inactivity, high blood pressure and tobacco) also cause slightly more disease in rural areas than in metropolitan areas. Strategies to reduce this burden need to focus on not only reducing the exposure to these risk factors, but also need to tackle the broader determinants of health that impact heavily on this burden.

The policies and activities of many Government divisions acknowledges this disparity of health status and has a strong commitment to improving rural health and well-being.

The Department of Premier and Cabinet administers the Community Support Fund Grants (CSF), which aim to address specific needs within the community, particularly disadvantaged communities, and to assist them to work together to provide positive solutions and meet local needs. To address rural needs specifically, the CSF provides funds to the Department of State and Regional Development for the Rural Community Development Program.

The Policy & Strategic Projects Division is a key player in rural health promotion. Units within this Division are engaged in policy development, service delivery, and specifically, health promotion.

The Health Development Section, Public Health Division, is undertaking a number of projects that focus on working with communities and organisations in rural Victoria. These include the distribution of the new *Child Health Record*, retinopathy screening in several rural locations, rural workforce development initiatives for health promotion and Walk and Talk Programs in rural locations. This section has also undertaken two major rural health promotion initiatives.

The Rural Men's Health Program is featured later in this issue. The Rural Health Promotion Development Program (RHPDP) funded ten projects in the five rural regions aimed at building health promotion capacity in rural Victoria. The projects had a common focus of heart disease. The summary report for the RHPDP will be released in early June.

A partnership between three divisions of the Department of Human Service—Public Health, Aged, Community and Mental Health, Policy and Strategic Projects and Regional Health Promotion Officers (from the rural regions) has been established to provide a strategic and coordinated approach to rural health promotion. This planning will be supported by the learnings of these two major programs, the Primary Care Partnership health promotion strategy and the draft Health Promoting Regional Strategic Framework (currently being developed by the Health Development Section and Regional offices).

The range of agencies and organisations involved in rural health promotion is enormous, and the articles presented in this edition of *Health Promotion Strategies* give a small snapshot of activities. One of the greatest challenges for us all is to truly work within a *social* model of health so as to impact on the broader determinants of health that critically affect the health and well-being of rural communities.

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Regional Snapshot...Men's Health Planning and Suicide Prevention in Loddon Mallee Region (LMR)

During Rural Health Week 2001 two key strategic health promotion plans, the Strategic Framework for Men's Health Planning in the Loddon Mallee Region and the Connections Suicide Prevention in the Loddon Mallee Region Action Plan, were launched by the Loddon Mallee Regional office.

Research had identified that men, particularly those living in rural environments, have a poorer health status than women. In every age group from birth to old age, men's life expectancy is considerably less than women's and the trend is not improving.

The aim of the Strategic Framework for Men's Health Planning in the Loddon Mallee Region is to provide a resource and guide for health service providers, within the LMR, to facilitate and support appropriate and sustainable health services that address men's health issues.

Meeting this aim requires appropriate strategies that target the identified needs or health priorities of men in a

specific community. This resource will assist health service providers and Primary Care Partnerships (PCPs) within the LMR for use when identifying, prioritising, planning, implementing and evaluating men's health services.

The Connections Suicide Prevention in the Loddon Mallee Region Action Plan was developed in response to the following issues:

- Lack of consistency in a conceptual approach to suicide and suicide prevention.
- Lack of developed and formalised pathways among and between services and the general population.
- Social and geographical isolation of a number of groups within the Region.
- The importance of continual training and education for health care professionals and communities.

The recommendations developed from these issues concentrated on reducing the incidence of attempted and completed suicide and the resultant impacts on communities. One of the main recommendations was to encourage the use of population-based models of service delivery in order to promote the development and support of protective connections between individuals, groups and communities.

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publications.htm

Supporting Culture and Linguistic Diversity

The Centre for Culture, Ethnicity and Health (CEH) is a statewide organisation funded through the Aged, Community and Mental Health division of the Department of Human Services. The Centre's focus is largely upon the provision of services to the primary health care sector. In order to provide services to all areas of Victoria the Centre has developed a website to disseminate information, to create a climate of cross-fertilisation of initiatives and to promote its services.

www.ceh.org.au

The site provides information such as:

- A guide to websites that offer translated health and welfare information.
- The CEH library catalogue online.
- The CEH seminar and training services.

- A list of relevant conferences, seminars and other information.
- Links to other relevant websites.
- Current research endeavors.
- An inventory of all health promotion/education across the State pertaining to cultural and linguistic diversity.
- An inventory of all activities within rural and regional areas that are of relevance to diversity.
- A description of PCP initiatives with regards to diversity issues.

The Health Promotion Inventory aims to create a climate where practitioners who are about to develop a program can:

- Investigate who has developed a similar one.
- Programs that have been developed and how.

- Determine what was successful or could have been improved.
- Reference any translated material they used.
- Evaluation techniques.

Eventually the Centre hopes to promote this as a resource to acute health discharge planners. The Centre would appreciate and encourage feedback on this site. If you have a program that should be posted please send details electronically to the Centre.

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The Rural Men's Health Program

The 1998 Australian Institute of Health and Welfare (AIHW) report, *Health in Rural and Remote Australia* states that death rates for rural males are 6 percent higher than for those living in capital cities. The identifiable health risks for those in rural and remote areas include isolation and reduced access to health care, poverty, greater exposure to injury, lower road quality, and Indigenous health needs.

In 1998-99, nine community-based men's health projects were established with Departmental funding across the State's five rural Departmental regions. Grants of \$30,000 were provided for programs of six months duration. The aim of the projects was to develop and strengthen health promotion responses to rural men's health needs. The Centres for Rural Health and Applied Research and Development, Monash University were commissioned to evaluate the projects and prepare a report. A brief summary of the funded projects includes:

- **Happy Healthy Men** (Otway Health and Community Services): A key feature of the study involved local, predominantly older men, in an action group to create and present a play. The play provided a vehicle for examining health issues of concern to the participants and wider community.
- **Bloke to Bloke** (Bairnsdale Regional Health Service): The project sought to develop and implement a men's health promotion program for East Gippsland. The target audience was predominantly men aged 50 plus in isolated circumstances, such as unemployed men and men working in high risk occupations.
- **Rural Men's Health Program** (City of Ballarat): The project focused on health and safety aspects of work, such as preventing back injury and promoting general health and wellbeing.
- **Hamilton Rural Men's Health Program** (Western District Health Service): The Hamilton project established a peer group education program in men's health. Respected community volunteers were selected and trained to act as peer educators. Achieved outcomes included effective liaison between men, health professionals and health agencies.
- **Whole Men Care** (Hepburn Health Service Inc.): This third stage of an ongoing project had multiple target groups, including men aged 25-50 years who had little involvement in previous health initiatives. Apart from continuing to raise awareness, project workers implemented a workplace-based health program which investigated men's well-being issues.
- **On the Road** (Wellington Men's Health Alliance): The project goals were to increase awareness and knowledge; to develop a transportable men's health program; and to initiate ongoing activities. The group of interest included rural men aged 35 and over, men's sporting clubs, community groups and a general men's group in three of the towns.
- **Maryborough Rural Men's Health Program** (Maryborough District Health Service, Cobaw Community Health Service and Inglewood and District Health Service): The project initiated a community-wide activity aimed at some of the small towns in the Loddon-Campaspe region. In these towns the project worked with employees of an abattoir and a school, with the aim of promoting the health of men in the workforce and raising awareness of healthy habits and preventable diseases.
- **Preserving the Health of Goulburn Valley Men** (Goulburn Valley Community Health Service): This project sought to identify health issues of major concern to Koori men and support self-help models of practice so that men become more responsive to the services provided by the health system.
- **Rural Men's Health in the Workplace** (Upper Hume Community Health Service, Upper Murray Health and Community Services, and Latrobe University Rural Health Unit): This project was designed to reach middle-aged and older men through their workplace, to develop a specific men's health program directed to early intervention and support. Working with men from the Victorian Plantations Corporation and the Murray Goulburn Cooperative Limited, this project focused on the barriers that prevent men from seeking medical attention and health-seeking behaviours.

This article is based on a report to be released shortly. For further information regarding this report please contact:

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News Flash—State Budget

The 2001 May State Budget contains a major building program for rural health, with \$56.2 million of new capital works over four years and an expansion of ambulance services, building on the first Bracks Government Budget. For more information on the boost to services for rural Victoria visit:

<http://www.dhs.vic.gov.au/>

The Alberton Project—A Community Redevelopment Program

The Alberton Project is a community redevelopment program, that commenced in 1999 and focuses on building community capacity in a holistic context.

The strength of regional Victoria is dependent on the strength and sustainability of rural communities.

In this sense, 'holistic' means social, spiritual, environmental, cultural, and economic values that leads to a confident, vibrant, and energetic community exhibiting an outstanding lifestyle. The Alberton Project has been taken from the former municipal district of Alberton Shire, which now forms part of the greater Shire of Wellington. The Alberton district has a current population of 5800 who reside primarily in a farming community, with a number of coastal and hinterland townships. The largest urban community is the township of Yarram, with a population of 2000, located 220 km southeast from Melbourne. Yarram was founded in the 1850s as an agricultural village serving the mixed farming communities of the district, and the rail line from Melbourne was connected in 1921.

This project is assisted by a consortium of five partner organisations, including the Wellington Shire Council, the Victorian Farmers' Federation, the Department of Human Services, the Department of Natural Resources and Environment and the Yarram and District Health Service (lead agency). The Department of Human Services has funded \$165,000 over a three-year period.

The Alberton Project is utilising community development principles initially introduced in Nebraska in the United States, which was more recently adapted by the Western Australia Community Builders Initiative program. The feature of the program is the acceptance by the whole community of ownership of the process and its outcomes, with development

being created from the inside out. As such, the management team driving the Alberton Project is presented as facilitators working with, and for, the community to achieve the goals and objectives expressed by the citizens.

The rationale for such a project included:

- A declining population with the loss of approximately 500 people from 1990 to 1998 from the community, plus a projected further loss of 900 people by 2021.
- The loss of the energising sector of the population (18 to 34 year olds).
- A falling birthrate, an aging population and increases in the 55 to 80 year old segment.
- A loss of vitality within the community, declining workforce and economy.
- The loss of critical mass, and hence the capacity to generate and sustain development is restricted and job opportunities are minimised.

The Aim of the project is to:

- Build human capacity at the local level.
- Empower local people to lead.
- Build relationships, partnerships and networks within the local community.
- Work together to improve social, cultural and physical aspects of the community.
- Lift the economic self-sufficiency of the district.

Community Capacity Building What does it do?

Community capacity building models aim to build the skills, motivation and information base of rural people. It enables communities to manage the process of change in their own districts. It also helps inform and activate community members to deal with issues that affect the desired way of life at the local level.

Ways of saving small rural communities

- The old way is to invest in a factory (the industrial estate as an economic saviour).
- The new way is to invest in the community (inside-out development, that is, the program will only be successful if the community owns the vision, the process, and the outcomes).

What is involved?

- The community get together to assess the district's strengths and assets, human and economic, and define the themes to work on to improve life in the district.
- The community conducts a Community Opportunity Workshop (COW), which is the community launch of the program.
- The community agrees to work together cooperatively to achieve their own goals.
- The community establishes the goals by undertaking a LAND (Liabilities, Assets, Needs, and Desires) exercise, for example they ask themselves 'What do we want our community to be like in 2020?'
- The community sets priorities and individually indicates their interests in the areas in which they will help.
- Post-COW action includes the use of planning tools to give a snapshot of the community, and also to engage the citizens including a community profile, a community needs and assets analysis, a community economic audit, a community skills register, a platform for youth affairs and implementing the evaluation process.

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Partnerships Working Together for Rural Communities

The Victorian Universities Rural Health Consortium (VURHC) is a consortium of Melbourne, Monash, La Trobe, Deakin and Ballarat Universities and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

VURHC's statement of purpose is:

Improve the health of Aboriginal and rural communities through improved access to education, training and research, and partnerships in community and service development.

This is enacted through active involvement in the issues of student recruitment and rural health placements, health curriculum development, rural health research, rural health workforce development, the use of new communications technology in health information and service provision, supporting health initiatives for Aboriginal people, and promoting better health within the rural sector.

The key to our achievements is the development of partnerships with rural communities at each of the VURHC

'nodes' (locations at Shepparton, Traralgon, Bendigo, Warrnambool and Ballarat), so that rural people can have an active role in shaping VURHC's strategies to promote good health and improve health services in their area.

One example of work being done by a VURHC node in partnership with the community is the Goulburn Murray eXchange (GMX) in Shepparton. This project, led by the University of Melbourne Department of Rural Health and funded by the Commonwealth Networking the Nation Program, has been established to create

GMX.com.au, an Internet gateway for the Goulburn Murray Region, embracing business, community, health and education.

GMX brings together a wide variety of stakeholders who are working together for the whole community. A simple example is that GMX facilitates awareness, education and action programs that redefine complex IT issues into common sense, easily implemented business development plans. In this way GMX builds regional

capacity, helping the community collaborate, grow and develop. This approach also redresses access and equity issues arising from distance in regional Victoria, through the effective use of information technologies, especially the use of the Internet as a common platform. GMX is governed by its own board of management, and has a number of task groups, including an IT advisory panel and business, health and education content teams, with members who represent the local community.

This project demonstrates VURHC's commitment to work together with rural communities and other stakeholders to provide better access to health information and services for rural people.

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Commonwealth Contributions to Health Promotion Development in Rural Victoria

The Commonwealth currently funds a small number of health promotion projects in rural area, as well as some programs that have health promotion components.

Ten of the eighteen National Child Nutrition Program projects are based in rural Victoria. These focus on disadvantaged areas or population groups and have a range of strategies, such as working with schools, childcare centres and kindergartens, training professional staff who work with parents or children, production of useful resources (for example nutrition information developed for Vietnamese communities) and using educational approaches to increase understanding of nutrition among pregnant women.

The Commonwealth has worked closely with the Public Health Division (the Department of Human Services), VicHealth and the Royal Children's Hospital to ensure the projects use current policies, guidelines and best practice evidence for quality health promotion action.

The Regional Health Service Program is providing small communities (less than 5000 people) with access to extra primary health services, focused on locally identified needs. Twelve staff funded by this program will have health promotion roles to some extent. In most cases, they are drug and alcohol, youth health or mental health workers.

The Commonwealth's joint action group on population health has undertaken a national consultation with the general practice sector. This group will soon complete a National Consensus Statement to provide guidance on the general practice sectors' future enhanced population health roles. The Commonwealth has also funded a number of Divisions of General Practice to run a range of general practitioner education and training activities around mental health.

The Rural Chronic Disease Initiative is a two-stage program aimed at assisting

people in small rural communities to prevent and better manage chronic diseases, depression and disabilities caused by preventable injuries such as farm accidents. A pilot stage starts soon and a funding round will be publicly advertised in mid 2002.

New community-based suicide prevention projects will also be announced by the Minister for Health and Aged Care in the coming months. A further funding round is also imminent in Victoria, which seeks to improve the follow-up of suicidal clients of hospital emergency departments, including rural areas.

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There is also a new website for the Rural Chronic Disease Initiative at: www.chronicdisease.health.gov.au

Promoting the Mental Health of Same Sex Attracted Young People in Rural Victoria

In June 2000 twelve sexual diversity projects were funded under the Sexual Diversity Grant Program (a partnership between VicHealth and Department of Human Services). The focus was same sex attracted youth (SSAY) in rural Victoria.

The rationale for funding this particular group was based on clear evidence that same sex attracted young people have poorer health outcomes than their mainstream counterparts, and that isolation associated with living in rural areas can exacerbate health problems. Research shows that for young people there are increased rates of suicide and depression, increased homelessness, more likelihood of being victimised at school and higher levels of problem alcohol and drug use.¹ In addition, SSAY in rural areas face isolation, with fewer opportunities for connecting and belonging to their rural communities, higher levels of homophobia and discrimination and lack of support from any adult gay or lesbian community.²

Social connectedness and freedom from discrimination are two of the key underlying determinants for mental health.³ The current projects have been involved in many processes and activities to increase SSAY connectedness, and tackle rural discrimination and, in some towns, homophobia.

The implementation of these varied rural SSAY projects has included:

- Professional development session for teachers in secondary school.
- Drama performances, followed by public discussions.
- Strengthening of rural networks to provide access to services.
- Building lists of SSAY friendly health providers.
- The development of a local

website and posters and programs with secondary students around valuing and celebrating diversity.

Although there are numerous indicators of progress, problems have resulted for some projects, stemming from the nature of media coverage the project has attracted. This issue is of relevance for health promoters who may be undertaking culturally or socially sensitive programs.

Negative media stories have included inferences that projects were 'recruiting' students, and that school programs were promoting homosexual lifestyles. Of particular concern has been the lack of media discussion about the mental health aspect of these projects for young SSAY rural people. The power of this coverage to cause groups, including schools, to question the value of these projects and in some instances to withdraw has been a hard-learned lesson.

One strategy to offer support for workers in rural areas was the establishment of a project network. The network group uses an email server list to share and discuss issues and experiences related to their projects. The group has also met three times, and at one session explored writing and talking with the media around same sex attracted issues. The focus of the workshop was for workers to 'tell and sell' their project stories with the health message and to not be side-tracked or drawn into dialogue that can misrepresent their project. The workshop also looked at techniques and strategies to advocate for SSAY, and to use the media to tackle discrimination issues where appropriate.

The experiences from this project have highlighted the need to consider skills and protective networks for project workers who may be personally alienated by working and advocating for marginalised groups. Currently a

report is being prepared to share the learning from these projects, and the continuation and extension of the network is also being explored.

Project workers have reported that advocacy skills and knowing how to work with the media have been extremely important. These skills have helped the Sexual Diversity Projects avoid being railroaded by moral arguments, and focused on the health inequalities that young rural people face.

While it is clear that much work is still needed to tackle discrimination and create safe and supportive school environments for same sex attracted young people, how best to do this requires careful consideration. The sharing of project experiences through a final Sexual Diversity Project Report later in the year should provide some direction for future plans.

Schools or workers interested in being part of a network, or for more information generally, about the Sexual Diversity Projects, contact:

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References

¹ Hillier L, Dempsey D, Harrison L, Beale L, Matthews L and Rosenthal Doreen, *Writing themselves :A National report on the sexuality, health and wellbeing of same sex attracted young people*, Monograph Series no 7, National Centre in HIV Social Research.

² VicHealth Sexual Diversity Grants Scheme Issues Paper, March 2000.

³ Mental Health Promotion Plan 1999-2002, VicHealth. This can accessed at the website:

www.vichealth.vic.gov.au/HEALTH1.pdf

Scratching for Answers...Community-Wide Head Lice Education

The Communicable Diseases Section of the Department of Human Services is undertaking a community-wide head lice education and awareness program. Its primary objectives are to debunk the myths regarding the treatment, management and control of head lice.

New information has been distributed through primary schools, childcare centres, Department school nurses and general practice clinics to enable families to adopt a head lice control strategy that is effective, safe, environmentally friendly and inexpensive. Head lice treatment has moved in a new direction, and much of the previous information is outdated, unnecessary and, in some cases, inaccurate. Promoting a consistent evidence-based attitude to the problem is a vital step in the management and control strategy.

Important changes introduced in the new pamphlet include the inclusion of treatment options other than the use of insecticides. Australian and international research suggests cleaning or treating household or classroom environments is unnecessary; hence the emphasis to concentrate on the head.

The Department is working collaboratively with the key stakeholders, including the Department of Employment, Education and Training, the Pharmaceutical Society of Victoria, the Hair and Beauty Industry Australia, the Victorian Primary Principals Association, childcare

centres and local government to reinforce an accurate, consistent approach to the management of head lice infections. This collaborative, community-wide approach is vital, as head lice cannot be eradicated.

While the responsibility for the detection and treatment of head lice rests with parents, it is important they are supported through practical advice and a sympathetic attitude to avoid stigmatising those families experiencing difficulties. It is not uncommon to hear from families who have experienced a 'head lice problem' in their household for many months. One of the factors often underestimated by many people is how much effort these families expend in order to combat the problem.

Maunder's research shows that itching and scratching are unreliable signs of pediculosis, and a high proportion of children do not display any symptoms. Professor de Maeseneer and colleagues illustrated, in a recently published study, that 'traditional (dry) scalp inspection is a poor technique for detecting head lice, as 30% of its positive results and 10% of its negative results are false'.^{1,2} However, parents need to check their children regularly for head lice and develop an understanding of the treatment messages.

The conditioner method used to check for head lice is a highly effective technique widely promoted as the most effective detection method available. Combing a child's dry hair once per week with ordinary, inexpensive hair conditioner will detect and contain the head lice problem for many households. This stuns the head lice and makes it difficult for them to grip the hair. It is preferable to use a comb with long, rounded stainless steel teeth positioned very close together, however any head lice comb can be used.

All of the new information can be downloaded from the new Departmental website dedicated to the management and control of head lice at: www.dhs.vic.gov.au/phd/headlice

If you have specific questions please contact:

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References

1. Maunder JW, *An update on headlice*. Health Visit 1993; 66(9):317-8.
2. De Maeseneer, J, Blokland, I, Willems, S, Vander Stichele, R, Meersschaut, F. *Wet combing versus traditional scalp inspection to detect head lice in schoolchildren: observational study*. BMJ 2000; 321(7270): 1187-8.

The Alberton Project continued from page 4

Will it work?

The Western Australian and United States experience shows that the Alberton Project does work. The political environment is right.

The extent of success of these interactive programs depends on:

- The degree of community participation achieved.
- The involvement of all sectors of society in the process.
- The degree of participant enthusiasm and enjoyment.
- The effectiveness of media support.

- Early achievement of practical results.
- The continuing commitment of the program partners.

Since the COW in March 2000, the Project has followed two key directions:

- Community capacity raising, and the development of partnerships with organisations that have a capacity and/or responsibility to deliver services to this community.
- Through the Strategy Group, panels for individual purposes have been set up with co-opted memberships.

There are now panels for tourism, agriculture, education and training, groundwater, and the Yarram airfield. These panels are forming partnerships of their own to achieve outcomes. Examples include improved tourist promotion and signposting, farming learning group, developing an integrated education plan, a Government study into groundwater issues and a strategy plan for the local airfield.

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Working Together: Communities, Professionals, Services World Conference on Rural Health

Australia will host the fifth WONCA (World Organisation of Family Doctors) World Conference on Rural Health in Melbourne, Australia, with the main program running from 30 April to 3 May 2002.

The organisers of the fifth World Conference have adopted as the theme for the Conference: *Working Together: Communities, Professionals and Services*. The topics for submission of abstracts are:

- Rural-urban interface.
- Indigenous health.
- Gender issues for professionals in the rural workforce.
- Recruitment and retention of the rural workforce.

The closing date for submission of abstracts is 15 September 2001. Details on submitting an abstract and further information about the Conference can be found on the Conference website, www.ruralhealth2002.net or contacting the conference organisers at:

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50th Anniversary Conference of the International Union for Health Promotion and Education (IUHPE) July 15-20 2001, Paris, France

Approximately 1500-2000 professionals in health promotion, health education and public health from around the world will come together to share knowledge and experiences and to debate contemporary health issues under the conference theme *Health: An Investment for a Just Society*. For more information about the conference, visit the website www.iuhpe.org

In future editions, *Health Promotion Strategies* will feature highlights and provide details of outcomes from this conference.

About this Publication

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The Departmental editorial committee for this edition included:

- Sue Heward, Julie Hoy, Tony Blackwell, Health Development Section, Public Health Division.
- Ben Witham, Rural Health Programs, Policy and Strategic Projects Division.
- Kristina Basile, Loddon Mallee Department of Human Services Region.

The topic of the next *Health Promotion Strategies* bulletin is **Volunteers and their contribution to health promotion development in Victoria**. Contributions for this edition will accepted up to **3 August 2001**. For a copy of the Guidelines for Authors, other editorial matters and requests for copies of *Health Promotion Strategies* please contact:

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Sixth National Rural Health Conference

The Sixth National Rural Health Conference in Canberra wound up on 7 March 2001. The ABC's webcast of the Conference is available at:

www.abc.net.au/rural/health/default.htm.

This includes a number of conference papers, at www.abc.net.au/rural/health/paper.htm.

Conference papers will also be progressively posted to the NRHA website at: www.ruralhealth.org.au/sixthconf/program.htm

Injury Prevention 2001—Linking research, policy and practice for safer injury free communities

On behalf of the Australian Injury Prevention Network and Farmsafe Australia, the Organising Committee invites health and injury prevention professionals and researchers, farmers, graziers and farm workers, medical practitioners and other health and safety professionals, government officers and other interested people to participate in Injury Prevention 2001 conference.

Injury prevention 2001 is a combination of the Fifth National Conference on Injury Prevention and Control and the Fourth National Farm Injury Conference. While papers are welcome on any metropolitan and rural injury prevention subject, the conference will focus on:

- Farm safety.
- Indigenous safety.
- Personal safety.
- Rural occupational health and safety.
- Safe communities and safe sport.
- Travel safety.

For more information check the website: www.injuryprevention2001.com