

# Health Promotion Strategies

Inequalities in health status have been the subject of much research, with the field of social epidemiology having developed significantly over recent years.

The Whitehall studies of British civil servants stand as the classic example of health inequalities research demonstrating a social gradient in health.<sup>1</sup> One of the characteristics of this gradient, in terms of income versus life expectancy, is that the slope of the gradient declines with increasing income. So in the regions (shown both within single countries and across different countries) of absolute income deprivation the income/life expectancy curve is steep, but this curve levels off beyond a certain standard of living. The emphasis on the shape of the gradient is important because of its consequence—that it is the *distribution* of income that influences average life expectancy of a population (in rich countries).<sup>2</sup>

The differences observed in health status using socio-economic indicators (such as income distribution) shows that the most disadvantaged groups have the poorest health and the highest exposure to health-damaging risk factors. The life circumstances or determinants of health (for example, people's social and economic circumstances, access to culturally appropriate services, stress, early life development and experiences, social exclusion, work and unemployment, and social supports) of people experiencing disadvantage place significant restrictions on 'making healthy choices the easy choices'.

Health promotion attempts to close the equity gaps by supporting social

networks, developing and advocating for healthy public policies and strengthening community capacity. Although there is a good understanding of what contributes to the poor health status of many groups of people, we are still a long way from being expert at developing interventions to reduce health inequalities and ultimately social inequities.

This edition of the *Bulletin* provides a range of health promoting examples that tackle health inequalities. There are a number of projects operating at a statewide level such as the Department's flagship project, Best Start, and the Department's health promotion capacity building initiatives. The local projects featured emphasise a focus on the provision of tools and resources for particular population groups.

In addition to these initiatives, there is a significant body of statewide and project work being undertaken to strengthen the environments in which people live and work. Some specific examples are the community building and neighbourhood renewal programs, and the many health promoting projects being conducted by Primary Care Partnerships. In the New Year we will continue to feature these innovative projects.

Have a great festive period and peace be with you.

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## In this issue:

Editorial	1
Best Start	2
The Making of <i>Makin Pitchas</i> , a Koori Youth Video Project	3
Creating Local Supportive Environments	3
Building Capacity to Promote Health	4
Social Determinants of Health for Local Government	6
Maryborough Mental Health Promotion Project	7
'A Million Times Better'—Refugee Women's Stories of Depression and Recovery	7
Addressing Health Inequalities through Primary Care Partnerships	8



# Best Start—A Commitment to Improve the Health, Development and Well-Being of Victoria's Children



## A Priority Flagship Project

Early in 2001, the Department of Human Services identified an early years prevention and early intervention project, Best Start, as a priority Flagship Project. Best Start currently involves all relevant program areas across the Department and is now being further developed across Government in response to the high levels of interest in early childhood.

The choice of a project focusing on early childhood was underpinned by:

- The persuasive body of research that points to the long-term individual, social and economic benefits of investment in the early years of life.
- The government's commitment to address inequality and disadvantage through linked activities across government, and between government and community.
- The substantial involvement that the Department of Human Services and other related Departments (particularly the Department of Education, Employment and Training) have in the early years.
- The extent of the existing service infrastructure across Government.
- The need to improve service access, quality, responsiveness and coordination.

The aim of Best Start is to improve the health, development and well-being of all Victorian children from pregnancy through transition to school (usually taken to be eight years of age). This will be achieved by supporting communities, parents and service providers to improve universal local early years service systems. It is anticipated that these improvements will result in:

- Better access to child and family support, health services and early education.
- An improvement in parents'

capacity, confidence and enjoyment of family life.

- Communities which are more child and family friendly.

## The Evidence

Focusing attention on young children is a good investment. Most parents, and those providing care to young children, believe that the experiences children have in their early years are intrinsic to their future health, development, education and social well-being. An extensive body of international and Australian research is now supporting this knowledge.

The relationships, experiences and environments a child is exposed to in the first few years of life are crucial to their long-term health, development, education and social well-being.

Research has shown that early childhood is a time of rapid brain development, during which many sensory and intellectual pathways are laid down. Studies have demonstrated the devastating effects of neglect and abuse on brain development, leading to emotional and behavioural problems that are life long.

Long-term research emerging from the US has demonstrated that early intervention aimed at the needs of the child and the family produces improved outcomes for those at greatest risk. These include school retention and performance, a reduced teenage pregnancy rate, better health status later in life, improved employment and a reduction in criminal activity. Victoria's range of early years infrastructure offers the opportunity to achieve similar outcomes through building a stronger, more inclusive and comprehensive universal service platform.

## The Partnership

New partnerships centrally between Departments, between the three tiers of Government and between governments and communities are being developed to support an early childhood commitment. The

Department of Human Services, the Department of Employment, Education and Training, the Department of Justice (Crime Prevention), the Department of State and Regional Development (Sport and Recreation), Victoria Police, the Department of Infrastructure and the Department of Premier and Cabinet have come together around early years policy, program and service development.

## The Project

Best Start is based on the principles of ameliorating the effects of disadvantage (from any cause) and enhancing the life chances of all children through strengthening and making more effective the universal, preventative system. Active local community involvement in the design, use and evaluation of these services underpins the project.

It is proposed that Best Start will, in the first instance, trial a series of demonstration projects around Victoria that will model these new partnerships and ways of working. Providing a number of core activities known to be required for effective early years services and delivered within a framework of service delivery principles that are inclusive of all young children and their parents is the aim. It is however understood that community partnerships will provide these activities in different ways to meet the differing and specific needs of their families.

## The Outcomes

Best Start is about achieving *measurable* improvements to the life chances of young children, through the provision of more effective prevention and early intervention services. A detailed evaluation and data strategy is currently under development. If you would like more information please contact:

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# The Making of *Makin Pitchas*, a Koori Youth Video Project

This project, out of the Ballarat and District Aboriginal Cooperative, was funded under VicHealth's Rural Partnerships in Mental Health and Well-Being Program. The aims of the project were threefold:

- To engage the local Koori youth in a positive exploration of mental health issues that may be affecting their lives.
- To develop a resource that can be used by other communities to raise awareness of the specific mental health problems of young indigenous Australians.
- To give the local Koori youth the opportunity to learn film-making skills.

Initially, the project began with researching the issues and the short film medium. A steering committee was then set up, followed by a call for tenders from appropriate production companies. Richard Frankland's company, Golden Seahorse Productions, was selected and contracted to make the video.

For the twelve participants the project began as part of a holiday program, during which the participants were given acting, storyboarding, scriptwriting and camera operating workshops. These workshops were then continued every Wednesday night. Golden Seahorse Productions also ran some of these sessions.

During the sessions, research on mental health issues was presented, and the young people were encouraged to share their own related stories. These ideas were workshopped, and four scripts emerged.

Participants were involved in all aspects of the project. Two of the participants who demonstrated a particular interest in filmmaking, Tim Stares and Myles Walsh (who also each wrote a script) were chosen by Richard Frankland to direct, and the shooting began. Tim and Myles then worked with the editor to edit the video.

Launches were held in both Ballarat and Melbourne. A dissemination plan is currently being worked on, which will include a series of workshops for other indigenous organisations around the State, run by some of the participants exploring the issues in the video.

As well as achieving the identified aims of the project, there have been several other positive outcomes, including:

- Growth in confidence, pride and connectedness to the participants' local community (two of whom have applied to film schools to further their training).
- More open discussion amongst the local Koori community about their stories and the effect of their past and present situations on their feelings.
- A greater interest by the local Koori community in the arts.
- The power of the film medium for providing a voice and as a tool to be used in raising awareness.
- Feelings of pride amongst the local Koori community for the young people's achievement.

The resulting video has been positively received by viewers, because of its high quality, handling of sensitive issues, scope and youth involvement. Many people commented on its potential as part of a cross-cultural training package, which the cooperative is investigating as another stage of the dissemination plan. Meanwhile, through word of mouth, copies are in great demand. It is envisaged that monies received from the sale of the video will go towards another similar project to build on the skills and interest already developed by the young people and their community.

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## Creating Local Supportive Environments

The Good Sports Program aims to help sports clubs implement alcohol management activities and policies to reduce practices such as binge and under-age drinking. Alcohol and sport have a strong association in Australian sporting culture.

Excessive drinking as part of celebrations is seen as a tradition in most Australian sports. Many community sporting clubs depend on revenue from alcohol sales to finance club activities. Unfortunately, the culture of heavy drinking and alcohol-inspired behaviour continues to present problems for some clubs, through excessive consumption of alcohol on social occasions, organised drinking competitions, the use of alcohol as prizes for good performance, and end-of-season trips.

Through the Good Sports Accreditation Program sporting clubs are provided with strategies to manage alcohol responsibly. When implemented, it can demonstrate to the community that accredited clubs promote a responsible attitude towards alcohol, and provide a safe environment for players (particularly juniors) and family members to enjoy the sport and facilities clubs can provide.

While the initial focus is on alcohol management, the accreditation criteria includes the requirement to also provide smoke-free venues and facilities.

For further information contact:

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# Building Capacity to Promote Health

To tackle root causes of inequalities in society there is a need for the health system to build its capacity to address the broad structural factors in the social and economic environment and to move beyond addressing individual lifestyles.<sup>1</sup>

Evidence indicates that health-promoting interventions that rely solely on changing individual behaviour by reducing exposure to risk factors are the least effective in terms of alleviating health inequalities, and that these are of limited value in improving health differentials at the population level.<sup>2</sup>

Given this evidence, more recent health promotion practice has focused on implementing a *mix* of interventions that influence public policy, facilitate action across different sectors and provide education opportunities, *balanced* with underpinning core strategies that build community and organisational capacity to improve health outcomes. In a recent article, Bowen et al noted that moving from defining the nature and extent of health inequality and piloting projects that achieve system wide action is difficult, and requires a complex response. They suggest a number key components need to be in place for this to be achieved, including:

- A mandate to act.
- A framework for action.
- The capacity to act.<sup>3</sup>

Capacity building strategies should facilitate the development of sustainable skills, resources, organisational structures and community networks, as well as commitment to health improvement across sectors, to prolong and multiply health gains many times over.

Adapting the NSW Health framework (see Figure 1) to the Victorian context, the Department is working to support and build the health promoting capacity of the service system. The examples below provide a bird's-eye view of this statewide action.

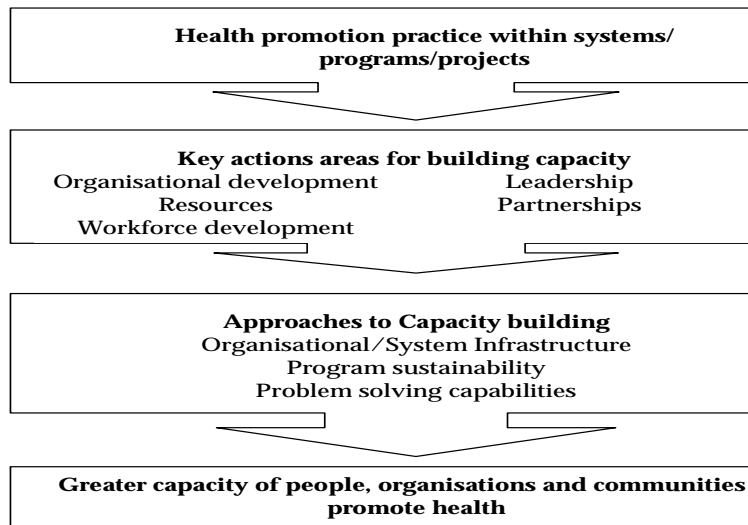


Figure 1 Building Capacity to Promote Health<sup>4</sup>

## Organisational Development: Strengthening Organisational Processes to Reflect the State's Guiding Principles for Health Promotion<sup>5</sup>

The Department of Human Service's has a commitment to building a stronger platform for health promotion and be more coherent and coordinated in its approach. This is the first step in incorporating the definition and principles of health promotion into the way the Department is structured, the values it holds and, by extension, the activities that it undertakes and/or supports.<sup>6</sup>

In a partnership with the central Public Health Division and regional staff, we currently are developing the strategic vision and objectives for Regional Health Promotion for the next three years. The Health Promoting Regional Framework statement will provide a strategic framework for health promotion planning at the regional department level.

The spread of functions and tasks undertaken by regional staff in reflecting the guiding principles for health promotion have been extremely broad, diverse and continues to be challenging. The key to addressing health inequalities, at the regional level, lies in supporting and encouraging other staff members across program areas and within other agencies to identify their health promoting responsibility and roles and to work in partnership. Regional leaders in health promotion

(including managers and regional health promotion officers) are therefore best placed where they can support work environments that encourage, provide or facilitate access to these developmental experiences.

## Resource Allocation: Ensuring and/or Developing Resources to Support Health Promotion and Allocating them Strategically

The Primary Care Partnership (PCP) strategy (Aged, Community and Mental Health) builds the ongoing capacity of the human services system in Victoria to plan and deliver effective, integrated health promotion. The impetus for this shift partly arises from the recognition that health promotion interventions are increasingly important as core elements of responsible service delivery.

Primary Care Partnerships are funded to develop, implement and evaluate integrated health promotion program plans, in order to tackle the key health and well-being issues identified in their local communities.

Technical support resources for health promotion in the PCP strategy (and across the service system generally) includes:

- Primary Care Partnerships Draft Health Promotion Guidelines.
- A series of evidence-based health promotion reviews and program planning guidelines on specific health issues and risk factors (Public Health).

## Workforce Development: Developing the Health Promotion Skills and Knowledge of the Workforce

During 2000–02 Public Health funded the development and delivery of a five-day Core Health Promotion short course. The introductory-level course is tailored for practitioners working within a health or community setting who have had little or no formal training in health promotion practice.

Through a partnership with the universities of Ballarat, Deakin and La Trobe, 37 courses will be delivered by the end of 2001–02. Given current demand, over 900 people from across Victoria will attend. Waiting lists have now developed in a number of Departmental regions.

The course content and delivery format were carefully considered to increase the capacity of practitioners to promote health and address health inequalities. The course materials involve practitioners in many interactive activities to increase their problem solving capability. Evidence indicates that building problem solving capability is the key in building health promotion capacity.

Skillful and competent health promotion practice often depends less on factual knowledge or rigid decision making, and more on the capacity to explore new ways of thinking about a situation and undertaking reflection before taking action. During the course, training providers incorporate local projects and priorities into course activities, encouraging participants to draw upon their own experiences, critically reflect upon their own practice and develop strategies to address such priorities.

One of the highlights from the course has been the diversity of backgrounds of the participants—including physiotherapists, community health centre management, immunisation officers and environmental health officers—who came from a range of organisations, including local government, general practice, community health, hospitals, neighbourhood houses, drug and alcohol services, mental health services and more.

## Leadership

A number of key characteristics of leadership are required to underpin work in specific health promotion programs and across organisations. Leadership in health promotion is centred on particular skills and beliefs, rather than a position of authority, and therefore needs to be exercised at every level of a program, not just at the top. Effective leadership can bridge the gulf between policy and delivery, through the creation of a shared vision, clever *systems thinking* and redefining the promotion of health within the health care system.<sup>7</sup>

The Leadership program (Public Health), to be implemented in the next twelve months, aims to:

- Provide organisational and/or management support to the health promotion workforce in Victoria.
- Develop an empowered health promotion workforce capable of influencing and working with management who are unfamiliar with health promotion practice and principles.
- Influence all sectors of their organisations to work within a health-promoting framework.
- Develop a larger pool of health promotion practitioners who are skilled and able to move into management positions in the future.

## Partnerships

An organisation's ability to work in a cooperative and integrated way will depend on its ability to initiate and sustain effective involvement with other partners. All the previous elements of capacity building discussed above require building effective partnerships within the organisation and across primary health services.

As part of its commitment to working collaboratively to create environments to improve population health, VicHealth, in partnership with the Department of Human Services, has engaged the Centre for Health Program Evaluation (CHPE), at the University of Melbourne, to support health promotion in PCPs. Through this partnership, the VicHealth CHPE Support Project will

provide practical support and collective learning opportunities to support the development of integrated health promotion plans. Many PCPs have identified disadvantaged groups and health inequalities as priority areas for action. The VicHealth CHPE Support Project will work with pivotal positions in PCPs and conduct action learning forums exploring a range of issues including the challenge of how to engage 'hard-to-reach' populations. These forums will be supported by the dissemination of findings from a literature review of health promotion and social inequality.

This article has been compiled from various contributions.

Acknowledgments to Bronwyn Diffey, Cheryl Hutchins, Anita Thomas and Theonie Tacticos.

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- <sup>5</sup> Department of Human Services (2000) *Primary Care Partnerships Draft health Promotion Guidelines*, Victorian Government Department of Human Services, Victoria. Available from [www.dhs.vic.gov.au/phkb/](http://www.dhs.vic.gov.au/phkb/)
- <sup>6</sup> Adapted from Radoslovich H. and Barnett K. (1998) *Making the Move: Towards health promoting hospitals, health services and regions*, DHS, South Australia.
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# Social Determinants of Health for Local Government—Building the Way for Healthier Communities

The VicHealth Strategic Directions 1999–2002 statement sets out to address inequalities in health, and the underlying social determinants of these inequalities. It also emphasises the importance of partnerships with other sectors to promote the health of Victorians. In recognition of the major impacts on many key health determinants made by local government, and the mandated requirement for councils to produce Municipal Public Health Plans, VicHealth held a consultation forum in May 2000, with representatives from local government and Department of Human Services. This consultation was in partnership with the Municipal Association of Victoria (MAV), and its purpose was to determine how VicHealth might support the key health promotion role of local government in addressing the social determinants of health.

Participants at the consultation forum agreed that, although the important role of local government in improving health outcomes for the community is recognised, the potential to improve health outcomes significantly, by better understanding and influencing the social determinants of health, is largely underdeveloped. It was proposed that VicHealth support health promotion in local government by producing a 'resource package' that could assist them to make the case to key senior local government officials.

In July 2001 VicHealth engaged the consultants PDF Management Services to develop and trial a resource package to demonstrate

the opportunities for integrating responses designed to address the social determinants of health across councils. Given the 'local accountability' of councils, it is critical that they have a strong grasp of the implications of social determinants in order to make their strategic directions informed and coherent. For this reason, the resource package is targeted at councillors and senior managers who are responsible for developing council policy and strategic priorities. It aims to better equip councils to respond with practical solutions to local circumstances. Particular focus is being placed on strengthening the relationship between the social determinants of health, Municipal Public Health Plans and other core planning processes of council.

A key challenge of this project is translating the concepts and understanding of social determinants into the language and culture of local government.

The current orientation of local councils varies enormously—from those with strong social agendas, who would be quick to recognise the linkages to their existing activities, to those who may not recognise that they have a role at all. Facilitating the integration of social determinants into the 'normal' business of local councils is proving to be a significant challenge for the project.

The range of approaches used by councils to express and monitor their strategic and business plans means that 'one size will probably not fit all', and therefore the resource package will be highly flexible to accommodate the diversity.

A Project Advisory Group, consisting of representatives from Department of Human Services, MAV, VLGA, VicHealth, local government councillors and senior managers has assisted the consultants in the development of a draft resource package prototype, which is currently being tested in seven sites across a range of councils. The pilot sites are the Shire of Corangamite, Shire of Towong, Shire of South Gippsland, City of Banyule, City of Brimbank, Shire of Yarra Ranges and the City of Greater Dandenong.

An induction workshop for the CEO, councillors and senior managers responsible for the Municipal Public Health Plan from the seven pilot sites was held in Melbourne on 23 and 30 October 2001. An online discussion group has been established with councils who are interested in providing feedback on the resource package but are not a pilot site.

The resource package will be completed in December 2001. Production and dissemination of the package to all Victorian Councils will occur from January until December 2002. The dissemination process will complement the release of Environments for Health, the new Municipal Public Health Planning Framework (available at [www.dhs.vic.gov.au/phd/localgov/mphpf/index.htm](http://www.dhs.vic.gov.au/phd/localgov/mphpf/index.htm)).

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# Maryborough Mental Health Promotion Project— Case Study of Community Strengthening Initiative

The Maryborough Mental Health Promotion Project (MMHPP) is an initiative of St Luke's, a welfare agency in the Loddon Mallee Region. Recently, the MMHPP trialled a community development strategy in a low socio-economic community in a rural setting. This was in response to the definitions and determinants of mental health in the VicHealth Mental Health Promotion Plan 1999–2002.

The MMHPP targets a socio-economically disadvantaged area within the town of Maryborough. The local community house is located in this area, and was the focus for the project's activities. The first phase of the project involved working with the community to ensure the goals of the VicHealth Mental Health Promotion Plan were meaningful and relevant to them. The Maryborough Mental Health Promotion Project involved working with a community to describe their vision and determinants of a 'healthy' community.

Through consultation with local people the following characteristics of a healthy community were identified: supportive; welcoming; providing opportunities to meet people; providing opportunities for people of all ages to participate in meaningful and worthwhile activities; providing access to facilities; services and resources; respectful and accepting differences in people; proud, and celebrating its achievements; valued by the wider community.

Interested local residents formed a community action group, and set group goals, which were to: increase community pride; increase people's participation in community life; create a greater sense of belonging and acceptance of diversity.

The community action group meets weekly to manage, plan and implement projects to fulfil these goals. Other residents have been

included in community consultations through community forums and community surveys, and are kept informed by a local newsletter. The community action group has developed its own guidelines to ensure open membership, equal rights and a structured decision making process.

The Maryborough Mental Health project meant that the concept of 'mental health' was put into a context accessible to the community, and helped lay the foundations of community ownership and empowerment. It uses a strength-based approach, rather than deficit model, generating hope in the process.

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## 'A Million Times Better' – Refugee Women's Stories of Depression and Recovery

Talking Health is a health promotion project for and by recently arrived refugee women in the western region of Melbourne. It is an innovative project that has had a profound affect, both on workers and on women from refugee communities.

Phase one of the project involved working with women from four refugee communities: Iraq (Chaldean and Arabic-speaking), Somalia and Bosnia-Herzegovina. Through focus groups, women from these groups identified their health priorities, and produced audiotapes on key health topics in their own language, which were then distributed widely through the communities.

Depression in the context of resettlement was identified as a major issue for all four groups. It was therefore seen to be very important that services commonly used by newly arrived women (such as adult migrant English classes, welfare, housing and health services) be aware of the issue and develop

strategies to support affected women.

In the second phase six women 'cultural consultants' from refugee communities developed and presented a unique training workshop for service providers. The cultural consultants have courageously told their own stories of displacement, trauma, depression and recovery. The ten workshops have been multi-sensory experiences, with music, scents and beautiful artefacts adding to the richness of the cultural information presented. Participants have been given an opportunity to examine their own practice and consider how it can be improved.

Over two hundred workers have now attended the workshops, which are currently being evaluated, and are often moved to tears by the presenters' stories.

Talking Health has been a creative health promotion project that owes its success to working in partnership with women from refugee communities.

The title of this article is taken from a typical comment by a participant:

'I just loved the cultural consultants. Their stories and presentations were a million times better than having an Australian-born, non-refugee...'

The Talking Health project has not only affected workshop participants, but has also empowered the cultural consultants. It has brought together women from diverse backgrounds and experience, who have worked together effectively, developed their skills, supported each other and helped many other women going through difficult experiences.

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# Addressing Health Inequalities through Primary Care Partnerships

Over 800 services have come together in 32 Primary Care Partnerships across all parts of Victoria to develop and implement Community Health Plans. The Plans describe how service providers, communities and governments will work together better to plan, coordinate and deliver services. These plans have a strong focus on population groups most at risk of poor health, and well-being status and/or poor access to appropriate health care.

PCPs are funded to develop, implement and evaluate integrated health promotion program plans to tackle the key health and well-being issues identified in their local communities. Many of these program plans (outlined in PCP Community Health Plans) address health inequalities in a number of different ways, such as:

- Targeting key population groups with specific health and well being needs (such as older people, young people, Kooris, people who are homeless or at risk of homelessness).
- Addressing the determinants of health—reducing risk factors for ill health and promoting protective factors for good health and well-being.
- Improving the capacity of health services to provide coordinated, and effective integrated health promotion

## Primary Health Knowledge Base— Health Promotion Page

A newly developed Health Promotion Page will feature on Primary Health Knowledge Base. This new resource will provide:

- Updates and information regarding health promotion in PCPs.
- Good practice case studies.
- Contact details and links.
- Health promotion resource information.
- Communication opportunities regarding health promotion issues, and priorities.

Checkout the new page at the Website:

[www.dhs.vic.gov.au/phkb](http://www.dhs.vic.gov.au/phkb)

programs that engender approaches to reduce health inequalities.

## Targeting Key Population Groups

Specifically targeting key population groups in the community who have been identified as having poor health and well-being states, allows for consideration of the particular characteristics of that group that may influence their ability to experience improved health outcomes.

Providing programs that understand their specific social, cultural, economic or environmental characteristics will greatly improve the health outcomes for these groups.

The **East Gippsland PCP** aims to work with its community to address racial, cultural and socio-economic health disparities in the East Gippsland community. This approach will emphasise active consumer, carer and community participation in determining priorities and developing strategies. It also will reduce social inequalities and injustice, empower individuals, facilitate inter-sectoral collaboration and be based on the best available evidence. Identified programs will target Koori communities and men.

## Addressing the Determinants of Health

PCPs are addressing the determinants of health through reducing specific risk factors for ill health (choosing priorities such as physical inactivity, smoking or poor

social connectedness) and increasing the protective factors that can be influenced in a community (such as creating healthy conditions and environments, encourage positive lifestyles and social activities and providing effective health services).

**Central Victorian Health Alliance** have found that promoting a sense of belonging to community will lead to better health for community members. Community members will be supported and encouraged to develop links that will provide opportunities for isolated members of the community to interact and participate in community events. Leadership opportunities will be fostered and the health promotion activities will support individuals by building skills and knowledge and promote acceptance and support of all people.

Primary Care Partnerships are also implementing system changes to improve access and negotiation of the primary health service system for all consumers. The development of a strong and effective service system will provide a sound basis for planned and collaborative approaches to understanding and responding to consumer needs. For more information please contact: Bronwyn Diffey  
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## About this Publication

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The Departmental editorial committee for this edition included:

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- Denise Laughlin, Partnership Development.

The topic of the next *Health Promotion Strategies* bulletin is **Health Promoting Settings and Environments**. Contributions for this edition will be accepted up to **4 February 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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