



KnoxCommunity

Health Service

*Working together -
a healthy partnership*

**Operational
Integrated
Health Promotion Plan
2006 – 2007**

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1. PRIORITY AREA OVERVIEWS

OPERATIONAL PLAN 2006-2007

1. PRIORITY AREA OVERVIEWS

Physical Activity

Mental Wellbeing and Social Connectedness

The geographical focus for both of these priorities is Bayswater, due to the high level of socio-economic disadvantage when compared with other suburbs in the Knox catchment. There are obvious advantages to this including the ability to maximise resources in the research, community consultation and engagement phases.

Over the life of the Organisational Integrated Health Promotion Plan (2006-2009) several key partners will be working intensively using a community development (Participatory Action Research) framework, to increase both walking and cycling and social connectedness for mothers in Bayswater. Some aspects of the project will be based on the model of community engagement developed by the City of Port Phillip including their use of Neighbourhood Action Research Team (NART) peer researchers. Central to this project is the opportunity to integrate both social change and environmental change within a community development model. Not only does this build on evidence for physical activity and social connectedness, but also pilots a process of integrated health planning which may be expanded across other areas of Knox for other health areas and target groups.

The first year of the project will be research phase using one process (peer researchers trained to interview mothers and audit the environment) to gather data on both social connectedness and walking/cycling (therefore exploring both environmental and social factors) for mothers. Data analysis will lead to two plans: environmental (to be developed with KCC) and social (to be developed by KCHS). The second year of the project will bring the implementation phase with partners working with local community to implement the plans. At this implementation stage (depending on the data gathered) it is envisaged that two distinct implementation processes will emerge: one based on the goal of increasing social connectedness and one on the goal of increasing walking and cycling. Process evaluation through the project will ensure documentation and review of processes. A funding submission to the Department of Infrastructure (Travelmart) is being prepared for 07/08 which will allow extensive outcome evaluation and the potential for the project to become a demonstration project.

Tobacco, Alcohol and Other Drug Issues

This priority is continuing from the previous KCHS Integrated Health Promotion Plan and furthers work with the Knox Smoke Free Committee. As the majority of the undertakings will be complete in the next twelve months, including a joint school based project with the Knox Division of General Practice and the Knox School Focussed Youth Service it is envisaged that this may be the final Operational Plan for the priority.

Sexual Health

This is a new priority area and as such will involve considerable consultation with young people and service providers over the next twelve months. It is envisaged that this will develop into a series of piloted interventions for the remaining two years of the Organisational Integrated Health Promotion Plan (2006-2009).

2. GOALS, OBJECTIVES AND STRATEGIES

2.1. HEALTH ISSUE: PHYSICAL ACTIVITY

Program Goal	To increase active transport (walking and cycling) by mothers and their children in Bayswater.
Population Target Group(s)	1. Women with children 2. Families

Objective 1

Objective	By June 2007, develop collaborative partnerships (including Knox City Council) and a network of relevant local agencies, schools, community groups to guide program development and help facilitate future community change.
Estimated Impact	6 Partner agencies are engaged on the Women And Physical Activity Working Group. 3 Memorandums of Understanding developed 75% of the 6 partners rate partnership as collaborative 10 agencies join the network 2 promotional items (eg. newsletter) produced and received by network
Estimated Reach	10 Organisations
Start Date	2006-07-01
End Date	2007-06-31

Strategies	HP Intervention Type
Develop a collaborative partnership steering group to plan and oversee the program with representation from Knox City Council (and its relevant services for mothers), key relevant agencies such as Women's Health East, disability, family support and community houses and local Bayswater groups.	Settings and Supportive Environments
Core partnership group to develop a Memorandum of Understanding stating shared vision and objectives and committing to time and material resources required to achieve objectives.	Settings and Supportive Environments
The partnership steering group to submit for funding to Travelsmart (Department of Infrastructure) to cover both this project (and the research components of the Mental Wellbeing and Social Connectedness plan- Operational Plan 06-07).	Settings and Supportive Environments
Develop a network of interested local schools, businesses, agencies, groups and individuals to support future community development implementation.	Settings and Supportive Environments
Disseminate relevant information to partnership Steering Group and Project Network members throughout the program to support their future incorporation of findings into agency	Settings and Supportive Environments

process, policies and plans.	
Develop and implement a series of partnership workshops to build capacity, skills and a shared vision to plan and implement research and community action strategies	Settings and Supportive Environments

Objective 2

Objective	By June 2007 gain relevant and appropriate information from the target group to guide future development, utilising Peer Researchers.
Estimated Impact	10 Bayswater mothers engaged as peer researchers 50% complete training and plan to continue involvement 90% rate high enough skill/knowledge/confidence to carry out research
Estimated Reach	10 Local mother/community members 20 Partner, network and KCHS staff 6 Staff members and volunteers on PAR working group
Start Date	2006-07-01
End Date	2007-06-31

Strategies	HP Intervention Type
Develop a working group within Knox Community health to review and plan a best practice models for Participatory Action Research (with peer researchers).	Organisational Development
Run a workshop with working group members, partner and key stakeholder agencies to detail the Participatory Action Research (using peer researchers) methodology which will best suit the project and how this will be implemented.	Settings and Supportive Environments
Recruit mother peer researchers through agency partners, advertising etc.	Community action
Develop data gathering tools and processes (including audit tools and interview tools) which will be implemented by mother peer researchers with support from agency staff.	Community action
Train peer researchers to carry out the research and plan necessary supports and resources for their research.	Community action
Implement peer research including a range of processes adapted to the needs of participants including interviews/focus groups, detailed environmental audits of paths, walking tracks etc.	Community action

Objective 3

Objective	By June 2007 to evaluate and document the initial development and implementation of a Participatory Action Research (PAR) model in a local context.
Estimated Impact	Academically valid, locally appropriate census tool developed Valid data from 30 mothers and representative no. of destinations 1 interim report comprising relevant process data.
Estimated Reach	3 Destination agencies in census 15 KCHS staff 30 Local mothers who complete census tool
Start Date	2006-07-01
End Date	2007-06-31

Strategies	HP Intervention Type
Develop a tool for a census (to be held at a set time in a cross section of agencies and destinations attended by mothers) with the purpose of 1. Gathering baseline data to evaluate later community change and 2. to gain input from a broad population of mothers about factors impacting on their social connectedness (which will later be further explored in peer research).	Resources
Pilot and review the tool with input from university based researchers for validity, trustworthiness and credibility and local key stakeholders for appropriateness and relevance.	Resources
Carry out the census at a representative number of destinations and agencies within a relevant time period.	Settings and Supportive Environments
Establish a structure to support process data gathering: including project diaries and regular agenda items for feedback on process	Organisational Development
In May 2007 collate project diary data and meeting data to date and run focus groups with Key Stakeholder groups including workers, peer researchers and interested community members to evaluate, reflect on and refine the process.	Settings and Supportive Environments
Disseminate evaluation results to relevant agencies including Council and other partners.	Settings and Supportive Environments

Objective 4

Objective	By June 2007 to both engage local mothers parenting in difficult circumstances as researchers and gather data about their needs to ensure future activities respond to the issues of vulnerable populations.
Estimated Impact	30% initial researchers come from groups identified as parenting in difficult circumstances, 50% of these complete training. 80% rate high satisfaction with their involvement
Estimated Reach	10 Local mothers parenting in difficult circumstances 8 Agencies 10 KCHS staff on ACE working group
Start Date	2006-07-01
End Date	2009-06-31

Strategies	HP Intervention Type
Include at least 3 agencies representing mothers parenting in difficult circumstances on the partnership steering committee, and 5 on the project network (see objective 1).	Settings and Supportive Environments
Develop a working group in Knox Community Health Service of interested staff including direct service workers (eg. counsellors, family support workers) to assist in development and implementation of potential strategies for engaging with parents in difficult circumstances.	Organisational Development
Workshop with partners and key stakeholder agencies a plan for creative strategies for engaging, working with and supporting mothers parenting in difficult circumstances.	Settings and Supportive Environments
Work closely with mothers parenting in difficult circumstances so they participate in the research both as researchers and participants.	Community action

Objective 5

Objective	(Starting in November 2007) Develop a Community Development Action Plan to guide future social and community actions and an Infrastructure Development Action Plan to guide future environmental actions such as council works, linkages between venues, signage and mothers' access maps.
Start Date	2007-11-01
End Date	2008-01-31

Objective 6

Objective	Starting in January 2008) Implement Community Development Action Plan in collaboration with partners and stakeholders.
Start Date	2008-01-01
End Date	2009-06-31

Objective 7

Objective	(Starting in January 2008) Support Knox City Council to implement the Infrastructure Development Action Plan in collaboration with partner and stakeholders
Start Date	2008-01-01
End Date	2009-06-31

2.2 HEALTH ISSUE: MENTAL WELLBEING AND SOCIAL CONNECTEDNESS

Program Goal	To enhance the mental wellbeing and social connectedness of mothers parenting in difficult circumstances living in Bayswater.
Population Target Group(s)	1. Women with children

Objective 1 See Objective 1 of Physical Activity (This is a shared objective)

Objective 2 See Objective 2 of Physical Activity (This is a shared objective)

Objective 3 See Objective 3 of Physical Activity (This is a shared objective)

Objective 4

Objective	Share learning's with and gain input from OEPCP members regarding Participatory Action research strategies currently adopted by KCHS with vulnerable populations.
Estimated Impact	Participation in 100% of activities. 1 mechanism to share learning's from KCHS community engagement and action research strategies.
Estimated Reach	3 KCHS staff participating in relevant OEPCP activities 1 Mechanism given (eg. Report, talk) given
Start Date	2006-07-01
End Date	2007-06-30

Strategies	HP Intervention Type
Participate in Working groups to consider capacity building strategies to work with vulnerable populations.	Capacity Building
Development of a mechanism to share learning's around engagement with vulnerable populations.	Capacity Building
Participate in partnership working group and forums around development of protocols for partnered approaches to working with vulnerable populations	Capacity Building
Participate in activities and research to encourage leadership by members of vulnerable populations particularly in relation to exploration of accredited training opportunities.	Capacity Building

Objective 5 – See Objective 5 of Physical Activity (This is a shared Objective)

Objective 6 – See Objective 6 of Physical Activity (This is a shared Objective)

2.3. HEALTH ISSUE: TOBACCO, ALCOHOL AND OTHER DRUG ISSUES

Program Goal	To reduce the uptake of smoking amongst young people in the City of Knox.
Population Target Group(s)	1. Young people

Objective 1

Objective	By June 2007 work in partnership with member agencies of the Smoke Free Knox Committee to develop and pilot school based smoking prevention strategies.
Estimated Impact	50% of schools participating alter or amend policies, procedures or activities to support smoking prevention
Estimated Reach	60 Students 3 Schools
Start Date	2006-07-01
End Date	2007-12-30

Strategies	HP Intervention Type
Knox GPs, Youth Service and KCHS staff develop and implement 3 smoking prevention workshops with secondary students (based on pilot from previous Operational plan)	Health education and skill development
Encourage 3 schools to develop a whole of school approach to smoking prevention	Settings and Supportive Environments
Participate in the development of a smoking prevention resource package for schools	Health education and skill development

2.4. HEALTH ISSUE: SEXUAL HEALTH

Program Goal	To enhance sexual health outcomes for young people in the city of Knox.
Population Target Group(s)	1. Young people

Objective 1

Objective	By June 2007 form a collaborative partnership group and broader network of key stakeholders
Estimated Impact	Terms of Reference for Core Partnership group established Memorandum of Understandings signed with 4 partners 80% of partners rate partnership as collaborative Network Engagement Strategy developed and implemented
Estimated Reach	10 Agencies
Start Date	2006-07-01
End Date	2007-06-31

Strategies	HP Intervention Type
Establish a core multi-agency partnership group comprising Knox City Council, Women's Health East, Department of Education and Training and the School Focussed Youth Service.	Settings and Supportive Environments
Develop a Memorandum of Understanding between the partners, as above, committing resources and outlining operational detail for three years.	Settings and Supportive Environments
Develop and implement a strategy for informing, consulting and/or engaging with other key stakeholders and broader networks regarding the research activities.	Settings and Supportive Environments

Objective 2

Objective	By June 2007 plan and commence consultation on young people's access to sexual health information, support and services
Estimated Impact	1 group of young people have participated in leading peer research activities in local school. 3 workshops with 3 marginalised groups of young people conducted 1 Research Framework document developed. 1 consultation workshop with local and regional service providers.
Estimated Reach	20 Young people 15 Agencies
Start Date	2006-07-01

End Date	2008-06-30
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Strategies	HP Intervention Type
Consult with local and regional service providers to map sexual health information and support services available and to identify gaps for young people.	Settings and Supportive Environments
Consult with marginalised groups of young people specifically, same sex attracted young people, young mothers and recently arrived migrants.	Community action
Work with Boronia Heights Secondary College to develop and implement peer research project with a group of year 10 students.	Health education and skill development

Objective 3

Objective	By June 2007 participate in partnership with Ranges CHS, and other agencies and schools to create an evidence based model which utilises health education and drama processes to generate health messages for young people.
Estimated Impact	Participation in 100% of action research activities 1 Agreement with local school in place to support further development of model.
Estimated Reach	15 Agency staff and young people 5 Agencies
Start Date	2006-07-01
End Date	2009-06-30

Strategies	HP Intervention Type
Participate in CHAD (Community Health and Drama) action research activities.	Community action
Support and participate in the establishment of special interest groups that work towards the progression of the project in the sector.	Settings and Supportive Environments
Develop a partnership with Boronia Heights Secondary College to pilot activities/actions from the model.	Settings and Supportive Environments

3. EMERGING ISSUES

For the year 2006-07 it is intended to use at least half of our flexible funding (approx 7% of the 14% available in flexible funding) to research issues for elderly Chinese speaking people living in Knox, particularly in Wantirna and Wantirna South. Issues around the social isolation experienced by older Chinese speaking people in our catchment have been identified and discussed frequently by the Chinese Workers network of which KCHS is a member. Research from the US and Australia suggests that elderly Chinese immigrants experience significant levels of isolation and depression as a result of cultural and family constraints, problems with assimilation and language barriers (Mui 1996; Lai 1994; Ip 2000). In response to this perceived need a "You and Your Community- Expo and forum for Chinese Community" was organised by the network at Knox City Council in May 2006.

As an initial engagement strategy with the Knox Chinese community it was very successful with well over a hundred people in attendance. Most importantly there was broad representation from the Chinese community as Centrelink sent out invitations to all their Chinese speaking clients in the catchment, ensuring better representation from those who are not connected into associations or groups. As the extent of the problems with social isolation for this community was unknown the forum was used as an opportunity to interview attendees in their preferred language- Cantonese or Mandarin (via staff who speak these languages) about a number of issues. 18 people were interviewed, the majority of whom were over 70 years, lived in Wantirna or Wantirna South and used public transport. The results around suburb reflect the Knox LGA demographics, where 9.2% of people speak a Chinese language at home in Wantirna and 6.9% in Wantirna South. This is significantly higher than the Melbourne Metropolitan average for Chinese speakers - 3.3%. Key results suggest that the majority of people interviewed socialised outside of Knox, felt there was a lack of opportunity to connect with others due to language and transport, relied heavily on public transport and identified a lack of it in certain areas. A majority also felt there were limited opportunities for culturally appropriate exercise and limited physical activity options. All 18 participants agreed to be involved in further research activities. It is planned to use this year to further engage with and research needs in this community.

The remainder of the flexible component will assist with supporting the pilot of the COOKS project (Challenging Obesity of Kids) in a local primary school with a view to possible inclusion and expansion into the health promotion plan in the future. A very small amount of time has been allocated for incidental activities such as occasional capacity building and health education activities that are outside of the scope of the current operational plan.

4. CAPACITY BUILDING

The capacity building strategies that will be undertaken over the next three years are outlined in the Organisational Plan. A budget to achieve these has been spread across all objectives. The component of the budget dedicated to capacity building strategies is identified below in the budget total.

For O6-07 some specific capacity building strategies that will be undertaken to support the achievement of the operational plan include:

- Participation and leadership in a variety of planning mechanisms and working groups undertaken by the PCP to enhance the mental wellbeing and social connectedness of vulnerable populations as well as any additional PCP driven health promotion activities. This consumes a significant amount of capacity building hours)
- Support for internal working groups, convenors and health promotion committee by the Team Co-ordinator, Health Promotion and the senior management team including – health promotion training and training in qualitative evaluation techniques such as Participatory Action research and Narrative Evaluation Action research.
- Support for all staff to learn and use QIPPS for program planning more regularly
- Refinement of the working group model and the health promotion committee to ensure broad and representative participation
- Amendment of the health promotion policy in light of recent Strategic Plan.
- Continued support and participation for all regional and sub regional health promotion planning, networking and working groups such as Outer East Health Promotion network and Community Health, Health Promotion Special Interest Group.
- Continued submissions for funding to support current and future health promotion priority programs.

5. REFERENCES

Ip, D. 2000 'Issues for older migrants: examples from Chinese community', presented for School of Social Sciences, University of Queensland (PowerPoint presentation)

Lai, D. 2004, 'Impact of culture on depressive symptoms of elderly Chinese immigrants', *Canadian Journal of Psychology*, vol.49, no.12, pp.820-827

Mui, A. 1996, 'Depression among elderly Chinese immigrants: an explanatory study', *Social Work*, vol.41, no.6, pp.633-645