

Health Promotion Strategies

The United Nations has declared 2001 the International Year of the Volunteer (IYV). The Victorian State Government has adopted this theme, and has initiated many activities aimed at celebrating, encouraging and strengthening volunteer work in Victoria. This issue of the *Health Promotion Strategies* presents a series of articles that explore the health-promoting contribution of volunteers across Victoria.

Volunteering provides significant economic advantage to communities. It also contributes to, and is a measure of, social capital—and therefore healthy communities. Social cohesion is recognised as a contributing factor to social capital, and is described as the absence of conflict and the presence of strong social bonds. Participation in volunteering is motivated by mutual aid and self-help, philanthropy or service to others, participation and advocacy. Importantly, it contributes to the development of social bonds through social networks, establishing reciprocity and social safety nets. Higher levels of volunteering in communities can only contribute to strengthening social bonds.

The Department of Human Services recognises the contributions that volunteers make in the health and community sector broadly, including the role Departmental employees play in undertaking volunteering activities. Departmental activity has been coordinated through a joint initiative with Volunteering Victoria, and has included civic receptions for various categories of volunteers (multicultural, Departmental employees, non-government sector), provision of recognition certificates and other merchandise free to organisations in Victoria, a regular newsletter and awards. An IYV Community Grants Program was also established to provide funds to local government for celebration events or to community organisations in partnership with local government.

The role of volunteers has traditionally been strong in two sectors in Victoria: the hospital and non-government sectors. The Royal Children's Hospital runs an extensive volunteer program, which is featured in this edition. This year celebrates 40 years of volunteering at the hospital. The Anti-Cancer Council

Victoria has dedicated their current Annual Report to their volunteers, providing a picture of the importance of volunteering through individual case studies. Both organisations acknowledge the extraordinary range of individuals who contribute to volunteering—in terms of age, cultural background, the experience and skills they bring and the range of activities they undertake.

here are three significant contributions that volunteers make to health promotion. The first is by **direct contribution**, such as telephone counselling—information services, provision of supportive environments in settings such as hospitals, participation in community building programs, and through involvement in events such as seminars, information sessions and fundraising.

The second is through **assisting professional staff** working in a range of organisations, such as the non-government sector, self-help organisations, hospitals and research centres. Assistance with routine tasks like filing, mailing and greeting clients frees up the time of paid health promotion professionals to undertake their work. The third significant role of volunteers is that of **professional volunteering**. Many health promotion professionals undertake activities above and beyond those detailed in their position descriptions, for which they are not paid. These include Board membership, contributions to professional societies, mentoring of practitioners, and refereeing of grant submissions and journal articles.

Government can play a significant role in enabling volunteerism. Recognition and encouragement are important, but need to be extended both in scope and time beyond this year in order to have a significant impact on social cohesion, health and well-being.

There is a body of international research that continues to inform governments' involvement, as well as their facilitation of links between significant stakeholders, support for research, removal of legal, fiscal and regulatory barriers, and development of infrastructure. All health promotion practitioners are encouraged to consider these issues and to advocate for the invaluable role volunteers play in health promotion development in Victoria.

In this issue:

Editorial	1
The Social and Economic Impact of Volunteering in Victoria	2
Voluntary Work Australia 2000	2
Volunteering at the Royal Children's Hospital	3
The Platform Project—Young People Setting the Directions	3
Volunteers' Role in Supporting Diabetes Prevention	4
Leading the Fight in Cancer Prevention	4
The Victorian Farmsafe Alliance	5
Volunteers' Health Promoting Role at Asthma Victoria	5
Health Promotion Activities Across Sectors Innovations in Public Housing	6
Pathways to Toothfriendly Confectionary	7
The Prevention and Early Detection of Oral Mucositis	7
What's New, What's On	8



The Social and Economic Impact of Volunteering in Victoria

Research shows that volunteering is not just an important community activity, it is essential for building viable, active communities. Volunteer participation provides direct benefits to the community through the broad range of services provided by volunteers and it is also linked to the development of social capital. The web of relationships and connections that volunteers build is essential to the development of strong, robust communities, and fosters trust and mutual understandings within society.

Volunteering also makes an important economic contribution to society, however very little is known about the scale of its impact. In 2000, more than 1.1 million Victorians volunteered (or 32.8 per cent of the State's population), contributing 196.9 million hours of unpaid work.¹ The value of volunteering to

Victoria's economy is conservatively estimated at around \$340 million per annum. However, the extraordinary diversity and high calibre of volunteering that individuals and groups contribute to Victoria is probably grossly underestimated, and estimates suggest that the true figure may actually be closer to \$790 million.

The Victorian Government has commissioned a research project on the Social and Economic Impact of Volunteering in Victoria to identify the tangible impact of volunteering in Victoria in both social and financial terms. The research project will identify the economic value of volunteering in Victoria in hours and dollars against a range of categories (location, sector, gender, sex, socioeconomic status and cultural background). The project will also identify the social impact of

volunteering in Victoria, the various motivations behind volunteering, and explore the impact that government policy and the concept of 'obligation verses free will' has on volunteering. The report aims to raise awareness about volunteering in Victoria, and be able to assist with volunteer recruitment at the local level. A final report will be available in December 2001.

For more information contact:
Anita Francis
IYV Project Manager
phone: 03 9616 7170
email: anita.francis@dhs.vic.gov.au

Reference

1. Australian Bureau of Statistics (ABS) 2000. *Voluntary Work Australia 2000*. Publication. ABS Cat. No. 4441.0. Canberra:ABS.

Voluntary Work Australia 2000

The Australian Bureau of Statistics released their latest figures on volunteering on 20 June 2001.

Voluntary Work Australia 2000 updates the statistics collected in 1995 on voluntary work across Australia (ibid).

Volunteering rates have increased across the board, regardless of gender or age. Volunteering has grown from 24 per cent of the population in 1995 to 32 per cent in 2000.

General Volunteer Activity

- During 2000, 4,395,600 people volunteered in some capacity during 2000.
- The highest growth rate was in the 18-24 (17-27 per cent) and 55-64 (24-33 per cent) years age groups. As in 1995, people aged 35-44 years reported the highest rate of volunteering (40 per cent).
- People are still more likely to volunteer if they live outside a capital city—the volunteer rate was 28 per cent for capital cities compared to 38 per cent outside capital cities. This may reflect greater participation in essential services such as emergency

services and fire fighting in country areas.

- Victoria, South Australia and Western Australia had the highest volunteer rates in areas outside capital cities.
- Sydney (25 per cent), Perth (approximately 28 per cent) and Melbourne (28.9 per cent) had lower volunteer rates than other capital cities. Adelaide had the highest volunteer rate in capital cities (36 per cent).
- Nationally people born in Australia (35 per cent) were more likely to volunteer than those born outside Australia (25 per cent).
- People in paid employment were more likely to volunteer than those who were unemployed or not in the labour force.

Specific Voluntary Activity

- The top four activities reported by volunteers were: fundraising (56 per cent), management (45 per cent), teaching (44 per cent), administration (41 per cent).
- Community/welfare (26 per cent) and sport/recreation (21 per cent) organisations account for almost half of volunteer hours.
- Women outnumber men in organisations dealing with community/welfare, education/

training/youth development, religious and health and arts culture.

- Men tend to dominate organisations focused on sport/recreation, business/professional/unions, emergency services, environment/animal welfare, law/justice/political, and foreign/international.
- This tendency to split voluntary work along gender lines is also reflected in voluntary work activities—women are more likely than men to be involved in preparing and serving food (47 per cent compared to 23 per cent); while men are more likely to volunteer to undertake repairs, maintenance and gardening (38 per cent compared to 14 per cent) and fill roles involving coaching and refereeing (29 per cent compared to 16 per cent).

Why People Volunteer

The top four reasons why people volunteered were:

- To help others/community (47 per cent).
- Personal satisfaction (43 per cent).
- Personal/family involvement (32 per cent).
- To do something worthwhile (30 per cent).

Volunteering at the Royal Children's Hospital

The Royal Children's Hospital (RCH) volunteer service commenced in 1961 and is currently celebrating 40 years of volunteer service. This equates to a total of 1.2 million hours of service. Over the past 40 years the volunteer service has embraced and responded to the changing needs of the hospital. Today we have a dedicated team of volunteers, both men and women, from diverse backgrounds, and with differing ages and skills, all working together for the good of the hospital community.

Linking with the Ottawa Charter for Health Promotion, the range of volunteer services at the RCH works to provide a supportive environment for patients, their families, friends and carers, and the community in general.

The volunteers' roles include supporting and assisting professional staff, and providing and promote the highest quality of patient care, both in paediatric and adolescent health. Volunteers also endeavour to assist families and friends of patients. They provide a channel through which members of the community are informed, and can then contribute their resources, energy and ideas for the benefit of the hospital.

A Range of Volunteer Activities

Examples include:

- A team of volunteers has been assigned to the recovery and theatre area to accompany the patient and family members into the induction room.
- Volunteers work together in the outpatient clinics assisting the outpatient childcare worker in setting up a variety of play activities in the waiting area. Siblings are also catered for while patients are attending their appointments.
- Other volunteers undertake basic clerical duties for example collating newsletters and processing large mailouts.
- The Ward Volunteer Grandparent Program supports families who need respite or are unable to visit their child. 'Grannies' give a minimum of four out of seven days weekly. A 'Grandfather'

has recently been added to the program.

- Volunteers assist at Uncle Bob's Centre with preschool-aged children with developmental problems, such as Down's syndrome, autism and cerebral palsy.
- A garden has been created next to the Young People's ward and volunteer gardeners work together with the patients in propagating seedlings and cultivating vegetables.
- A professional stylist provides beauty treatments at the patient's bedside, such as hair styling, nail painting and face make-overs.
- A fishing expert teaches the art of making 'flies', identifying fish, demonstrates how to catch, clean and cook fish—and even supplies samples for barbecuing.

A new initiative, known as the volunteer out-of-hours program, commenced in September 1999. This program caters to the needs of young professional people aged early twenties to mid thirties who would like to become volunteers out of their work hours. The feedback from parents and staff has been very positive. It is indeed encouraging that so many caring and dedicated young people are willing to give of their time to help others.

Betty Bengtsson, day volunteer, who commenced volunteer work in 1961 reflects:

'If I did not get satisfaction I would not have been here for 40 years. I love all the friendships—life friendships with staff and volunteers.'

For further information please contact:

Ms Barbara Harrison
Assistant to the Volunteers Department

Ms Barbara Ledwood
Out-of-Hours Volunteers Coordinator
phone: 03 9345 5880
fax: 03 9345 5304
email: harrisob@cryptic.rch.unimelb.edu.au
or ledwoodb@cryptic.rch.unimelb.edu.au

The Platform Project—Young People Setting the Directions

The Platform Project at Mental Health Services for Kids and Youth (MH SKY) Youth program enables young people to participate in service planning and delivery.

The project includes the Platform team, a group of young people who attend the service advocating on behalf of their peers. The Platform team produces a newsletter for young people at the service on a regular basis.

Young people who attend the Youth program have identified the need for a peer support system at MH SKY. Such a system would work with people who are entering the service for the first time and are in need of some peer support. Similarly, for those people leaving the service, particularly young people leaving the Early Psychosis Prevention and Intervention Service and the Older Adolescent Service, the need for a supportive role while in transition between services is viewed as extremely important by young people.

The Platform team is currently searching for other examples of peer support activities for young people.

If you need any further information regarding peer support activities, or the Platform Project, please contact:

Sarah Spurr
Project Officer
The Platform Project
MH SKY
35 Poplar Road
Parkville, Victoria 3052
phone: 03 9342 2824
email: sarah.spurr@mh.org.au

Volunteers' Role in Supporting Diabetes Prevention

Volunteering in the area of diabetes health promotion is extensive and varied. Individuals and groups volunteer their services through community support networks, including as support groups, assisting organisations with administrative procedures, representing consumers on the board of management, offering their personal experiences of living with diabetes, and participating in research.

Diabetes Victoria Australia

Volunteers play an integral role in the operation of Diabetes Australia Victoria (DAV). The organisation places great emphasis on its consumer base of 22,000 members, and has developed organisational services and structures to ensure that support and services are provided to this group across Victoria.

One health promotion program that essentially functions around the dedicated support of volunteers is the Community Network. Currently we have 50 support and information groups and branches throughout

country and metropolitan Victoria. These groups are represented by people living with diabetes and are geographically and/or issue based. The sustainability of a support group is based on the following key principles:

- Initial interest at a local level.
- Affiliation with a local health service.
- Financial support for administrative functions.
- Regular information and education updates for community members.
- Skill development for members on general recruitment and promotion.

The voluntary group members not only support one another but also undertake general community awareness and fundraising activities that create opportunities for other people with diabetes to be informed and educated about the latest issues. These activities, which build local capacity, include general community seminars, information nights, newsletters and newspaper articles.

DAV also relies on volunteers to assist with the large mailouts and coordination of publications that are distributed statewide. A typical volunteer at DAV is someone living with diabetes who has a lifetime of experience, wisdom and talent which they want to share with others by giving something back to the community. The volunteers are a regular reminder to staff of the organisations core business and consumer base.

Evidenced-based health promotion research indicates that involvement of consumers/volunteers in their own health and community initiatives creates a more empowered individual and sustainable community culture. Health promotion continues to grow stronger through the involvement of volunteers.

For further information please contact:
Fiona Preston
Health Promotion Manager
Diabetes Australia Victoria
phone: 03 9667 1729
email: FPreston@dav.org.au

Leading the Fight in Cancer Prevention

The Anti-Cancer Council of Victoria (ACCV) has a large volunteer base. Volunteers are located within the central Melbourne office as well as in 30 of the regional units. Each week, 372 volunteers come through the doors to assist with a variety of tasks. This can include administration work, fund raising, supporting a telephone hotline, packing parcels, shop assisting at the ACCV Shop, and raising funds on Daffodil Day.

Volunteer Stories

The ACCV would not have its current capacity without the valuable contribution that volunteers make. Here are two examples of volunteer's stories that contribute their time and energy to ACCV.

Tony Smith is a lawyer who began doing legal work for the ACCV without charge over 30 years ago. He has watched with passion the battle rage over cigarette smoking, and the passing of the *Victorian Tobacco Act* in 1987. Tony has given legal counsel, support and advice on this and other issues. He feels privileged to have been part of the tobacco fight and the many other triumphs of the ACCV since his association in the 1960s.

Lawyers, he says, can play an important part at a committee level by always being the devil's advocate and asking questions that could avoid a problem or possible litigation. He also says that the Anti-Cancer Council has a range of people involved on a voluntary basis and that everyone has a part to play.

Tony Richards is a musician who travels around the world playing his guitar. When back in Australia

studying at Monash University, Tony undertakes his voluntary work with the ACCV. Tony wanted to give some of his time to an organisation that was committed to improving health. He volunteers one day per week in the Cancer Education Program for the Prostrate Program, and assists with a range of tasks including collating information for seminars, organising local media prior to seminars, data entry and compiling seminar evaluations. Tony's life as a student and musician is hectic, but his work at the ACCV has also become a priority.

For further information please contact:

The Anti-Cancer Council of Victoria
1 Rathdowne Street
Carlton Victoria 3053
phone: 03 9635 5000
email: enquiries@accv.org.au
website at <http://www.accv.org.au>
Cancer Help 13 11 20

The Victorian Farmsafe Alliance

The idea for the Farmsafe Alliance was developed at a farm health and safety workshop coordinated by the Agriculture Victoria, (now known as the Department of Natural Resources and Environment). The Victorian Farmers Federation (VFF) through Farmsafe Victoria, the Victorian WorkCover Authority and the Department of Human Services further supported the project initiative to create the Victorian Farmsafe Alliance.

There are currently 350 Farmsafe Alliance members across Victoria. The Alliance brings together key stakeholders in farm injury prevention, including farmers, community and government groups. These groups share an interest in improving the quality of rural life by reducing farm accidents and injuries and assisting farmers to reduce the economic loss associated with accidents and injuries.

The Farmsafe Alliance has an intersectoral approach to injury

prevention. This approach is an effective strategy that allows broader investments in community safety, as well as cooperation in injury prevention strategies and implementation. The Alliance provides an excellent framework for promoting farm safety through environmental and behavioural change within and outside government.

The Farmsafe Alliance addresses farm safety with a top-down, bottom-up approach. The top-down approach is directed by Farmsafe Australia, the VFF and State Government departments. The bottom-up approach is driven by the Farmsafe Alliance, which includes the Farm Safety Action Groups, VFF Branches and other community groups.

While the Farmsafe Alliance is an invaluable network and developmental body, it is vital that farm safety strategies be directed through the Farm Safety Action

groups (FSAGs). Injury prevention action by farmers and families that is paramount to the reduction in injury and deaths on farms. Furthermore, local community groups are the ones who recognise the key issues of concern in their own area.

A recent review indicated that there were 22 FSAGs active in Victoria. These groups have carried out a number of activities and agreed to commit resources and conduct farm safety activities in the future under a funding program coordinated by the Farmsafe Alliance. The purpose of these groups is to involve the farming community in injury prevention at the grassroots level, and give them ownership of local farm safety programs.

For further information please contact:

David Rich
Farmsafe Alliance Manager
phone: 03 9207 5509
website: <http://www.vff.org.au> and
look for the Farmsafe Alliance link.

Volunteers' Health Promoting Role at Asthma Victoria

Volunteers play a powerful role in helping Asthma Victoria in its health-promoting role as the peak consumer organisation in asthma. Among those volunteers assisting Asthma Victoria are professional people who give their time and expertise to assist in making sure the information, training and education provided by Asthma Victoria, is up to date and accurate.

Volunteers assist Asthma Victoria by giving their time to help distribute information to the community, through administrative work, packing and distribution of resources, as well as a vital role in fund-raising activities.

Volunteers also assist in providing health promotion to the community through networks of Asthma Branches and Support Groups. Branches and support groups have been developed in 40 local areas in Victoria, including rural and remote areas. Branch members provide valuable assistance to get the message out to the community through community education sessions, camps for children, resource distribution and health education through local newspapers. They also assist in creating supportive environments for the people in their local area who have asthma,

by gathering people together at support group meetings, phone advice and assisting people to understand more about asthma. As well as providing education and supportive environments they also attend meetings that assist in keeping asthma on the agenda to improve conditions for those with asthma in their local area. Through the local branches the members are able to look at the needs of the people in their own community.

Volunteers such as The Asthma Victoria Board Members assist in the smooth running of the organisation. Asthma Victoria Services and Training Advisory committee provides quality assurance for our resource and educational material development. Such material is used to help individuals to learn more about their asthma and to have more control over their own asthma management. Other advisory committees consist of consumers and specialists from many different fields who assist in the design, development and implementation of programs such as asthma friendly schools and children's services programs.

Respiratory specialists also help in an advisory role in resource development, as

well as giving their time to provide professional development to doctors, pharmacists, asthma educators and licensed trainers, at workshops, seminars, and conferences.

Another important aspect of health promotion is research. Collaborative partnerships have been developed to assist in raising funds for asthma research. Such a partnership that has continued for nine years is the Convoy for Kids. Convoy for Kids is a group of truckies that raises funds for asthma research each year. Convoy for Kids volunteers raised \$20,000 last year towards research. They also provided pamphlets and education at the carnivals they organised.

Asthma Victoria is ever grateful to the contribution of volunteers for all the assistance they have given. Without such assistance it would not be possible to provide a quality health promotion service to the Victorian Community.

For further information please contact:
Asthma Victoria
phone: 03 9326 7088 or
freecall 1800 645 130
email: bbomford@asthma.org.au

Health Promotion Activities across Sectors...Innovations in Public Housing

The Department of Human Services is currently funding a number of projects that address community building. These projects are located in a range of settings, including rural communities and public and low cost housing. Two projects that are now underway are the Health Promotion in Public Housing (HPPH) project in the Northern Metropolitan Region and the Community Renewal project in the Grampians Region, which is focused on the Wendouree West Housing Estate on the northern outskirts of Ballarat.

The HPPH project is aimed at addressing a range of health and social issues for tenants in three public housing highrise estates in Collingwood, Fitzroy and Richmond.

The Community Renewal project is utilising the renewal of the housing estate as a catalyst for action. This includes engaging the community through the development of collaborative participatory structures between all residents, agencies and the private sector, and the development of linked management structures, commitment to infrastructure, housing and people, and above all, a resident-led process

Improving the Environment

Evidence relating to poor social and physical environments suggests that health promotion can potentially play a significant role in the prevention of adverse social and health outcomes. Linked services, early intervention, government priority setting, collective advocacy and community participation have been identified as important strategies in communities where poor social environments and appropriate housing are an issue.

The project target groups have been selected for the demographics, in particular poor socioeconomic indicators and high risk population groups and the high level of public housing. The physical environment has been identified as detrimental, including issues such as social

dislocation, low employment, illicit drug use, low income, physical safety and poor service utilisation.

Community Participation

Both the HPPH and the Community Renewal project have involved the communities and partners from the start of the project. A major element of the framework employed to guide the project is tenant participation and self-determined needs. The HPPH project held focus groups with tenants from each estate to identify the important issues. The most common issues pertain to social connectedness, such as poor knowledge, or lack of social and health activities, poor social or community interactions, increasing isolation and drug use and safety.

The Community Renewal project commenced with community action planning, involving residents and other key sections of the community (business groups, education representatives, church groups, community houses and private investors). All aspects of the Program are subject to approval by the community, including strategies and subcommittee structures.

Residents and unpaid interested private people will give much time to these projects. The Community Renewal Project organisational structure comprises a Steering Committee, five Action Area Committees, and a Residents Group, Local Government Group and Whole-of-Government Group. Residents are involved on each of these committees, with the Action Area Committees comprising a convener, six or more residents and interested community representatives, the latter being subject to consultation with the residents. To date, forty residents have nominated to be involved with the Action Area Committees, and the proposed structure has been endorsed by a meeting of residents. The residents requested an additional Action Area Committee for Safety and for greater resident

representation prior to endorsement.

The HPPH project has developed strategies to address the key issues identified by the residents and key stakeholders. The Consumer and Provider Partnerships in Health Project (CAPPs) involves training of community consultants to seek and represent the various views, needs and expectations of groups within the community, and provide an important conduit between the Project workers and the community. Tenant representatives have also attended Challenging Behaviours Seminars and drug education programs, along with security and Office of Housing staff, provided input to specific projects such as the Tenant Poster, and have provided translation services for some projects. Volunteer workers are recompensed for their time on some projects, an example being the recruitment of hard-to-reach groups for Breast Screen sessions by a Turkish volunteer worker. Future initiatives include a proposal for an estate-based community information centre staffed by volunteers and seeking greater community input into the *Collingwood Newsletter*.

The level of input sought and achieved from residents, principally in the form of volunteered time, is significant. Should this be sustained over the life of the projects, it will contribute to meeting the objectives of connectedness, reducing isolation, increasing community participation and developing collaborative participatory structures.

For further information please contact:

Sara Vidal
Project Manager
Wendouree West Community
Renewal Project
phone: 03 5333 6208
email: sara.vidal@dhs.vic.gov.au

Phillipa Nicholson
Project Manager
Health Promotion Public Housing
phone: 03 9411 4319
email: pipnic@hotmail.com

Pathways to Toothfriendly Confectionery

The Pathways to Toothfriendly Confectionery project is one of sixteen funded by the Department of Human Services under the Victorian Oral Health Promotion Strategy.

The aim of the Project is to investigate the feasibility of introducing nutrient messages, and possibly the toothfriendly logo on sugar-free confectionery in Australia.

The first part of the Project involves documenting the process required to apply for and appropriately use nutrient messages—or possibly the Toothfriendly logo. The second part involves investigating the viability and sustainability of such messages and logo in Australia. Frequent consumption of foods containing sugar, especially confectionery, is a major risk factor in the causation of dental caries. Linking with the Ottawa Charter for Health Promotion, this project aims to create supportive environments where less harmful sweeteners (those which do not produce acid on consumption)

are supported as an appropriate alternative in confectionery.

One of the key objectives of the project is to test both the regulatory authorities' and the confectionery manufacturers' and distributors' perceptions of the Australian market for sugar-free confectionery and, in addition, identify any legal requirements for the use of the Toothfriendly logo. A recent review by the Australian and New Zealand Food Authority of the Food and Standards Code revealed that claims such as '*Does not promote tooth decay*' would *not* be considered a health claim, and would be permitted within the relevant Australian and New Zealand Regulations, providing they were not false, misleading or deceptive.

To date, a series of structured interviews have been conducted with representatives from Toothfriendly Sweets International (TSI) and leading confectionery manufacturers. TSI is a non-profit association, of

which the Happy Tooth logo is the certification mark. Confectionery can be described as 'toothfriendly' and thus licensed to use the Happy Tooth logo, on the basis of a product test in which the pH of dental plaque is measured during and after the consumption of the product by healthy volunteers.

While several Australian confectionery manufacturers, both large and small, produce sugar-free products, only two companies currently use the toothfriendly logo. Many imported products use the logo, as the toothfriendly concept is very popular in Europe.

For further information about this project please contact:

Susanne Sofronoff
Dental Health Services Victoria
phone: 03 9341 0450



**The
Happy
Tooth
Logo**

The Prevention and Early Detection of Complications of Oral Mucositis

In 1997 the Evidence-Based Nursing Practice Group was formed at the Peter MacCallum Cancer Institute, to create an environment where nurses examined best available evidence to improve clinical practice, resulting in better patient outcomes. The group was successful in obtaining a grant, from the Department's Victorian Oral Health Promotion Strategy, to develop and implement a preventative health strategy to improve the oral hygiene of all cancer patients at the Peter MacCallum Cancer Institute, with a view to reducing the incidence and severity of oral mucositis (inflammation of the lining of the mouth and throat).

Research literature shows that oral mucositis is a common and distressing complication of cancer and cancer treatments. Literature review findings demonstrated that a systematic regime of good oral hygiene practices was thought to be more significant in reducing the incidence and severity of oral mucositis than a specific oral care agent.¹

The knowledge gained from the literature review formed the basis of the development and

implementation of a mouth care program at Peter MacCallum Cancer Institute which has since been published and made available to other cancer care agencies nationally and internationally.

The mouth care program consists of:

- A mouth care brochure with instructions including diagrams on tooth and gum brushing and flossing, care of dentures and patient mouth self-assessment.
- Introduction of a nurse oral assessment tool² to detect and manage early any signs and symptoms of oral mucositis.
- Nurse initiated dental referrals.
- Extensive hospital staff and patient education about the program.
- The development and dissemination of best practice guidelines for the prevention and early detection of complications of oral mucositis.

It is too early to determine significant outcomes for patients from this program, but it is now possible to collect data for future evaluation and research on best practice standards

for the management of oral mucositis. This program has been well supported by staff including medical and nursing (clinical and academic staff), dental oncology, pharmacy and nutrition departments.

For further information please contact:

Kate Wells
Quality Project Coordinator
Peter MacCallum Cancer Institute
Locked Bag 1 A'Beckett St
Melbourne Victoria 8006
phone: 03 9656 1599 or 03 9656 1111,
pager no.1062
email:
KateW@petermac.unimelb.edu.au

References

1. Dodd, M. et al (1996). 'Randomised clinical trial of chlorhexidine versus placebo for prevention of oral mucositis in patients receiving chemotherapy', *Oncology Nursing Forum*, 23 (6), 921-927.
2. Eilers, J., Berger, A., Petersen, M. (1988) 'Development, testing and application of the oral assessment guide', *Oncology Nursing Forum*, 15 (3), 325-330.

VicHealth Mental Health Promotion Symposium

September 20-21, 2001 Darebin Arts and Entertainment Centre, corner Bell Street and St Georges Road Preston Victoria.

This two-day symposium will explore current debates and innovation in mental health promotion on both a global and a local level. Special attention will be paid to connections, communities and mental health, and to the definition, measurement and communication of 'well being'. The program will focus on specific population groups, settings for action, intersectoral approaches, policy and advocacy, the determinants of mental health and the development of an evidence base for mental health promotion.

Speakers will include:

Eero Lahtinen, Principal Medical Officer of Finland's Ministry of Social Affairs and Health and Executive of the European Commission Network on Mental Health Policy.

Kate Gilmore, Acting Director-General Amnesty International.

Robyn Archer, Artistic Director of the Melbourne Festival.

Richard Ekersley, National Centre for Epidemiology and Population Health, Australian National University.

The program is posted on the VicHealth website, at <http://www.vichealth.vic.gov.au>, and will be regularly updated. A registration brochure can be downloaded from the website.

For registration enquiries please contact:

Kim Hutchinson
phone: 03 9667 1315

For other enquiries please contact:

Tess Pryor
phone: 03 9667 1341
email: tpryor@vichealth.vic.gov.au

For more information and promotional material for **Mental Health Week 2001** (7-13 October 2001) please contact:

The Mental Health Foundation (Victoria)
phone: 03 9427 1294
<http://www.mentalhealthvic.org.au>

About this Publication

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The Departmental editorial committee for this edition included:

Sue Heward, Julie Hoy, Marianna Pisani, Health Development, Public Health Division.

Denise Laughlin, Partnership Development, Public Health Division.

The topic of the next *Health Promotion Strategies* bulletin is **Effective Health Promotion Strategies to Reduce Health Inequalities**. Contributions for this edition will be accepted up to **2 November 2001**. For a copy of the Guidelines for Authors, other editorial matters and requests for copies of *Health Promotion Strategies* please contact:

Sue Heward
Health Development Section
phone: 03 9637 4034
email: susan.heward@dhs.vic.gov.au
0690801



Do You Know Ten People You'd Like to Spend the Night With?

We do. In fact, we know a few thousand.

Relay for Life—A Team Event to Fight Cancer

Enter a team in Relay for Life! It's 24 hours of fun, with the challenge of completing a relay style walk or run.

Relay for Life raises funds for cancer research. Everyone is welcome. This is an event for people of all ages and levels of fitness. Put together a team from your department, friends and family.

Relay for Life will take place at over twenty venues throughout regional and metropolitan Victoria. For more information please contact:

The Anti-Cancer Council of Victoria
phone: 1300 65 65 85



IYV Merchandise

An official State Government IYV Certificate of Appreciation is available for distribution to volunteers. The certificate carries the signatures of both the Premier and Minister responsible for IYV, Christine Campbell. Certificates are printed on A4 card and include an insertion point for the volunteer's name. Certificates are free of charge and will be mailed or couriered out upon request.

For further information please contact:

Natalie Constable
phone: 03 9616 7499
email: natalie.constable@dhs.vic.gov.au