

# Integrated health promotion resource kit



## 2. Integrated health promotion in Victoria

### 2.1 Primary health reform

Improving and strengthening the primary health care sector is a priority of the Victorian Government. It is also a process that many other jurisdictions in Australia and overseas are undertaking. Stronger primary health services are necessary to respond to:

- escalating demand
- consumer preferences to receive services in the community
- the need to support the ageing population
- the incidence of preventable disease that leads to poor health outcomes and the requirement for more acute and specialist care.

#### 2.1.1 Primary Care Partnerships


In April 2000, following consultation with the sector, the Government launched the PCP strategy<sup>9</sup> to achieve reform of primary health and to address the perceived fragmentation in the primary health care system.

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Based on voluntary alliances between more than 800 service providers in, initially 32 (now 31) catchments across Victoria, the strategy is achieving improved health and wellbeing outcomes by supporting a functionally integrated service system. This is based on the development of partnerships between service providers, government and communities to improve service coordination and the delivery of integrated health promotion programs. The strength of the reform lies in the partnerships that have developed.

One of the two key deliverables<sup>10</sup> of the PCP strategy is strengthening the existing capacity of the service system to plan, deliver and evaluate effective, integrated health promotion programs. Individual department program policy (particularly in community and women's health programs) is critical in supporting the agency and organisational cultural changes necessary to adequately recognise integrated health promotion as part of their core business, not just as optional project work.

Each PCP alliance has been funded specifically to develop an integrated health promotion strategy as part of their Community Health Plan (CHP). This strategy focuses on implementing a mix of health promotion interventions (encompassing a **balance** of individual and population-wide health promotion interventions) supported by identified capacity building strategies, to address the priorities identified in the CHP.

 **Toolkit:** The reporting requirements for all PCP funded integrated health promotion activity (including rural health promotion funds) have been developed to reflect the quality planning, implementation and evaluation practices explained in this guide. For further details related to the funding and reporting requirements for the PCP strategy, refer to the Community Health Plan Implementation Agreement (CHPIA) at <http://www.health.vic.gov.au/pcps/about/index.htm#reporting>


*The expected outcome of this strengthened approach is a greater focus on planned and integrated health promotion that will improve the health of local communities, in particular for those groups with the most disadvantage and poorest health status.*

### 2.1.2 Primary health funding approach

An extensive research and consultation process was conducted to develop a new divisional approach to the funding of community and women's health services. Through an incremental implementation process the new approach will distribute agency funds across the following three components:

- services to individuals
- health promotion programs
- development and resourcing.

Strengthening integrated health promotion planning and reporting in community and women's health services builds on the policy framework introduced through the PCP strategy.<sup>11</sup> The expected outcome of this strengthened approach is a greater focus on planned and integrated health promotion that will improve the health of local communities, in particular for those groups with the most disadvantage and poorest health status.

 **Toolkit:** For details specific to the funding and reporting of this activity, refer to the *Primary Health Branch Policy & Funding Guidelines 2006–07 to 2008–09* [http://www.health.vic.gov.au/communityhealth/health\\_promotion.htm](http://www.health.vic.gov.au/communityhealth/health_promotion.htm)

## 2.2 Key stakeholders in the primary health care sector

### 2.2.1 Department of Human Services

In supporting integrated health promotion programs, the Department of Human Services aims to:

1. Enable communities and individuals to increase control over and improve their health.
2. Support the reorientation of the primary care system to a population focus underpinned by the social model of health.
3. Consolidate and enhance the integrated health promotion infrastructure and resources.
4. Reduce duplication and fragmentation of integrated health promotion effort.
5. Contribute to the evidence base for integrated health promotion around specific issues and population groups.
6. Increase the potential to involve sectors other than health in quality integrated health promotion service delivery.
7. Build on the capacity of the service system to plan and deliver effective quality integrated health promotion programs.
8. Contribute to a reduction of preventable hospital admissions.

To achieve these aims, at a **central office** level, the department:

- develops a strategic policy framework to support the delivery of quality integrated health promotion programs, in conjunction with regional offices
- provides guidance on priorities and disseminates good practice examples to ensure systematic demonstration of the effectiveness of integrated health promotion strategies
- supports local and regional planning for integrated health promotion by providing data and analysis and coordinating a consistent statewide planning and funding framework
- establishes workforce development opportunities, such as training and information sharing programs
- monitors service quality and effectiveness, in conjunction with regional offices, to ensure the effective use of integrated health promotion resources
- explores opportunities across the department, whole-of government and with the Commonwealth to ensure a systematic approach to integrated health promotion.

At a **regional office** level, the department:


- advises regional key stakeholders on regional health promotion priorities, provides relevant planning information and links to broader policy objectives including neighbourhood renewal and sustainable communities
- monitors integrated health promotion plans (at the partnership and agency level) and provides advice on program quality, effectiveness and accountability in conjunction with central office
- ensures that special needs groups are targeted, such as socially and economically disadvantaged populations, and that programs are tailored to the needs of linguistically and culturally diverse groups, where appropriate
- coordinates and supports skills development, training and information sharing programs
- facilitates and supports collaboration across the region among key stakeholders and links with other sources of technical support.

### 2.2.2 Community and Women's health services

*Community and Women's health services play a leadership role in the PCP strategy and, in particular, in integrated health promotion.*

Community and Women's health services play a leadership role in the PCP strategy and, in particular, in integrated health promotion. The PCP structure provides an integral link between community and women's health and other agencies within a given catchment area in the planning, implementation and evaluation of integrated health promotion programs. This focus on integration supports key stakeholders to have greater capacity to address key health and wellbeing issues effectively, and to minimise duplicated, fragmented effort. Working with existing networks within a catchment population has been essential to build on the current knowledge and expertise.

Across Victoria, community and women's health services are individually funded for one or a mix of the following services: community health, women's health, innovative health services for homeless youth (IHSY), suicide prevention, family and reproductive rights education (FARREP) and family planning services. Through these programs, integrated health promotion is funded as a single activity – health promotion. This also applies to statewide agencies, namely the Victorian Foundation for Survivors of Torture Inc., International Diabetes Institute, Centre for Adolescent Health, Centre for Culture, Ethnicity and Health and Statewide Women's Health Services.

 **Toolkit:** For further details specific to the funding and reporting of this activity, refer to the *Primary Health Branch Policy & Funding Guidelines 2006–07 to 2008–09* [http://www.health.vic.gov.au/communityhealth/health\\_promotion.htm](http://www.health.vic.gov.au/communityhealth/health_promotion.htm)

### 2.2.3 Local government

Local governments are also leading members of all PCPs. They provide and fund a range of primary health care services and have an important role in local area public health planning, advocacy, community action and delivery.

Strengthening the capacity of local government to promote health and wellbeing is a priority of the Victorian Government.<sup>12</sup>

Local governments:

- **Are a distinct level of government** with a governance role that includes strategic planning, advocacy, coordination and facilitation of democratic community participation.
- **Have a close relationship with their local constituencies** and are well placed to consult with and respond to local and diverse community needs. Fundamental in developing these responses is the active participation of local communities.
- **Have the authority and responsibility for public health leadership**, including creating a vision and goals, promoting partnerships and integrated planning, supporting active community participation and community development principles, advocating for local needs, establishing structures for corporate cooperation and facilitating change.
- **Have an identified population and geographical basis.** This enables a coherent approach to strengthening the public health infrastructure and to the delivery of a wide range of public health programs.

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Under the *Health Act 1958*, all local government authorities are required to prepare municipal public health plans (MPHPs) every three years, with an annual review. This planning cycle enables councils to document their public health activity and set local priorities through a defined approach. The planning process includes needs assessment and community consultation, and promotes place-based planning for a defined geographical area and identified population.

MPHPs outline public health strategies aimed at supporting and enhancing municipal functions and initiatives that address issues related to the health and wellbeing of the people of the municipality. The tenets of the Ottawa Charter for Health Promotion<sup>13</sup> have underpinned local government approaches to dealing with preventable conditions, injury and more traditional public health issues, such as infectious disease control, sanitation and food safety.

These plans are an important instrument in engaging community groups and individuals and supporting integrated approaches to health and wellbeing issues. Local governments work cooperatively with their local communities, service providers, other levels of government and statewide organisations to develop and implement their plans. The MPHP can be an integrating mechanism for many municipal planning requirements that have health impacts, such as urban planning. There are also opportunities for neighbouring councils to prepare joint MPHPs. In rural regions with smaller populations and fewer resources, a cooperative approach can be an effective way of addressing the wide range of public health issues that are shared across sub-regions.

*Environments for Health*<sup>14</sup> is the department's policy framework for municipal public health planning. Released in 2001, the framework offers local governments an opportunity to involve all sectors of the community in a collaborative process to strengthen community capacity, health and wellbeing.

CHPs and MPHPs are complementary.<sup>15</sup> The two processes share a common aim to focus planning on local areas and empower local communities to work together on key health and wellbeing issues. The underlying basis for both plans is common; the areas where they differ are about focus, breadth and specificity. While this means one plan can inform or be part of the other, the MPHP is recognised as being an important building block to informing the development of the CHP.

 **Toolkit:** See the websites below for further information in relation to Local Government and municipal public health planning.

*Environments for Health* (2001)

<http://www.health.vic.gov.au/localgov/mphpfr/index.htm#download>

*Community health plans and municipal public health plans information resource* (2003) downloadable from: <http://www.health.vic.gov.au/localgov/mphpfr/index.htm#frameworks>

*VicHealth Letter:*

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

Also on the VicHealth site is information on the social determinants of health and the role of local government, including the resource *Leading the way: councils creating healthier communities*. To access this resource you can contact VicHealth on (03) 9667 1333.

*The central aim of the Divisions of General Practice program is to improve health outcomes for the community by encouraging GPs to link with each other and with other health professionals to upgrade the quality and comprehensiveness of health service delivery at the local level.*

#### 2.2.4 Divisions of general practice/general practitioners

The central aim of the Divisions of General Practice program is to improve health outcomes for the community by encouraging GPs to link with each other and with other health professionals to upgrade the quality and comprehensiveness of health service delivery at the local level.

Divisions take a population health perspective in determining their activity and support general practice (GPs, practice nurses, practice managers) to adopt a similar view. Their strategic plans and business plans focus on national goals and target areas, such as cardiovascular disease and mental health, as well as local health needs.


Increasingly, GPs are being asked to consider their 'practice population', that is, to understand more about the health status of all those who attend their practice. Divisions play a critical role in ensuring that general practice is able to undertake the system development tasks involved in this new approach. They do this through activities including skills training and education, practice demonstration and problem solving, dissemination of information and provision of networking opportunities between practices. Additionally, Divisions play a crucial role in developing linkages with other health organisations to strengthen the working relationships between general practice and other providers.

GPs in Victoria currently undertake more than 25 million consultations with patients annually. As well as managing the presenting problem, the GP encounters considerable opportunities during these consultations to offer a range of health promotion interventions. Attention to risk factors and adherence to recommended screening and immunisation protocols for various risk groups is a major contribution that can be made in the general practice setting. GPs understand that screening, risk factor assessment, health education and understanding of whole patient care form part of every clinical consultation. Divisions focus their efforts on involving all

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general practices in initiatives that aim to increase the quality of existing general practice services across the board.

The general practice contribution to integrated health promotion in PCP catchments is supported by systematic approaches to individual care, broader population-wide interventions and strong working relationships between general practice and other service providers. For example, this includes general practice and other service providers establishing processes for GPs to refer patients into integrated health promotion programs where appropriate. (See the case study below for an example of this approach.)

 **Toolkit:** For more information about implementing prevention activities into general practice, refer to the websites below.

*Putting prevention into practice: (The Green Book) 2nd Edition 2006* from <http://www.racgp.org.au/guidelines/greenbook>

*Guidelines for preventive activities in general practice (The Red Book) 6th Edition 2005* from <http://www.racgp.org.au/guidelines/redbook>

The SNAP framework for general practice, prepared by the Joint Advisory Group on general practice and population health:

[http://notes.med.unsw.edu.au/CPHCEWeb.nsf/resources/CGPISresources61to65/\\$file/SNAP+Framework+for+General+Practice.pdf](http://notes.med.unsw.edu.au/CPHCEWeb.nsf/resources/CGPISresources61to65/$file/SNAP+Framework+for+General+Practice.pdf)

### **Case study: Wimmera PCP, Grampians Pyrenees PCP, and the West Vic Division of General Practice**

#### **What was the issue?**

Research conducted by both PCP member agencies and the Division of General Practice showed that one of the leading risk factors contributing to the region's high incidence of cardiovascular disease and diabetes was high levels of physical inactivity.

#### **What has been the integrated health promotion response?**

The West Vic Division is a member of both PCPs and is leading the Active Script service. The Division and a local GP designed this service based on the statewide Active Script program and the New Zealand Green Prescription program. Through this service, GPs **prescribe** physical activity to patients who would like to become more physically active.

The Division and other member agencies of the PCPs wanted to link Active Script to physical activity programs run by agencies and other organisations in the area. To achieve this aim, Wimmera and Grampians Pyrenees PCPs are jointly funding a worker, called a physical activity enabler, who is located at the Division of General Practice.

GPs refer patients who would like to become more physically active to the enabler who phones the patient to discuss options for physical activity, refers them to local activities where appropriate, and follows up at three-monthly intervals to sustain motivation.

#### **The role of the service directory**

Both PCPs have mapped the physical activity options available in their communities to assist GPs, the enabler and other organisations to make appropriate referrals. In time, this will be attached to the electronic service directory.

#### **What helps to make the program work for GPs?**

The Division promotes the use of Active Script by GPs through continuing professional development (CPD), visits to GPs and distribution of an Active Script kit.

The creation of an enabler position makes it easier for GPs to promote physical activity as part of their everyday practice. They know they can refer their patients to someone who can discuss physical activity options thoroughly. They also know that the enabler will assist their patient within 10 working days and will provide email or written feedback to the GP on the outcomes of the patient consultation.

#### **Link to broader physical activity programs**

Both PCPs have other elements (following good practice principles of implementing a mix of individual and population-wide health promotion interventions) to their broader physical activity program and the enabler can link patients to these activities where appropriate. For example, the enabler can refer people to one of the 11 agencies leading the Walking Wimmera program or to the Grampians Pyrenees Lift for Life mobile strength training program.

### **2.2.5 Consumers, Carers and the wider community**

There is growing recognition that consumers have enormous potential to influence their own health outcomes if they are actively involved in decision-making and provided with quality information and appropriate self-management skills.<sup>16</sup>

Active consumer, carer and community participation has been associated with increased ability and capacity at a personal level and, at a community level, with the strengthening of communities, social connectedness and trust and increased competence to solve health problems. Specifically, integrated health promotion programs are more likely to be sustained if consumers, carers and community members are actively involved in identifying needs, planning, implementing and evaluating activities.

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**🔗 Toolkit:** Consumers, carers and community members can be consulted and involved in many ways, including individually, in groups or as members of committees. There are numerous resources available to support consumer participation. Specific to the PCP strategy, see the information resource and newsletter:

*A supplementary report on primary care partnerships consumer, carer and community participation (2002)*

[http://www.health.vic.gov.au/pcps/downloads/publications/Consumer\\_Carer\\_report.pdf](http://www.health.vic.gov.au/pcps/downloads/publications/Consumer_Carer_report.pdf)

*Building community partnerships: consumer, carer and community participation in Primary Care Partnerships (2003)*

<http://www.health.vic.gov.au/pcps/publications/building.htm>

See Section 7 for more resources in relation to consumer, carer and community participation.

### 2.2.6 Other key stakeholders


Other key stakeholders – such as secondary school nurses, psychiatric disability support services, drug and alcohol services, disability services, visiting nursing services, hospitals and acute services, Aboriginal and Torres Strait Islander health services and culturally specific health agencies, schools, sporting clubs and police – can also have a significant role in planning and implementing integrated health promotion programs. The role definition of these key stakeholders depends on the priority issues and population groups identified through the community health planning processes for each individual PCP catchment.

### 2.2.7 Victorian Health Promotion Foundation

The Victorian Health Promotion Foundation (VicHealth) is a statutory body established under the *Tobacco Act 1987*. The Foundation receives funding via an annual parliamentary allocation administered on behalf of the Minister of Health by the Department of Human Services. The legislation provides for VicHealth to fund activity related to the promotion of good health, safety and the prevention of disease. VicHealth is accountable through a board of governance appointed by the Minister for Health.

*VicHealth strategic directions for 1999–2002*<sup>17</sup> seeks to advance VicHealth's role as a driver for innovation and development, working across sectors with emphasis on research and capacity building to change community cultures and behaviours and to develop supportive environments for good health.

VicHealth is committed to enhancing the integrated health promotion role at both the partnership and agency level by funding innovative health promotion initiatives and supporting capacity building activities. VicHealth continues to liaise closely with the Department of Human Services, at central and regional levels, to plan funding investments that are consistent, complementary and responsive to identified priorities.

 **Toolkit:** See VicHealth's website at <http://www.vichealth.vic.gov.au>  
This website has an enormous range of information and resources for practitioners in relation to quality integrated health promotion practice.

*Victoria has a well-established group of non-government (charitable or not-for-profit) organisations operating on a statewide basis, with a strong health promotion focus.*

### 2.2.8 Other statewide health promotion

Victoria has a well-established group of non-government (charitable or not-for-profit) organisations operating on a statewide basis, with a strong health promotion focus. These organisations define their business variously in terms of specific health conditions, risk factors or population groups. They also provide significant skills and capacities in relation to health promotion research, program development and service delivery.

Effective working relationships between the PCP member agencies and statewide health promotion organisations are crucial to effective, quality integrated health promotion delivery. Operationally, these links will vary depending on the identified priorities at the PCP catchment and action at the agency level. These organisations have various roles and responsibilities, such as providing resources and advising on programs in areas such as education and training, information, research and development, telephone counselling, social marketing and advocacy.<sup>18</sup>

#### **Case study: The Heart Foundation working with Campaspe PCP member agencies**

##### **What was the issue?**

The Victorian Burden of Disease Study 2001 revealed cardiovascular disease to be the major debilitating disease in the Campaspe area.

##### **What has been the integrated health promotion response?**

Agencies, local government and consumers within Campaspe PCP designed an integrated health promotion program to reduce the risk factors for cardiovascular disease in the workplace. The program focuses on male employees within two workplace settings (a milk processing factory and a rice mill).

The achievements of the project to date include an increase in employees' knowledge of risk factors for cardiovascular disease, workplaces taking increased responsibility for the health and wellbeing of employees, and the creation of a local awards scheme for 'health promoting work'.

### **How do the Partnership member agencies and the Heart Foundation work together?**


Campaspe PCP has worked with the Heart Foundation from the beginning of the program to draw on the knowledge and expertise of the statewide organisation. The Heart Foundation has had a role in:

- providing input into the draft of the integrated health promotion strategy for the Campaspe PCP catchment
- providing information about best practice in heart health and discussing potential strategies
- directing PCP member agencies to other organisations that have done similar activities, to learn about what did and did not work for others
- conducting a workshop with the PCP member agencies to plan the second stage of the program.

In Campaspe, the PCP member agencies plan to work with the Heart Foundation again in the evaluation of the heart health program.

### **What are the benefits of working with a statewide organisation?**

The Heart Foundation's involvement has helped develop PCP heart health strategies in Campaspe that have a strong evidence base. Working with the statewide organisation has also made it easier to engage other agencies and workplaces in the project, because the Heart Foundation's involvement has added validity and credibility to the program.

 **Toolkit:** See the *Statewide health promotion organisations: a partnership resource for local agencies (2002)* at [http://www.health.vic.gov.au/healthpromotion/resources\\_links/statewide.htm](http://www.health.vic.gov.au/healthpromotion/resources_links/statewide.htm)

This directory provides a map of statewide health promotion organisations in Victoria, defines the activities of each organisation and provides a point of contact for further information.

