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Committee Secretary  
Senate Environment, Communications, Information Technology and the Arts References  
Committee  
Department of the Senate  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
Australia

To The Secretary,

The Victorian Health Promotion Foundation (VicHealth) is pleased to provide the following submission for the Inquiry into women in sport and recreation in Australia.

One of the strategic objectives of VicHealth is to improve opportunities for individuals to participate in sufficient physical activity to achieve physical and mental health gains. In particular, VicHealth identifies the value of the community sport and active recreation sector to increase participation in physical activity, particularly for people with disabilities and those from low socio economic, Indigenous and new arrival communities

This submission does not address all points in the terms of reference, but outlines the key issues relevant to the strategic directions of VicHealth.

We congratulate the Australian Senate for initiating the inquiry and trust that our submission can help inform future planning, programming and funding for women in sport and recreation.

Yours sincerely,



Megan Kerr  
Acting Director  
Physical Activity Unit

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## ABOUT VICHEALTH

The Victorian Health Promotion Foundation, best known as VicHealth, works in partnership with organisations, communities and individuals to make health a central part of our daily lives. The focus of our work is on promoting good health and preventing ill-health.

Promoting health by fostering change in social, economic, cultural and physical environments underpins our mission. VicHealth aims to build opportunities for people to be informed, learn new skills, have greater access to activities that promote good health, and share healthier environments. We work across many sectors to broaden the benefit of health promotion strategies.

VicHealth envisages a community where:

- health is a fundamental human right
- everyone shares in the responsibility for promoting health; and
- everyone benefits from improved health outcomes.

The Foundation's mission is to build the capabilities of organisations, communities and individuals in ways that:

- change social, economic, cultural and physical environments to improve health for all Victorians; and
- strengthen the understanding and the skills of individuals in ways that support their efforts to achieve and maintain health.

This statement is underpinned by a health-promoting approach that acknowledges the social, environmental and biological determinants of health and wellbeing.

In pursuing its mission and broad goals, VicHealth is guided by the values of leadership, cooperation, equity, and autonomy. These values are underpinned by VicHealth's commitments to learning, innovation, quality and reciprocal obligations

## **CURRENT VICEALTH FUNDING IN SPORT AND ACTIVE RECREATION**

VicHealth advocates and supports change that makes everyday living more active, by working throughout Victoria with different sectors at [local](#), [regional](#) and [state](#), levels. Approximately \$7.7 million dollars of the annual VicHealth budget is spent funding sport and active recreation organisations to maximize opportunities for individuals and communities to participate in physical activity. The following summarises current activity that is occurring in the sport and active recreation sector:

### ***Partnerships for Health Scheme***

VicHealth works in partnership with 49 State Sporting Associations (involving 47 sports) and their affiliated clubs to increase the participation rates in sport as well as to support the creation of healthy club environments. VicHealth is interested in the creation of healthy environments as they maximise the health impact of cultural and sporting activities and increase the appeal of clubs, organisations and activities to a wider range of potential participants. Healthy environments look at healthy food choices; responsible alcohol management; preventing sport related injury; sun protection; participation and inclusion; and smokefree areas.

### ***Participation in Community Sport and Recreation (PICSAR)***

The PICSAR Scheme is designed to increase levels of participation in sport and active recreation, particularly among population groups that are currently inactive or may encounter barriers to participation.

#### **▪ Regional Sports Assemblies**

VicHealth recognises Regional Sports Assemblies (RSAs) as a key sport and recreation body within their region. They work with organisations such as sporting clubs, leagues, local government, community health and education to increase physical activity opportunities for those who are least active in their community.

#### **▪ Developmental Projects**

To complement the work of the RSAs, VicHealth supports peak organisations to work directly with specified population groups – women, people from culturally and linguistically diverse backgrounds, and Kooris – to increase participation in physical activity.

#### **▪ Active Participation Grants**

These grants are designed to increase participation in physical activity. Many organisations in regional Victoria liaise with their local RSA when developing an Active Participation Grant.

#### **▪ Metro ACTIVE Demonstration Projects**

This program works with metropolitan local governments through its sport and recreation unit or equivalent to encourage ‘whole of council’ responses to increasing participation opportunities in physical activity through community sport and active recreation.

- **Active Clubs**

VicHealth makes it easier for clubs by offering funding through Active Club Grants for sports injury prevention equipment, essential equipment, portable shade and volunteer training. These grants aim to encourage and increase participation opportunities in physical activity for those who are currently inactive or traditionally encounter barriers to participation by providing equipment or training; and improve the safety of sporting and active recreation environments and reduce the likelihood of injury while promoting physical activity.

***Funded Research***

VicHealth also invests in a range of research projects to improve our understanding of what influences people to be physically active.

## **A) HEALTH BENEFITS OF WOMEN PARTICIPATING IN SPORT AND RECREATION ACTIVITIES**

Physical inactivity is responsible for about 7% of the total burden of disease in Australia and rates second only to tobacco smoking.<sup>1</sup> The World Health Organisation's World Health Report 2002 estimated that 1.9 million deaths among people aged 15 years and over were attributable to physical inactivity and that physical inactivity contributed to 10–16% of global cases of breast, colon and rectal cancers and diabetes mellitus, and about 22% of ischaemic heart disease.<sup>2,3</sup>

The physical benefits of participating in sport and recreation have been well documented and include decreasing the risk of cardiovascular disease, particularly coronary heart disease, lowering blood pressure, decreasing the chance of developing Type 2 diabetes, raising levels of good cholesterol (HDL) and being protective against some forms of cancer.<sup>4</sup> Weight bearing exercises such as walking, running and weight training can also strengthen the musculoskeletal system, which can decrease the likelihood of developing osteoporosis and osteoarthritis and, in the elderly especially, lessen the risk of having a fall.<sup>5</sup>

There are also many mental health and wellbeing benefits from physical activity which are less formally documented and recognised. These include: reduced feelings of stress, anxiety and depression<sup>6,7</sup> better concentration, memory, learning and creativity, enhanced self-esteem, self image, feelings of enjoyment, excitement, and personal challenge, improved opportunities to be with friends or family and develop a sense of connectedness, and more social contacts.<sup>8,9</sup> Increasing the amount of physical activity which elderly engage in has, for example been found to be a positive attribute as it decreases depression, improves overall health and improves the quality of life.<sup>10</sup>

In 2004, 58.6% of Victorian men participated in sufficient regular physical activity to achieve health benefits (that is, 150 minutes or more of at least moderate intensity activity over 5 or more days per week) while participation rates for women were slightly lower at 55.1%.<sup>11</sup>

The Australian Physical Activity Guidelines for adults state the following:

- Think of movement as an opportunity, not an inconvenience
- Be active every day in as many ways as you can
- Put together at least 30 minutes of moderate - intensity physical activity on most, preferably all, days
- If you can, also enjoy some regular, vigorous activity for extra health and fitness.<sup>12</sup>

While the percentage of women is only slightly less than men, just over half the Victorian population are engaging in adequate physical activity for a health gain. One of the areas in people's lives where there is the potential to increase the levels of physical activity is during leisure time (sport and active recreation). The others are work, as a form of transport or at home.

Sporting and active recreation activities can be the glue that holds communities together. Sport builds social capital by providing a sense of unity. It is a social leveller, fostering a sense of trust amongst participants and members and contributing to greater social cohesion. In many communities, sport is seen as a means of building community pride and loyalty, with sporting events providing a meeting place and a means of uniting people across age groups.

Sport and shared recreation activities offers people the opportunity to be involved, which provides them with a positive sense of self worth.<sup>13</sup> Opening these opportunities to the younger community and allowing adolescence to participate in sports and physical activity, will generally promote their active participation in their later life and thus lower their chances of developing such diseases as coronary heart disease and diabetes.<sup>14</sup>

While the above benefits are generally not gender specific, the health benefits from participation in sport and active recreation as a form of physical activity are undisputable.

VicHealth is committed to valuing the breadth of health benefits derived from participating in sport and active recreation activities, which include both the physical and mental health and wellbeing outcomes. VicHealth encourages organisations to more overtly recognize the mental health benefits that participation in sport and active recreation can provide and continue to develop appropriate measure of these gains in relation to physical, social and economic impacts.

## B) ACCESSIBILITY FOR WOMEN OF ALL AGES TO PARTICIPATE IN ORGANISED SPORT, FITNESS AND RECREATION ACTIVITIES

### (i) NUMBER OF WOMEN ACTIVELY PARTICIPATING IN ORGANISED SPORT, FITNESS AND RECREATION ACTIVITIES

A 2004 Victorian survey of weekly physical activity reported that less than 56% of females aged 18 years and over regularly attained the threshold for physical activity to provide health benefits as per the national guidelines. Among these, 7.7% were physically inactive and 31.9% did not participate in regular sessions of activity and/ or spend sufficient time on physical activity each week. As a female's age increased, the amount of physical activity undertaken declined. The category of females with the highest amount of physical activity to meet the National Guidelines was the 25-34 age group (63.3%), while the lowest was the 65+ age group (40.9%).<sup>15</sup>

The following table illustrate the percentage of Victorian females and males participating in physical activity for exercise, recreation and sport in both organized and non-organised activities in 2004-5.

**Table 1: Type of Participation<sup>16</sup>**

Age	Organised only (A)		Non organized only (B)		Both (C)		Total organized (A + C)		Total non organized (B + C)		Total Participation (A + B + C)	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
15-24	21.5	29.6	29.0	20.1	36.6	43.1	58.1	72.6	65.6	63.1	87.1	92.7
25-34	11.9	15.1	47.5	35.2	31.2	38.9	43.1	54.0	78.7	74.2	90.6	89.3
35-44	8.7	11.4	46.3	43.9	30.7	31.5	39.5	42.9	77.1	75.4	85.8	86.8
45-54	8.3	9.2	48.7	45.7	28.4	29.0	36.7	38.2	77.1	74.7	85.4	83.9
55-64	10.6	12.9	49.1	42.7	23.9	24.9	34.5	37.8	73.0	67.5	83.5	80.5
65 +	14.6	13.1	39.4	41.5	22.3	19.3	36.9	32.4	61.7	60.8	76.3	73.9
<b>Total</b>	<b>12.6</b>	<b>15.4</b>	<b>43.1</b>	<b>37.8</b>	<b>29.1</b>	<b>31.8</b>	<b>41.7</b>	<b>47.2</b>	<b>72.2</b>	<b>69.7</b>	<b>84.8</b>	<b>85.1</b>

Data from the above tables suggest that:

- females of all ages prefer to participate in non-organised physical activity, which tends to be more recreational in nature; and
- young females aged 15-24 are the most likely to participate in organised physical activity.

According to the Standing Committee on Recreation and Sport (SCORS)<sup>17</sup>, the highest participation activities in Victoria for women are walking (52.5% - men: 30.4%), aerobic fitness (21.9% - men: 14.2%), swimming (20.1% - men: 15.5%), and cycling (8.0% - men: 19.6%). In terms of other organized sports, the proportion of women playing netball is 7.9% (men: 1.4%) and tennis, 6.1% (men: 4.9%). These statistics reinforce that women tend to seek less competitive and more social sport and active recreational pursuits than men.



**Table 2: Organised activities, states and territories by age and sex, 2004<sup>18</sup>**

Age Group	Victoria Participation Rate	Average Aust Participation Rate
15-24	66%	63.5%
25-34	43.5%	43.4%
35-44	37%	38.5%
45-54	39.7%	33.9%
55-64	38.2%	32.5%
Over 65	36.1%	29.4%
Total	43.7%	40.8%

Participation rates in organised activities of Victorian females is above the country's average throughout all ages, with the exception of 35-44 year olds who are 1.5% below average. While this is encouraging for Victoria, the significant reduction in rates from age 25 years and over is still alarming and needs to be addressed.

## **(ii) CHARACTERISTICS OF WOMEN NOT PARTICIPATING IN ORGANISED SPORT, FITNESS AND RECREATIONAL OPPORTUNITIES**

While there is limited evidence around the characteristics of women who participate the least in physical activity, there is evidence to suggest that those people who experience health inequality are at greater risk of developing physical and mental ill health. While a range of factors have found to be associated with such health inequalities, the most significant and persistent include level of education, occupation, income, employment status, area of residence<sup>19, 20, 21, 22, 23, 24, 25, 26, 27, 28</sup> disability<sup>29, 30, 31, 32</sup> refugee background<sup>33, 34, 35, 36, 37, 38</sup> and Aboriginality.<sup>39, 40, 41, 42</sup> Ethnicity and gender are also factors that may contribute to and compound health inequalities.<sup>43, 44</sup>

## **(iii) CONSTRAINTS, INCLUDING STRATEGIES TO OVER THE CONSTRAINTS THAT MAY PREVENT THESE WOMEN FROM PARTICIPATING**

There are numerous factors that can help or hinder a women's capacity to participate in physical activity. Many of these factors are greatly impacted by local, state and federal government policy and practice as well as other social and ecological determinants. The Determinants of Physical Activity: A Social-Ecological Model has been used to illustrate these factors as they pertain specifically to women.<sup>45</sup>

These factors include:

### **Public Policy**

- Legislation and public policy such as urban planning and development, housing, education, economic, welfare, health, justice, organisational and use of community facilities.

## **Environmental determinants**

- *Social determinants* such as:
  - access to appropriate and affordable sport, fitness and recreation opportunities and services<sup>46</sup>
  - access to information about such opportunities and services<sup>47</sup>
  - perceptions about safety<sup>48</sup>
  
- *Economic determinants* such as:
  - employment status - women who are not in the labour force are less likely to be involved in physical activity (75.6% participation rate) than the employed (86.8%)<sup>49</sup>
  - educational attainment - participation rates increased with the level of educational attainment, from 52.1% for those women that never attended school to 94.8% for those with a University degree; the highest participation rate was for those females still attending secondary school<sup>50</sup>
  - access to financial resources for expenditure on sport and active recreation<sup>51, 52</sup>
  
- *Physical environment determinants* such as:
  - facilities appropriate for use by girls and women including female changing rooms, appropriate lighting<sup>53, 54</sup>
  - flexibility of use – considering multi purpose use in construction of new facilities and ability to use already existing facilities in traditional ‘down time’<sup>55</sup>
  - urban design that facilitates access to physical activity including wide footpaths, access to meaningful public open space<sup>56</sup>
  - access to transport<sup>57</sup>
  
- *Social / cultural factors* such as:
  - access to appropriate, regular and affordable childcare options<sup>58, 59</sup>
  - cultural and social attitudes to girls and women’s participation in sport and active recreation<sup>60</sup>
  - family - women who lived with a partner, particularly those with children, were more likely to report lower levels of physical activity<sup>61</sup>
  - culturally inappropriate physical activity programs<sup>62</sup>
  - a lack of positive role models, influenced by an under-representation of women in sport and active recreation in the media<sup>63</sup>
  - people who play sport during adolescence are much more likely to be physically active adults<sup>64</sup>
  
- *Psychosocial factors* such as:
  - perception of poor health and inability to undertake physical activity/lack of perceived skills<sup>65</sup>
  - lack of confidence in approaching activities alone<sup>66</sup>
  - perceived lack of reduced leisure time owing to family responsibilities and working hours<sup>67</sup>
  - age – as women get older, their participation rates decline. In the instance of age, it is generally a combination of age and one or more other factors which sees women reduce their physical activity levels. Only a 70.8% participation rate is recorded amongst women aged 65 and over compared to 90.6% IN 15-24 year olds.<sup>68</sup>

**Individual Biological Determinants**

Factors such as age, gender, genetics and an individual's health status can all hinder physical activity participation. While VicHealth is interested in bringing about individual change, it seeks to do this via broader policy and environmental change.

**Health Services Determinants**

Access, the availability and affordability of physical activity advice, support and referral to appropriate services can also impact on a person's ability to be physically active. While females do frequent health services more often, this tends to be when seeking treatment as opposed to preventing illness.

It may be one or a combination of any of the above that acts as a barrier for women and girls participating in sport and active recreation. VicHealth works with its funded organisations to address these constraints.

## **C) RECOMMENDATIONS FOR LOCAL, STATE AND FEDERAL ORGANISATIONS**

### **1) Existing programs**

- Continue to implement existing local, state and federal initiatives/programs with an increased focus on those girls and women who have the least opportunity to participate due to social and economic disadvantage – in particular indigenous women; women with disabilities; and women from culturally and linguistically diverse backgrounds.
- Further invest in monitoring and evaluation (process, impact and outcome) of the above programs.

VicHealth is particularly interested in funding organisations to provide opportunities for individuals to meet the National Physical Activity Guidelines<sup>69</sup> and is continually encouraging the sport and recreation sector to promote the relationship between sport and health.

### **2) Actively scan international programs**

- Keep abreast of initiatives/programs which are being undertaken by organisations such as the Canadian Association for the Advancement of Women in Sport (CAAWS), Womens Sports Foundation (USA), and Womensport UK.

### **3) Know who is participating**

- Support State and National Sporting Organisations to develop comprehensive member or other related databases that will provide demographic information on members (participants, coaches, officials, administrators). This can extend to particular information about women, for example, number of children, which can be used when planning programs.

### **4) Program or other funding**

- **Length, amount and type**
  - Consider the effectiveness of 12 month funding programs. Evaluation of VicHealth 12 month funding programs have found that this timeframe is too short to bring about sustainable change.
  - Provide flexibility within funding types to accommodate for the range of experiences / levels of people within the program.
  - Ensure programs demonstrate sustainability and include the creation of networks and web forums, for example, to support individuals and organisations.
  - Use support agencies, for example, who are outside of the traditional sport and recreation sector to initially target specific population groups of women.
  - Consider the amount of funding available, the demands of the funding and the level of operation. If partnerships are required, VicHealth experience has shown that these can take significant time to establish.

- **Evidence base**
    - Ensure that applications for funding include a rationale and evidence of the need for the project. If the need has been clearly established, consider funding in phases to accommodate preliminary research.
- 5) Develop and use appropriate resources including existing resources**
- Establish local directories of sport and physical activity opportunities for women and girls.
  - Use local or state based agencies – in Victoria these might include the Centre for Multicultural Youth Issues (CMYI) and Victorian Aboriginal Youth Sport and Recreation Cooperative (VAYSAR) in order to gain specific information relative to target groups.
  - Utilise existing advertising opportunities such as websites, electronic mailing lists.
  - Promote successful examples of programs and initiatives on websites, in local papers or publications. VicHealth has had recent success with a [publication](#) which is very user friendly and highlight the broad benefits of belonging to a club. This type of production could be used to highlight females in sport.
- 6) Support Mentor programs which have sustainability**
- Mentoring has been found to be particularly advantageous to minority groups in sport such as women. Both Abney (1991) and Wensing (2000) cited in Payne et al.<sup>70</sup> commented on the lack of female coaches, officials and administrators in sport and how mentoring has been identified as a method to overcome this problem.
- 7) Support females in leadership positions, particularly coaches and officials**
- Data from the Australian Sports Commission (2006) reports that at Level 1 (basic coach), males nearly double the number of females (65% to 35%). The gap further widens with a 40% difference at Level 2 (70% men, 30% women), and 70% difference at Level 3 (85% men, 15% women).<sup>71</sup> Females in these positions can help to encourage other women to participate by acting as role models and demonstrating to other women there is a career path in this field.<sup>72, 73, 74</sup>
- 8) Create positive school environments through physical education that reflect gender equity and promotes the benefits of sport and physical activity**
- People who participate in sports or other types of physical activity at an early age, and especially during adolescence, are more likely to be physically active adults.<sup>75</sup>
- 9) Work-Life supports**
- Work with employers to implement work based sick leave, flexible work hours, job sharing,<sup>76</sup> day care subsidy, after school programs, women's networks and support groups.
  - Work with fathers, and others with social and family responsibilities, to understand and assist mothers to participate in sport and active recreation.<sup>77</sup>

#### **10) Portray women and girls as positive and active role models**

- Re-introduce the position of specialist physical education teachers in primary schools, with a particular focus on ensuring that young girls have appropriate role models as teachers. Oldenhove (1989) cited in Payne et.al, reported that most of the sport and physical activity within Australian primary schools was conducted by men.<sup>78</sup> Glover (1978) also cited in Payne et. al, has indicated that PE teachers and health educators convey important messages to students consciously and unconsciously by their actions and appearance.<sup>79</sup>
- Encourage the media to positively portray and cover the benefits of female involvement in sport

#### **D. SUMMARY**

In summary, VicHealth is pleased that the Australian Government have placed the issue of women's participation in sport and active recreation on the agenda and trust that this submission will be of assistance in future planning.

## REFERENCES

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- <sup>1</sup> Mathers C, Vos T & Stephenson C 1999 'The burden of disease and injury in Australia', cat. no. PHE 17, AIHW, Canberra
- <sup>2</sup> World Health Organisation 2002, 'The World Health Report 2002' WHO, Geneva
- <sup>3</sup> Bauman A & Owen N 1999, 'Physical activity of adult Australians', *Journal of Science Medicine & Sport*, 2(1):30–41.
- <sup>4</sup> Mathers et al op.cit.
- <sup>5</sup> Ibid.
- <sup>6</sup> Ibid.
- <sup>7</sup> Vance D et al 2005, 'The effects of physical activity and sedentary behaviour on cognitive health in older adults', *Journal of Aging & Physical Activity*, 13, 294–313.
- <sup>8</sup> Australian Sports Commission (ASC) 2002, 'Active Women - A National Policy on Women and Girls in Sport, Recreation and Physical Activity', 1999-2002, Canberra.
- <sup>9</sup> Victorian Health Promotion Foundation 1999 Mental Health Promotion Plan 1999 – 2002, Melbourne
- <sup>10</sup> Vance D et al op.cit.
- <sup>11</sup> Department of Human Services 2004 Victorian Population Health Survey 2004, Melbourne
- <sup>12</sup> Department of Health and Aged Care 1999, 'National Physical Activity Guidelines for Adults' Australian Government, Canberra
- <sup>13</sup> Townsend M, Moore J & Mahoney M 2002, 'Playing their part: the role of physical activity and sport in sustaining the health and wellbeing of small rural communities', *Rural and Remote Health* 2 (online) no.109.  
[http://www.thecentre.vic.edu.au/carn/downloads/carn\\_resources\\_playing\\_their\\_part.pdf](http://www.thecentre.vic.edu.au/carn/downloads/carn_resources_playing_their_part.pdf)
- <sup>14</sup> Tammelin T 2005, 'A review of longitudinal studies on youth predictors of adult physical activity', *International Journal of Adolescent Medicine & Health*, 17(1):3–12
- <sup>15</sup> Department of Human Services 2004 op.cit.
- <sup>16</sup> Department of Victorian Communities 2006 Victorians' Participation in Exercise, Recreation and Sport 2004-5, Melbourne
- <sup>17</sup> Standing Committee on Recreation and Sport (SCORS) 2005, 'Participation in exercise, recreation and sport annual report 2004' SCORS, Canberra
- <sup>18</sup> Ibid
- <sup>19</sup> Australian Bureau of Statistics, 2002 'Social Trends 2002' Health - Mortality and Morbidity: Mortality of Aboriginal and Torres Strait Islander Peoples. <http://www.abs.gov.au/Ausstats/abs@.nsf/0/cd784ff808c14658ca256bcd008272f6?OpenDocument#Links>)
- <sup>20</sup> Australian Institute of Health and Welfare 2004 *Disability and its Relationship to Health Conditions and other Factors* <http://www.aihw.gov.au/publications/index.cfm/title/10082>
- <sup>21</sup> Draper G, Turrell G and Oldenburg B 2004, Health Inequalities in Australia: Mortality. Health
- <sup>22</sup> National Health Performance Committee 2004 National Report on Health Sector Performance Indicators. AIHW Cat. No. HWI 78. Canberra: *Australian Institute of Health and Welfare*.
- <sup>23</sup> Public Health and Development Division 1999 The Victorian Burden of Disease Study: Mortality. Melbourne: *Department of Human Services*.
- <sup>24</sup> Ibid.
- <sup>25</sup> Public Health Group 2004 Health Status of Victorians. Life Expectancy at Birth 1997-2001. Melbourne: Department of Human Services  
<http://www.health.vic.gov.au/healthstatus/le.htm>

- 
- <sup>26</sup> Rural and Regional Health and Aged Care Services 2004 Victorian Population Health Survey 2003: Selected Findings. Melbourne: Department of Human Services.
- <sup>27</sup> Singh M and de Looper M 2002 Australian Health Inequalities: Birthplace. AIHW Bulletin Issue 2. AIHW Cat. No. AUS27. Canberra: *Australian Institute of Health and Welfare*.
- <sup>28</sup> Trewin D and Madden R 2003 The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples. AIHW Cat. No. IHW11. Canberra: *Australian Institute of Health and Welfare*.
- <sup>29</sup> Burbidge M 2003. Personal health records for people with developmental disability [www.med.monash.edu.au/general-practice/units/cddh/research/phr.html](http://www.med.monash.edu.au/general-practice/units/cddh/research/phr.html).
- <sup>30</sup> Davidson S, Judd F, Jolley D, Hocking B, Thompson S, 2000. The General health status of people with mental illness *Australasian Psychiatry*, Vol 8, No 1.
- <sup>31</sup> Durvasula S & Beange H 2001. Health inequalities in people with intellectual disability: strategies for improvement. *Health Promotion Journal of Australia* 11:27.31.
- <sup>32</sup> Durvasula S, Beange H & Baker W 2002. Mortality of people with developmental disability in Northern Sydney. *Journal of Intellectual & Developmental Disability*, 27:255.64.
- <sup>33</sup> Ackerman LK 1997. 'Health Problems of Refugees' *Journal of the American Board of Family Practice* Volume 10, 5: 337 - 348
- <sup>34</sup> Allotey P 1988 'Travelling with 'Excess Baggage': Health Problems of Refugee Women in Western Australia' *Women and Health* Vol 28, 1: 63 - 81
- <sup>35</sup> Biggs BA and Skull S 2003. 'Refugee Health: Clinical Issues' in Allotey P 'The Health of Refugees: Public Health perspectives from crisis to settlement' Melbourne Australia Oxford University Press: 54 -67
- <sup>36</sup> Porter M, Haslam N, 2005. 'Predisplacement And Postdisplacement Factors Associated With Mental Health Of Refugees And Internally Displaced Persons: A meta-analysis', *Journal of the American Medical Association*, Vol. 294, No. 5
- <sup>37</sup> Richardson S, Stack S, Moskos M, Lester L, Healy J, Miller-Lewis L, Iisley D and Horrocks J 2004 The Changing Settlement Experience of New Migrants. Interwave Comparisons for Cohort 1 and 2 of the LSIA. Report to the Department of Immigration and Multicultural and Indigenous Affairs. National Institute of Labour Studies, Flinders University, South Australia.
- <sup>38</sup> Victorian Foundation for Survivors of Torture 2004 'Towards a Health Strategy for Refugees and Asylum Seekers: A Report Prepared for the Victorian Department of Human Services' Victorian Foundation for Survivors of Torture.
- <sup>39</sup> Australian Bureau of Statistics 2002 op.cit.
- <sup>40</sup> Trewin D op.cit.
- <sup>41</sup> Australian Institute of Health and Welfare 2004. 'Australia's Health 2004' Canberra: AIHW.
- <sup>42</sup> Australian Institute of Health and Welfare and the Australian Bureau of Statistics 2005 'Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples' AIHW Cat No IHW-14; ABS Cat No 47140. *Australian Institute of Health and Welfare and the Australian Bureau of Statistics*
- <sup>43</sup> Davey Smith G, Chaturvedi, N, Harding, S, Nazroo, J and Williams, R. 2003 Ethnic inequalities in health: a review of UK epidemiological evidence. In Davey Smith G (Ed.) *Health Inequalities Lifecourse Approaches*: Bristol: The Policy Press
- <sup>44</sup> Nazroo, J. and Karlsen, S. 2001, Ethnic inequalities in health: social class, racism and identity. Health Variations Programme Research findings #10 <http://www.lancs.ac.uk/fss/apsocsci/hvp/newsletters/10findings.htm>



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- <sup>45</sup> Strategic Inter-Governmental Forum on Physical Activity and Health (SIGPAH) 'Be Active Australia A Framework for Health Sector Action for Physical Activity 2005-2010' National Public Health Partnership
- <sup>46</sup> ASC 2002 op.cit
- <sup>47</sup> Ibid
- <sup>48</sup> Ibid
- <sup>49</sup> Standing Committee on Recreation and Sport (SCORS) 2005, 'Participation in exercise, recreation and sport annual report 2004' SCORS, Canberra
- <sup>50</sup> Standing Committee on Recreation and Sport (SCORS) 2005, 'Participation in exercise, recreation and sport annual report 2004' SCORS, Canberra
- <sup>51</sup> ASC 2002 op.cit.
- <sup>52</sup> Lo Cascio M, Thomas M, Connelly A, et al. (1999). 'Busy mums wanted: a qualitative study of mothers and physical activity'. Sydney: Social Health Research Unit, Central Sydney Area Health Service cited in Bauman A, Bellew B, Vita P, Brown W, Owen N. Getting Australia active: towards better practice for the promotion of physical activity. National Public Health Partnership. Melbourne, Australia, March, 2002
- <sup>53</sup> ASC 2002 op.cit
- <sup>54</sup> Gould K, Hoggard L. (1999). Child care project - final report. Sydney: Vocational Education & Assessment Centre cited in Bauman A, Bellew B, Vita P, Brown W, Owen N. Getting Australia active: towards better practice for the promotion of physical activity. National Public Health Partnership. Melbourne, Australia, March, 2002
- <sup>55</sup> VicHealth and Womensport Victoria 2005, Advancing Female Participation in Community Sport and Recreation seminar
- <sup>56</sup> VicHealth 2003, 'Planning for Health', *VicHealth Letter*, Issue No. 19 Summer, VicHealth, Melbourne.
- <sup>57</sup> Gould et al 1999. op.cit
- <sup>58</sup> ASC 2002 op.cit
- <sup>59</sup> Gould et al 1999 op.cit.
- <sup>60</sup> ASC 2002 op.cit
- <sup>61</sup> Brown WJ, Ball K, Powers J. 1998. Is life a party for young women? *ACHPER Healthy Lifestyles Journal* 45 (6):21-6.
- <sup>62</sup> ASC 2002 op.cit
- <sup>63</sup> Payne W, Reynolds M, Brown S, Fleming, A, 2003 *Sports role models & their impact on participation in physical activity: A literature review*, School of Human Movement & Sport Science - University of Ballarat.
- <sup>64</sup> Tammelin T 2005 op.cit
- <sup>65</sup> ASC 2002 op.cit
- <sup>66</sup> Ibid
- <sup>67</sup> Ibid
- <sup>68</sup> SCORS op.cit
- <sup>69</sup> Department of Health and Aged Care 1999, op.cit.
- <sup>70</sup> Payne, W, Op.cit
- <sup>71</sup> Australian Sports Commission 2006.
- <sup>72</sup> LeDrew, J.E & Zimmerman, C. 1994 'Moving Towards an acceptance of females in coaching'. *Physical Educator*, 51(1), 6-14.
- <sup>73</sup> De Vaus, D. 1997. 'Family Values in the nineties'. *Family Matters*, 48, 4-10.
- <sup>74</sup> Felder, D. & Wishnietsky, D. 2002 'Role Conflict, Coaching Burnout and the reduction in the number of female interscholastic coaches'. *Physical Educator*, 47 (2).

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<sup>75</sup> Harrison PA & Gopalakrishnan N 2003, 'Differences in Behaviour, Psychological Factors and Environmental Factors Associated with Participation in School Sports and Other Activities in Adolescence', *Journal of School Health*, Vol. 73, No.3.

<sup>76</sup> Coaching Association of Canada 2000 'What's needed to advance women?' *Canadian Journal of Women in Sport*, 1(2), pp 1-52.

<sup>77</sup> Bauman A, Bellew B, Vita P, Brown W, Owen N. Getting Australia active: towards better practice for the promotion of physical activity. National Public Health Partnership. Melbourne, Australia, March, 2002

<sup>78</sup> Payne, W op.cit

<sup>79</sup> Ibid