

Health Promotion Strategies

Where is Health Created?

The ecological answer to this question is that health is created where people live, love, work and play. It is created by human beings in their interactions with each other, and with the other animals, plants, landscapes, elements and structures contained in their physical environments. The opportunity for public health is to commence from the settings of everyday life within which health is created (rather than start with disease categories) and to begin with strengthening the health potential of these settings.¹

'Settings' traditionally have been considered as geographical areas or distinct organisations (for example the workplace). However, there are now approaches that move beyond the notion of settings to consider health-promoting systems. As shown by the Victorian Burden of Disease Study, a strong relationship exists between people and place: people's health and well-being reflects their socioeconomic status, and accordingly, where they live. Different locations afford varying degrees of access to healthy environments, food, services, amenities, health information, education, employment, housing, good infrastructure such as transport and land use schemes, social networks, opportunities to participate in decisions affecting the community, and opportunities to experience sense of community and sense of place. A holistic approach is needed to ensure that the inter-relationships between all major issues impacting on individuals, families and communities within the context of their local neighbourhoods and wider society are taken into account.

People will adopt more holistic health beliefs, choices and actions when the physical and social infrastructures that form the backdrop to their lives become directly supportive of health and well-being. The Ottawa Charter for Health Promotion stresses that the creation of

supportive environments is a key action area if people are to increase control over their health. "Measures which are targeted only at individuals will probably not be adequate to tackle health inequalities because aspects of the collective social group and physical environment may also need to be changed in order to reduce health variations."²

This edition of *Health Promotion Strategies Bulletin* provides a diverse range of examples where settings provide the perfect opportunity to 'create health'. There a number of partnerships and policy frameworks operating at a state wide level, such as the Walking Action Plan for Victoria, Building Sustainable Links between Planning and Health, and the Department's *Environments for Health* Municipal Public Health Planning Framework. The Framework highlights that local governments are in a unique position to promote sustainable development. This is because of their close connections with the communities they serve, and because of their direct responsibility for activities that have major impacts on health, such as sanitation, health promotion, urban planning, service development, providing local governance and advocacy, and building community capacity.

In addition to these initiatives, the bulletin also features a range of projects that apply the key principles of a health promoting settings approach within a variety of geographical and issue-specific perspectives.

1 Kickbush, I. (1989) Approaches to an ecological base for public health, *Health Promotion International*, 4, 265-268.

2 Curtis, S., & Rees Jones, I. (1998). Is there a place for geography in the analysis of health inequality? In M. Bartley, D. Blane & G. D. Smith (Eds.), *The sociology of health inequalities* (pp. 85-112). Oxford, UK: Blackwell, p. 107.

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A Walking State

A Step Ahead

In November 2001 a statewide forum was held in Melbourne to reflect and consider the strategy, A Step Ahead in Victoria. It was an acknowledgement and recognition of a growing trend for the creation of a 'walking culture' within communities across the world. In Victoria, a number of government strategies have strongly emphasised the promotion of walking. These include the State Government's Physical Activity Framework, the Metropolitan Strategy's Future Planning for the City of Melbourne, and a diversity of health, transport, environmental, and recreation initiatives.

The aim of the November forum was to inform and unite key people across a broad range of sectors, and to provide an opportunity to shape future action in this State. The forum featured Rodney Tolley, a leading world authority in this field and Director of the Centre for Alternative and Sustainable Transport (CAST), in the UK.

There were many interesting insights and facts presented in favour of walking. These included:

- The need to make walking visible and 'counted'.
- The fact that the significance of walking is often overlooked.
- A perception that economists do not count the costs of walking in lobbying for funds.
- An understanding that walking is the 'glue' that binds all transport.
- The fact that pedestrians buy sixty per cent of all goods.
- The fact that cars are perceived to be dangerous; walking is not.
- In Melbourne, one in five journeys is made on foot.

- Lobbyists for walking do not have the political voice that road or bicycle groups have.
- Walking creates vibrant streets that are socially safe.
- Some of the funding for new roads could be redirected to improved walking infrastructure.

Promoting Walking

Since the Walking Forum, the Victoria Council on Fitness and General Health (VicFIT) has been contracted by the Department of Infrastructure to organise a series of workshops for key stakeholders in the promotion of walking. These workshops provide an opportunity for organisations to shape the development of a Walking Action Plan for the State.

The purpose of the Walking Action Plan, in the short and medium term, is to:

- Prioritise opportunities for increasing the role of walking.
- Identify and prioritise the specific actions that need to be taken to achieve a significant increase in walking.
- Identify who needs to take those actions.

The Action Plan is being developed under the auspices of the Department of Infrastructure, with input from relevant State Government departments, local government and community stakeholders.

There is widespread support for measures that encourage and facilitate more and safer walking.

The basis of the support for more walking stems from the benefits that can be achieved through a comprehensive policy approach that includes reduced traffic, increased safety, and encouraging participation. This can help achieve an improved environment, better individual

health outcomes and increased social interaction.

The promotion of walking generally involves relatively low costs, and the benefits to the community are high.

However, much of the success of the Walking Action Plan will depend on the cooperation of departments, agencies and local government.

In the words of Rob Moodie, CEO of VicHealth:

Whether people walk is highly influenced by the environment around them. We can plan to put social connectedness and walking into our communities, or we can plan them out and plan for sedentariness, isolation and crime.

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Papers and developments about the Walking Action Plan: Vic Fit
www.vicfit.com.au

Information regarding walking school bus programs in Victoria: VicHealth
Phone: (03) 9667 1333

Other useful websites:

www.livingstreets.org.uk
www.staffs.ac.uk/geography/cast
www.londonwalkingforum
www.lwalktoschool.org
www.walkingbus.uk.com

Municipal Public Health Planning in Victoria: Promoting Good Practice

Background to the Good Practice Program

The Victorian Government has an ongoing commitment to provide assistance to local governments for public health planning, and stimulate new developments and creative approaches to municipal public health planning. Using the new framework, Environments for Health, the Good Practice Program will be one component of this aim. The Good Practice Program recognises that councils vary considerably in their resources and their stage of planning, and that their Municipal Public Health Plans (MPHPs) may require different types of support.

The Good Practice Program will support a number of projects in individual municipalities, or groups of municipalities. The projects can serve as models for broader application, and assist all councils to engage successfully in public health planning. The program will also provide practical support to councils to develop, implement, monitor and evaluate their MPHPs.

The Environments for Health framework was released in October 2001. It was developed by the Public Health Group, Department of Human Services, in partnership with the Municipal Association of Victoria (MAV), Victorian Local Governance Association (VLGA), local governments and other stakeholders.

The new Environments for Health framework provides an approach to planning that considers the overall impact on health and wellbeing of factors originating across any or all of the built, social, economic and natural environments.

The framework aims to ensure that MPHPs can effectively inform other programs, avoid duplication of planning effort at a local level, and coordinate public health effort from the Department of Human Services.

Selection Process

All local governments were invited in October 2001 to apply for the Good Practice Program funding. Thirty-four applications were received from 47 local government areas, representing over 60 per cent of Victoria's 78 Councils. Successful projects included some or all of the following features:

- Cooperation with adjoining councils.
- Emphasis on integrated planning, such as corporate, urban and public health planning.
- Links with Community Health Plans developed by Primary Care Partnerships.
- Identification of key public health issues.
- The full range of environmental dimensions in the new framework.
- Data collection and indicator development.
- Innovative evaluation and monitoring systems.
- Community development approaches.

- Substantive community participation and consultation.
- Use of the framework to generate action to address the health needs of particular population groups and/or localities.

An overall mix of projects was sought, to ensure a spread of projects according to criteria such as urban/rural, a range of environmental dimensions, different stages of planning, integrated planning focus, and so on. Particular emphasis was given to applications from rural municipalities, as it was felt that there is a strong need to build capacity for public health planning in rural regions.

Next Steps

The projects will be launched in late February or early March. As the Good Practice Program develops, we propose establishing an Advisory Committee, including Department of Human Services and local government project representatives, to guide overall direction of the Good Practice Program and monitor outcomes.

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Liveable, Healthy Urban Environments: Building Sustainable Links between Planning and Health

VicHealth, the Department of Human Services and the Royal Australian Planning Institute (RAPI) are collaborating on an initiative to highlight the importance of better-integrated health planning and urban planning.

The most liveable cities are those that have a built environment that contributes to health and wellbeing:

The health of people living in towns and cities is strongly determined by their living and working conditions, the quality of their physical and socio-economic environment and the quality and accessibility of care services... Modern public health calls for comprehensive and systematic efforts that address health inequalities and urban poverty; the needs of vulnerable groups; the social, economic and environmental root causes of ill health and the positioning of health considerations in the centre of economic, regeneration and urban development efforts.¹

Local Government Involvement

Local government has the direct responsibility for governance on matters such as urban planning, municipal public health planning, environment, social services and community development, and in promoting community participation. This means that they are in a unique position to promote health and sustainable development, a role that is also recognised by the World Health Organisation (WHO).

To promote wellbeing, planning practice needs not only to address fundamental environmental health issues, such as sanitation infrastructure, but also to support physical activity, recreation, and opportunities to experience a 'sense of place' and community interaction.

Take to the Streets

The environments we build should make it easy and pleasurable for people to walk, cycle and use public transport, rather than take the car.

Access to work, shopping, services, recreation and socialising can be achieved locally, avoiding the need to commute. Urban design needs to support walking (and cycling) with purpose.

A sense of safety is a fundamental prerequisite for people to take to the streets. The combination of urban design, active building frontages, and maintenance of lighting, footpaths and streets are some of the elements that contribute to pedestrian safety. The benefits include:

- Increased physical activity.
- Community connectedness.
- Mental wellbeing.
- Increased economic output.
- Reduced levels of traffic congestion pollution.

Seminar on Building Sustainable Links between Planning and Health

In November 2001, RAPI, VicHealth, and the Department jointly hosted the Building Sustainable Links between Planning and Health seminar for health and urban planners. The aim was to share knowledge about what makes healthy, liveable environments. The seminar drew on the recent release of Environments for Health, a new framework for municipal public health planning. It was extremely well attended and highlighted the need for different professional disciplines and sectors to share information to work together. Some initial strategies for

building linkages across sectors were discussed.

During 2002, a series of seminars will be held in urban and regional centres to encourage a more collaborative approach in the development of our urban environment.

A full-day event will be held on Monday 15 April 2002 at an inner urban local government venue, to be confirmed. The keynote speaker will be urban designer Kelvin Walsh, who will lead a session on participation in planning. This forum will also feature a discussion on information collection for planning, and showcase local government initiatives designed to promote healthy urban environments.

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¹ WHO, 2002, 'How to make cities healthier', from WHO's *Healthy Cities and Urban Governance* website, at: http://www.who.dk/healthy-cities/How2MakeCities/20010828_1. Accessed 12 February 2002.

Latrobe Regional Hospital as a Health Promotion Setting

Health Promoting Hospitals

The Health Promoting Hospitals movement began in the early 1990s, and is sponsored by the World Health Organisation (WHO).

The 1997 Vienna Recommendations on Health Promoting Hospitals are based on the Ottawa Charter for Health Promotion, the Ljubljana Charter for Reforming Health Care and the Budapest Declaration on Health Promoting Hospitals.

The recommendations state that health promoting hospitals should:

- Promote dignity, equity and solidarity.
- Practise professional ethics that acknowledge differences in the needs, values and cultures of different population groups.
- Be orientated towards quality improvement, the wellbeing of patients, relatives and staff, protection of the environment and realisation of the potential to become learning organisations.
- Focus on health with a holistic approach, and not only on curative services.
- Be centred on people providing health services in the best way possible to patients and their relatives, to facilitate the healing process and contribute to the empowerment of patients.
- Use resources efficiently and cost-effectively. Allocate resources on the basis of contribution to health improvement.
- Form links as close as possible with other levels of the health care system and the community.

Focus on the Latrobe Regional Hospital

In 2001, the Victorian State Government's Latrobe Valley Ministerial Taskforce announced that Latrobe Regional Hospital would receive funding for a three-year project to develop the hospital as a Health Promoting Hospital. The taskforce identified the health needs of the population in the Latrobe Valley via two methods: through their consultation process, and by an analysis of the Victorian Burden of Disease Study 2001.

Strategies

The Latrobe Regional Hospital has identified a number of strategies for implementation:

- Fostering participation and creating commitment, by establishing a leadership role through the allocation of an Executive Sponsor and the formation of an Advisory Committee.
- Improving communication, information and education, by:
 - Updating all corporate policies and protocols to include Health Promotion principles.
 - Developing a communication plan to address the needs of all stakeholders.
 - Undertaking an assessment of health promotion status for Latrobe Regional Hospital across patient care, community, staff, organisation and physical environment settings.
 - Developing an action plan across the settings, which enhances cooperation, collaboration and outcomes for patients, staff, service providers and community.

- Developing key performance indicators that measure outcomes of health promotion interventions.
- Linking strategies to Primary Care Partnership health promotion initiatives, the Hospital Admissions Risk Program and other community activities.
- Using methods and techniques from organisational development and project management:
 - To develop and implement a change management strategy that reorients existing hospital practices and processes, and creates a learning environment for health promotion.
 - To incorporate a health promotion focus in all position descriptions.
 - To assess the needs of, and train and educate personnel in health promotion principles and practice.
- Learning from experience by undertaking site visits and exchanging experiences with other health promoting hospital projects, and incorporate the learning into practice.

References

- Latrobe Valley Ministerial Taskforce, 2001, *Framework for the Future*.
- World Health Organisation, 1997, *The Vienna Recommendations on Health Promoting Hospitals*, Regional Office for Europe.
- World Health Organisation, 1996, *The Ljubljana Charter on Reforming Health Care*, Regional Office for Europe.
- Latrobe Regional Hospital, 2002, *Health Promoting Hospitals—Implementation Plan* (work in progress).

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Homeless and Drug Dependency Trial

The Homeless and Drug Dependency Trial (HDDT) is a three-year action-research project. It was developed as a partnership between a group of non-government organisations and the Department of Human Services as part of the Victorian Government Drug Initiative. Three of Victoria's crisis supported accommodation services (CSAS) are used as strategic sites to engage homeless people who have drug dependency issues:

- Hanover Southbank
- The Salvation Army Flagstaff
- The Society of St Vincent De Paul's Ozanam House.

HDDT Aims

HDDT aims to assist homeless people to minimise the harm they experience through drug use, and to build pathways out of homelessness toward stable lifestyles in secure accommodation. The HDDT strategies have the potential to reach approximately 3,000 homeless people per year.

Project Background

Recent research suggests that drug dependency has become both a major cause, as well as a consequence, of homelessness. A transient and unstable lifestyle can reduce the ability of the drug treatment service system to deal with drug-affected people's needs.

CSAS report that drug dependency prevalence rates have grown to over 30 per cent among their residents. Apart from the damage done directly to the affected individuals, their behaviour can present serious risks to fellow residents. The escalation in drug use has also begun to affect the operational viability of the services themselves. CSAS have been struggling to meet this challenge effectively—due partly to their current resourcing level.

Trial Methods

The HDDT is employing a two-pronged approach in response to these issues. Part A involves a number of capacity building strategies in CSAS. Each service has employed a small group of additional case managers, nurses, occupational therapists or recreational workers to deal with drug issues. These workers program various harm reduction or health promotion activities, as well as providing individual support and referrals. The services also run groups that focus on various aspects of health and wellbeing, including safer drug use and the prevention of overdose. Nursing and case management sessions provide additional opportunities to deliver health education. The workers also provide training and consultation other CSAS staff to help them deal with drug issues.

Part B of the trial has established a number of additional drug treatment services exclusively for use by CSAS residents. It has also developed 'pathway models', which provide clear and direct linkages between the CSAS, drug treatment and other relevant services. Additional services include drug withdrawal, residential rehabilitation and supported accommodation.

There is also a new Community Reintegration Program. This is a structured 13-week program aimed at assisting people to regain stable, independent lifestyles. It includes a number of health promotion, living skills, pre-employment and training activities, along with linkages and appropriate resources.

Through its targeted, coordinated and holistic approach, the HDDT aims to make a positive impact on the health status of a particularly disadvantaged section of the community.

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The Health Promotion Strategies Bulletin Evaluation

Thanks to everyone who participated in the process evaluation of the bulletin conducted late last year. A compilation of the responses provided valuable feedback on the content appropriateness of articles and more generally, confirmation on the success of the bulletin as a communication vehicle, for health promotion best practice dissemination to support practice in the field.

The evaluation also provided a forum to canvass themes for the next four editions in 2002. Given this collective feedback, coupled with discussions with Departmental staff the 2002 edition themes (and publishing dates) are:

- **Volume 3 Edition One** (March 2002): *Health Promoting Settings and Environments*
- **Volume 3 Edition Two** (June 2002): *Mental Health Promotion*
- **Volume 3 Edition Three** (September 2002): *Healthy Ageing*
- **Volume 3 Edition Four** (December 2002): *Health Promoting Practice to Reducing Emergency Demand*

We will be endeavouring to follow-up on some specific comments concerning the appearance and readability of the *Bulletin*. We are currently investigating the possibility of increasing the number of pages so that we can include photos and increase the text size.

As a reminder the Bulletin is accessible online at

<http://www.dhs.vic.gov.au/phd/0007089/index.htm>

If you would prefer to receive the Bulletin by email rather than by post please forward your email address (and current mailing address so we can remove you from this postal list) to Julie.Hoy@dhs.vic.gov.au

Building Partnerships to improving Heart Health

The Department of Health and Ageing has funded the Central Highlands Division of General Practice to conduct Heart Health clinics in 18 small towns. The Heart Health Project involves the Division working with six community health centres. It aims to improve the detection of risk factors for heart disease, build links between health professionals and the community, and increase client management of risk factors. Clients have their health status assessed and are given an individualised plan to improve their health. Later, the health professionals hold a case conference, a summary of which is sent to the clients' regular GPs for follow-up.

The Great Pub Challenge

Recognising that publicans are key community agents for a significant layer of people at risk of heart disease, the project launched The Great Pub Challenge, a competition for pubs that hosted a heart health screening. The challenge provided a

non-threatening mechanism for men in particular to attend health checks.

Supportive Workplaces and Community Groups

Several large regional employers, including two abattoirs, a timber mill, a shire council and a large manufacturer, agreed to distribute heart health information and clinic advertisements attached to payslips. This information reached at least 700 blue collar workers and, as a result, 65 attended a clinic. The project is currently negotiating with the timber mill and its workers to set up a workplace health promotion group.

Approximately 60 community groups, including senior citizens, Rotary, bowling clubs, Masonic lodges, Lions, Country Women's Association and Apex have also advertised the clinics among their members. Also in very small towns (less than 600 people), the delivery of leaflets by Australia Post ensured that all residents

had the opportunity to attend a clinic. To date 75 people have been connected to services through these methods.

Evaluation

So far, 205 people have attended a clinic. Evaluation of the project shows that 84 per cent of clients leaving the clinic intend to reduce their heart disease risk factors. Preliminary follow-up evaluation suggests that up to 90 per cent have made and maintained some change to improve their health up to nine months after the clinic.

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Stress Less 2001

During 2001, the Latrobe Community Health Service (LCHS) was approached by the Gippsland office of the Department of Natural Resources and Environment (NRE) to provide a follow-up health/lifestyle program to the How's Your Health program that was conducted in 2000.

The Stress Less session involves a two-hour session covering the theory of stress, practical stress tips and discussions on the personal impact of stress. A total of 197 people attended 16 sessions, with 188 participant surveys returned. This represents a survey response rate of 95 per cent.

The survey results highlight the benefits of this program to staff enjoyment and their perceived need for the information provided. It reflects the importance of the initial needs survey carried out, and the number of requests for this information gained from the How's Your Health evaluation.

The proportion of respondents who felt they had made some health/behavioural changes as a direct result of attending that session was 73 per cent. The proportion who had *not* made any changes as a result of that session was 27 per cent.

Conclusion

Based on the results from the evaluations completed at the conclusion of each session and anecdotal feedback, LCHS and NRE achieved their aims. There was significant support for the project, indicated by attendance numbers, and participants felt that they had enhanced knowledge and skills to help them deal with stress and with relaxation techniques.

Staff again commented that the sessions were appreciated at their worksite; they also appreciated NRE for having

these sessions during work hours.

The interest shown by NRE employees was enormous. They are keen to have more of these types of sessions—and have them regularly. The number of positive comments and range of suggestions for future topics constantly surprises organisers. We believe that this shows the level of interest staff have in the ongoing life of the program.

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The Ethiopian Community Diabetes Project

The Ethiopian Community Diabetes Project was a ten-month action research project conducted by the Western Region Health Centre. It aimed to research culturally appropriate diabetes education strategies for the Ethiopian community in the Western Metropolitan Region of Melbourne.

The project identified that the Ethiopian community perceived that psychosocial factors, such as stress, worry, anxiety and depression were major causes of diabetes.

Other major perceived causes were dietary factors and lifestyle changes, such as lack of physical activity.

Diabetes was also often described as a 'disease of the rich'. It was observed that people with diabetes in the community were reluctant to disclose they had

diabetes and discuss the issue because of the stigma attached to it.

A Precious Gift of Health Video

The preferred model of diabetes education by the Ethiopian community was an educational video. Community education was also rated highly by both the general community and people with diabetes.

A diabetes education video in the Amharic language, titled *A Precious Gift of Health*, was developed and produced. Horn of African health workers, diabetes service providers and Ethiopian community members were consulted in every step of the process.

An Ethiopian community worker and a diabetes nurse educator will implement a

community education campaign. The impact of the video will be evaluated after the community education has been implemented. This will give insight into the effectiveness of the video and the impact on health-seeking behaviour.

Further information:

Copies of the video *A Precious Gift of Health* can be obtained by contacting:
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Copies of the *Ethiopian Community Diabetes Project Report* can be obtained by contacting:
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Diabetic Retinopathy Screening

What is Diabetic Retinopathy?

Over seven per cent of Victorian adults have diabetes. Each of these is at risk of developing diabetic retinopathy, where the very fine blood vessels in the back of the eye (retina) are damaged, resulting in tiny bleeding and fatty deposits.

Diabetic retinopathy often results in visual impairment or blindness, and is the most common cause of visual loss in adults under 60.

The Local Initiatives in Diabetic Retinopathy Screening (LIDRS) Program

The development and progression of diabetic retinopathy can be minimised by timely screening and appropriate intervention. However, less than 50 per cent of people with diabetes are currently being screened for retinopathy. In June 2001, seven agencies were funded through the Local Initiatives in Diabetic Retinopathy Screening (LIDRS) program.

The LIDRS program targets local service networks where people with diabetes are not currently being screened for diabetic retinopathy, by:

- Increasing knowledge and awareness of the importance of retinal screening amongst people with diabetes and health professionals.

- Increasing community access to retinal screening programs, and addressing access barriers to screening.

Seven agencies have been funded through the LIDRS program. Five of these will develop health-promoting strategies to enhance their current level of diabetic retinopathy screening:

- Dandenong District Division of General Practice
- North West Melbourne Division of General Practice
- Latrobe Community Health Service
- Western District Health Service
- South West Primary Care Partnership.

The Centre for Eye Research Australia (CERA) is funded to provide technical support and professional development to support each of the funded agencies to implement their projects. In addition to these agencies, Vision Australia Foundation has been funded to implement an accredited training course for health professionals in the use of the non-mydratic retinal camera (NMRC).

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About this Publication

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The Departmental editorial committee for this edition included:

- Sue Heward, Sally Semmens, Food and Health Development.
- Andrea Hay, Partnership Development.

The topic of the next Health Promotion Strategies bulletin is Mental Health Promotion. Contributions for this edition will be accepted up to 6 May 2002. 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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