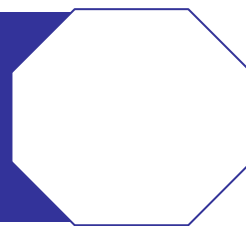


Member Agencies

Bendigo Community Health Services
Bendigo & District Aboriginal Cooperative
Bendigo & District Division of General Practice
Bendigo Health Care Group
Bendigo Regional Institute of TAFE
Boort & District Hospital
Breastscreen
Centre Against Sexual Assault
Centrelink
City of Greater Bendigo
Country AIDS Network Inc
Department of Education Employment & Training
Dingee Bush Nursing Services
Future Connections
Golden City Support Services
Inglewood & Districts Health Services
Interchange Loddon Mallee Region
La Trobe University Bendigo
Loddon Mallee Housing Services
Loddon Mallee Women's Health
Loddon Shire Council
Mclvor Health & Community Services
Monash University School of Rural Health
Murray Plains Division of General Practice
Northern District Community Health Services
Richmond Fellowship
Rochester & Elmore District Health Services
Salvation Army
St Lukes
Sports Focus
The Otis Foundation
Vision Australia



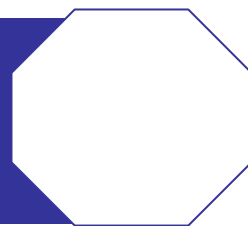
Bendigo Loddon PCP Executive

Bendigo Community Health Services	Sue Clarke (Vice Chair)
Bendigo & District Division of General Practice	Namanita Patterson
Bendigo Health Care Group	Gregg Nicholls (Chair)
City of Greater Bendigo	Barry Secombe
Department of Human Services	Mike Parker
Inglewood & Districts Health Service	Stephen Hando
Loddon Mallee Women's Health	Jennifer Alden
Loddon Shire	Alan Honey
Mclvor Health & Community Services	Craig DeLacy
St Lukes	Marg Brooks

Project Team

Executive Officer	Carolyn Wallace
Service Coordination Project Worker	Ros Chenery
Administrative Assistant	Kim Besley
Project Worker	Naarah Dawes
Project Worker	Bronwyn Moore

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EXECUTIVE SUMMARY

The 2003/04 Community Health Plan (CHP) for the Bendigo-Loddon Primary Care Partnership (PCP) represents priorities and directions developed and endorsed by the community and member agencies. This CHP has been developed as the result of a review and consolidation of the 2002/03 CHP that formed the basis of the Partnership's work for a two year period. By building on the work of the previous CHP we will continue to develop strong relationships, contribute to improved health outcomes and focus on fundamental primary care reform.

Reviewing the CHP has been a positive process. This has involved the engagement of organisations and the community, enabling them to identify how their focus is part of a broader agenda and the opportunities to link with or add value to other PCP initiatives. Reviewing the CHP has also allowed for the inclusion of new initiatives and opportunities such as the Hospital Admission Risk Program (HARP), Neighbourhood Renewal and the Drought Social Recovery Strategy.

Bendigo-Loddon PCP has as one of its main strategic priorities the continued development of capacity within the sector to improve services and systems to better meet the needs of the community. None of this can occur without a continued commitment to focus energy and resources to build and maintain relationships within and between agencies.

Primary care reform will be achieved through the key deliverables, health promotion and improved service coordination. Bendigo-Loddon PCP is also committed to GP engagement, consumer engagement, partnerships and the development of alternative models of service delivery. These are all essential to build the right environment for this reform to happen.

The Bendigo-Loddon PCP is committed to the ongoing work of:

- Community consultation and partnership development
- Strategic planning
- Service system reform and development
- Primary care reform

The work of the PCP has been taking place in a context of substantial change, consistent with the

experience of PCPs across the state. The Bendigo-Loddon PCP has maintained its momentum and direction despite a complete turnover in project staff and the appointment of a new Executive Officer.

The Partnership has considered the need for long term sustainability with a reduced level of funding. This has resulted in a move towards a greater emphasis on member agencies taking responsibility for agreed strategies in the CHP. It has also prompted a restructure of the Executive and working groups to reflect the PCP's capacity and priorities of the primary care sector.

The challenges that continue to require the PCP's attention include:

- Geographic and cultural diversity
- Individual and community isolation
- Health promotion priorities
- Continued importance of responses to drug and alcohol use and misuse
- Hospital demand initiatives
- Professional shortages

On behalf of the member agencies of the Bendigo-Loddon PCP and the Executive I would like to take this opportunity to acknowledge the work undertaken by our Executive Officer, Carolyn Wallace and the PCP staff during the past twelve months. I would also like to acknowledge member agencies that have driven both the thinking and actions of this PCP and who are committed to the on going sustainability of working together to achieve better outcomes for the community.

Our CHP is consistent with individual agency directions and broader regional, state and national policies. It demonstrates the commitment to relationship building, sharing knowledge and capacity building of all member agencies. It brings together a range of strategies for member agencies to work together and signposts the way for future work to be undertaken in partnership.

Gregg Nicholls
Chair
Bendigo Loddon Primary Care Partnership

THE CONTEXT

The Bendigo Loddon Primary Care Partnership (PCP) aims to place the consumer at the centre of primary care delivery through a process of:

- Community consultation and partnership development
- Strategic planning
- System development
- Primary care reform

The process for achieving this is articulated in the Community Health Plan (CHP) 2003/04 which provides a framework for member agencies to work together. Strategic directions for action and planning have been identified and agreed by the Partnership. These are developed into a comprehensive set of strategies which are outlined in the operational component of the plan.

Implementation of the CHP is intended to be a means of working towards our vision:

The Bendigo Loddon PCP is committed to developing a high quality, integrated, accessible primary care service system.

SHARED VALUES, PRINCIPLES AND GOALS

Members of the Bendigo Loddon PCP acknowledge the work of previous and existing initiatives and policies and aim to build on these. The Partnership provides a platform for coordination and integration of activities designed to improve the health of communities. There is common understanding between members that includes the shared values of trust, respect, independence and fairness. These govern the scope and conduct of any activity which is attributed to the partnership. Additionally, all activities are guided by principles that uphold: Ethical Conduct; Equity and Access; Participatory Decision Making; Inclusiveness and Privacy and Confidentiality. (*Bendigo Loddon Primary Care Partnership Memorandum of Understanding, 2001*)

The Bendigo Loddon PCP has enabled the formation of strong partnerships and working relationships between a broad range of agencies, many of whom had not previously worked together. These relationships bring a richness and diversity to service planning and provision as a range of disciplines and perspectives are shared. Bringing together service providers and community members with common goals and vision has

enabled the sharing of ideas, resources and resulted in a significant range of innovations and achievements.

MAJOR ACHIEVEMENTS

Consumer and Community Engagement

The PCP has continued to encourage consumer and community participation at all levels of activity. This has included the attendance of over 40 community members at the Alcohol and Drug forum, participant attendance at the Youth Arts (Art Attack) forum; consumers presenting at the Health Promotion Planning day and input into a range of working groups. In particular, the A&D Action Plan has had a strong focus on providing opportunity for community voice and reviewing documentation to use plain language rather than jargon. Consumer consultation has continued in the form of surveys, forums, focus groups and participation in existing consumer groups.

Partnership Development

The PCP has continued to maintain a broad membership reflecting the range of services which improve the social determinants of health. The Memorandum of Understanding has recently been reviewed to ensure that the structure of the PCP reinforces participation from all partnership members in a capacity which is most suitable for them.

Health Promotion

The Health Promotion Working Group has provided the mechanism for the review of health promotion issues, target groups and initiatives and has moved services towards a more integrated approach to health promotion in the Bendigo Loddon catchment. Health promotion activities have shown real benefits for consumers and have also provided numerous opportunities for organisational capacity building. Specific achievements include:

- Youth Arts Network: Implementation of arts based activities intended to improve self esteem of participants, improved understanding of health promotion among non-health providers, opportunity to bring more statewide initiatives to the Bendigo Loddon region.

- **Physical Activity Consortium:** development of a walking strategy for Bendigo and Loddon and contribution to strategies to increase participation in physical activity in the catchment.
- **Women's Health:** Increased engagement and health education opportunities for women from rural areas, CALD backgrounds and carers; development of a Community Arts Project for women in Bendigo.
- **Chronic Illness:** Development and sharing of resources for health education and social marketing; increased opportunities for screening, peer support and network developments for staff.
- **Capacity Building:** Development and pilot of a Framework for Healthy Organisations.

Service Coordination

There has been significant uptake of aspects of the Service Coordination Tool Templates (SCTT) which has been supported by training and the use of agreed Practices, Processes, Protocols and Systems (PPPS) for using the tools. Additional tools and profiles have been developed to meet the needs of participating organisations. The referral process is being enhanced by a web-based service directory, Connectingcare.com. A training package and marketing materials have been developed and used to promote use of the directory. Many of the PCP task groups have conducted service mapping and directory development which will assist with updating the content of the directory. The PCP has received funding under the ICT Whole of Health Strategy to increase the connectivity to member agencies which will assist in improving the e-referral capability of agencies.

Aged Care Strategy

This initiative has been undertaken in response to the increasing aged population and the need to make best use of local resources. Four member agencies, BHCG, COGB, BCHS, Loddon Shire and MHCS, as well as DHS and the PCP have funded a consultant to develop an Aged Care Strategy. This includes consultation, research and recommendations to address future community needs in aged care services.

Alcohol and Drug Action Plan

The A&D Action Plan is about to enter its final year of implementation in 2003/04. A summary of the action plan was developed in response to feedback requesting use of plain language and was launched at the Bendigo Loddon A&D forum in November 2002. The forum provided an opportunity for feedback on developments since the previous forum and expression of community expectations for further work. The A&D Action Plan has enabled joint proposals for external funding and as a result the 'Talk it Up' project is about to commence. This plan continues to receive interest across the State.

Diversity Audit Tool

The Diversity Audit Tool was developed to assist PCP member organisations to gauge their progress in terms of responding to diversity both internally and in the broader community. This Audit Tool has been launched and has already generated interest at a local and statewide level. Its integration into PCP member agencies will form part of the Integrated Health Promotion Plan for 2003/04.

Effective Follow-up of Suicidal/Self Harming Clients from Hospital Emergency Departments

Bendigo Loddon PCP is part of a regional project to improve the follow up of suicidal and self harming clients. Outcomes so far are:

- assessment of the local service system and training needs
- improved relationships between the major stakeholders involved
- development of a common pathway for emergency department staff to use
- development of accompanying PPPS to ensure sustainability of this process
- training of counsellors at Lifeline to provide a befriending service to clients awaiting ongoing support
- development of a regional strategy to provide training and support to hospital emergency department staff

CURRENT STATUS OF THE PARTNERSHIP

At a planning day for the Partnership in February 2003 the membership reinforced a strong commitment to the ongoing work of partnership development, strategic planning, system development and primary care reform. There was also an acknowledgement that this work needs to be self sustaining through the strong leadership of agencies involved.

The future function and structure of the PCP was explored further in a paper (*Future Directions for the Bendigo Loddon Primary Care Partnership, May 2003*) developed by the PCP Steering Group. This paper highlights the following actions the PCP needs to take to ensure the momentum and sustainability of the reform achieved so far:

- Continue to focus on Integrated Service Planning which is fundamental to the success at a local level of the PCP. The PCP will continue with a broader agenda which will include the two key deliverables of Service Coordination and Health Promotion
- Reconsider the role of planning, particularly the relationships between the CHP and the role of local government in the deployment and delivery of Municipal Public Health Plans (MPHP)
- Develop a protocol that outlines the relationship between the MPHP and the CHP
- Resource local priorities for the strategic input required as well as the service delivery component
- Provide leadership from within the partnership as a key to ensuring sustainable change
- Utilise limited funds and resources to maximise gain for consumers

The structure of the PCP has been reviewed to reflect the core work of the PCP and enable the best use of PCP resources. The Steering Group has been renamed the Executive and will include a smaller membership of core agencies. Key functions for the **Executive** are to provide governance for the PCP, set strategic directions, support the Executive Officer, transact the business of the PCP, ensure the CHP is implemented and fulfil reporting requirements. **Working groups** supporting particular activities of the PCP, including health promotion, service coordination and A&D will report directly to the Executive. The

Partnership members will continue to meet as a forum for sharing ideas and information, keeping abreast of current issues at a micro and macro level as they impact on Primary Care.

A significant focus for the PCP is on the best way to continue to engage with consumers and the broader community. At the February 2003 planning day it was agreed that the Consumer Advisory Group was not the best way to capture the robust and diverse consumer participation that occurs through member agencies. The Executive group is considering a draft set of principles for consumer and community participation and the CHP continues to include consumer engagement as a strategic direction.

FUTURE DIRECTIONS AND OPPORTUNITIES


Several new initiatives provide significant opportunities for the PCP to expand the work outlined in the 2002/03 Community Health Plan. The Neighbourhood Renewal Project and the Drought Social Recovery Strategy are grounded in solid community consultation and participation. PCP is able to add value to these projects including the findings from consultations which will inform PCP activities.

The consolidation of HARP has allowed for the inclusion of the Service Coordination Strategy into the project design. The PCP health promotion activities have direct links with the interventions outlined in the Chronic Heart Failure HARP project, consistent with the Integrated Health Promotion program goal to *provide a coordinated approach to the delivery of health promotion and illness prevention interventions focussed on chronic illness*. Senior Managers from PCP member agencies and PCP Executive Officer are on the board of governance for the HARP projects.

DEVELOPMENT OF THE INTEGRATED HEALTH PROMOTION PLAN (IHP)

Conceptual Framework

The Bendigo Loddon PCP endorses the World Health Organisation's (WHO) philosophy that health is not merely the absence of disease but an essential requirement for quality of life in everyday living.



This philosophy is integral to the Social Model of Health which acknowledges the impact a broad range of factors have on the health and wellbeing of individuals and populations. This includes the interplay between physical, social and psychological factors (Labonte, 1997).

Health Promotion is the process of enabling individuals and communities to participate in and control their health (Ottawa Charter, 1986). A way of making this happen is to provide opportunities for the protective factors associated with good health to be strengthened and the risk factors which can lead to poor health reduced or addressed. The PCP has drawn on an existing Framework (NPHP, 2001) which identifies the behavioural risk and protective factors of:

- Smoking,
- Nutrition,
- Alcohol misuse
- Physical Activity

the psychosocial risk and protective factors of:

- Sense of control
- Sense of support/social exclusion
- Resilience and emotional wellbeing

These factors can be addressed to help prevent a cluster of chronic illnesses which include: Ischaemic Heart Disease, Type 2 Diabetes, Chronic Lung Disease and Mental Health Problems/depression.

The IHP framework developed by the PCP maximises opportunities for an integrated approach to health promotion and illness prevention focused on chronic illness as well as systematically developing the capacity of member agencies for effective health promotion.

Process

Formal planning for the 2003/04 IHP began with a facilitated day in November 2002 where working groups reported on progress with the range of PCP health promotion projects. It was also an opportunity to evaluate the sustainability of ongoing health promotion activities in the Bendigo Loddon catchment and identify issues and set priorities for future activities. The Health Promotion Working Group and Chronic Illness task group have met several times during May and June 2003 in order to:

- Consider new data (e.g. Ambulatory Care Sensitive Conditions Study)
- Identify member agency health promotion priorities and opportunities
- Consider recommendations and outcomes from 2002/03 PCP health promotion projects
- Respond to information from recent consultations
- Maintain consistency with: DHS (2000) *PCP Draft Health Promotion Guidelines*, DHS (2002) *A Guide to Impact Evaluation in Health Promotion*, and NPHP (2001) *Preventing Chronic Disease: A Strategic Framework*.


This process has been assisted by two part time project workers seconded from two PCP member agencies. A subcommittee of the working group developed the framework for the IHP which was circulated for comment to a wider audience of PCP members.

SERVICE COORDINATION

All of the priority areas for action in the CHP include Service Coordination and Health Promotion strategies, demonstrating that service coordination continues to underpin the work of the PCP. Implementation of the SCTT is part of the broader agenda which requires member agencies to incorporate the agreed Practices, Processes, Protocols and Systems into their own best practice guidelines. The PCP will depend on the service coordination working groups to drive and support service coordination developments. These include maintaining the existing training established through Train the Trainer model, service directory training, service directory maintenance and expansion, and the move towards e-referrals.

OUTLINE OF THE CHP

The CHP is a dynamic document, able to inform and be informed by other plans and priorities. An example of this is the health promotion plans of member agencies which will be consistent with the direction of the PCP IHP Plan. No single group or agency can undertake to implement the entire CHP however all will recognise sections which are consistent with their strategic directions. The CHP strategies and priority areas are able to reinforce directions for other partnerships as was recently demonstrated with the HARP funding submission.



Having work clearly identified for the primary care sector has enabled two agencies to develop service linkage protocols which are a formal way of identifying the congruence between the CHP and agency activities. Another example of local connections between plans is the inclusion of the CHP priorities in the City of Greater Bendigo's Health and Wellbeing Framework (MPHP).

A diagram (appendix) has been included to illustrate where the CHP sits in the local, regional, statewide and national contexts. It is the vision of the Partnership that the research and consultation conducted by the PCP will assist the primary care sector in its planning. Rather than have a plethora of disparate and disconnected plans, the intention is to have a consistent and cohesive approach to improving health with the range of plans demonstrating their place in a broader agenda.

The 2003/04 CHP is a revision of the 2002/03 CHP. Strategies have been reviewed in consultation with member agencies and expanded where appropriate to accommodate new local initiatives. The process for reviewing and updating the Health Promotion framework has already been outlined.

Support for the continuation of the strategic directions, strategic planning foci and priority areas has been determined through Partnership, planning and Steering Group meetings.

STRATEGIC DIRECTIONS

The Bendigo Loddon PCP will focus its activities on the following strategic directions:

1. **Service Linkages**
2. **Consumer Engagement**
3. **GP Engagement**
4. **Health Promotion**
5. **Evaluation and Quality Improvement**
6. **Capacity Building**
7. **Access to Services/Alternative Models of Service Delivery**
8. **Service Coordination**
9. **Demand Management**

STRATEGIC PLANNING FOCUS

In 2003-2004 the Bendigo Loddon PCP will specifically target the following groups and issues:

Older Adults

Better position service providers in their coordination of service responses that are informed by the development of a shared knowledge of the needs of older persons and the issues that impact on service delivery.

Chronic Illness

Continue to develop an integrated approach to building the capacity of the primary care sector to enable the implementation of effective primary interventions that focus on persons with or at-risk of chronic illness.

Alcohol and Drugs

Continue to profile the importance of coordinating service responses through education and prevention strategies, capacity building activities and strengthened community links.

The Bendigo Loddon PCP will continue to operate and set goals within each of the priority areas, namely:

- Older Adults
- Alcohol and Drugs
- Chronic Illness
- Mental health
- Diversity
- Socio-economic disadvantage
- Youth
- Children and Families
- Environment
- Information and Communication Technology (ICT)

EVALUATION

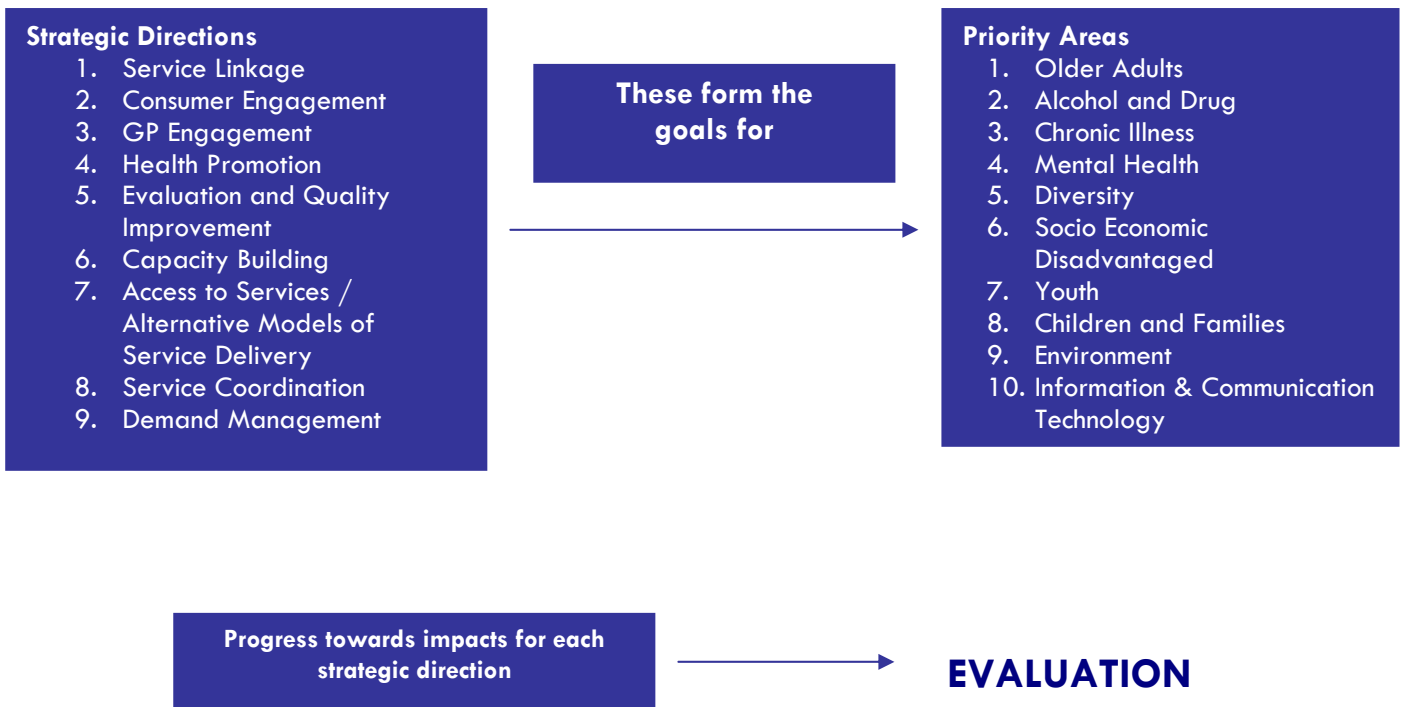
Each of the priority areas has a set of goals based on the strategic directions previously outlined. These are outlined in the Operation Tables. A reporting template of the strategic directions and impacts for each priority area has been developed for this plan. This template will enable the Executive and other members of the Partnership to monitor the overall progress towards achieving the strategic directions.

Evaluation will be ongoing and will address the following levels of activity:

- Project Level:** the impact and reach of interventions
- Framework Level:** the impact and reach of specific objectives within the Integrated Health Promotion Framework
- CHP:** the achievement of the specified strategic directions
- Statewide Level:** contribution to the evaluation of the PCP Strategy

Additionally, the detailed evaluation outcomes will be shared:

- Locally
- Regionally
- Statewide
- Nationally



STRATEGIC DIRECTIONS

Service Linkage

Ensure that the organisational structure and membership enables the partnership to achieve its objectives as signed off in the 2003/04 Community Health Plan.

Consumer Engagement

Continue to engage consumers through relevant and timely activities and strengthen their capacity to participate in PCP activities including planning, review and evaluation.

GP Engagement

Increase the opportunities for collaborative activities focussed on the planning and coordination of services to identified target groups.

Health Promotion

Promote the integration of health promotion within the sector and identify opportunities to influence, inform and develop capacity within the broader health and wellbeing services.

Evaluation and Quality Improvement

Continue to develop an integrated evaluation framework that captures continuous improvement, quality assurance and process evaluation.

Capacity Building

Build the capacity of the sector and continue to enhance the relationships that shape the sector's ability to plan and respond to identified community need.

Access to Services/ Alternative Models of Service Delivery

Explore alternative models of service delivery that appraises the multiplicity of influencing factors, such as rurality, diversity and socioeconomic disadvantage and considers the capacity of service system response.

Service Coordination

Continue to develop a service coordination model that strengthens functional integration and promotes a consistent approach to intake, assessment and referral practices. Continue to develop an information management strategy that:

- Maximises the return on investment in information and communications technology
- Strengthens the information exchange amongst member agencies
- Works towards consistency in data collection, collation and analysis
- Is congruent with regional strategic directions

Demand Management

Increase the coordination of service system response to preventable disease management and prevention through the development of local knowledge about pathways, processes and practices. Strengthen the interrelationship of the roles undertaken by the acute, sub-acute and primary care service providers in the management of demand.

COMMUNITY AND SERVICE PROFILE

PRIORITY AREAS

The priorities for the Bendigo Loddon CHP for 2003/04 have been determined by identifying those groups within the population who have lower health status or issues accessing health service, as well as prioritising those health conditions that impact upon the well-being of significant numbers within the population. A full version of the community profile will be available at www.bendigoloddonpcp.org.au in August 2003.

Older Adults

- The overall trend is that the proportion of adults over 70 is increasing
- Between 2000-2001 the number of people aged over 70 increased by 2.8% for the City of Greater Bendigo (COGB,2003)
- Women comprise 70% of the population aged 85+ years (ABS, 2000)
- A trend which affects use of services is that of older people migrating from outlying areas in order to access services in the City of Greater Bendigo (Comm. Dept, 1995)

Response in Community Health Plan

- Participation in development of Aged Care Strategy with key stakeholders
- Targeting older adults for increased participation in physical activity as part of IHP
- Strengthening continuum of care from prevention to management of chronic illness

Alcohol and Drugs

- Tobacco is the leading cause of drug related deaths in Australia
- Drug misuse is the 6th largest killer of young people (NDSF,1998)
- Tobacco and alcohol are the most widespread and used drugs in Australia (NDSF,1998)
- A survey of 12-18 year olds in the Loddon Mallee Region revealed that 43% had consumed alcohol in the previous 30 days and that young women reported higher levels of substance abuse than in other regions (DHS,2000)

Response in Community Health Plan

- Development of a QUIT strategy
- Implementation of year 3 of the A&D Action Plan (summarised in the IHP framework)

Chronic Illness

- Chronic Obstructive Pulmonary Disease (COPD) and Congestive Cardiac Failure (CCF) are in the top 10 Ambulatory Care Sensitive Conditions for the Bendigo Loddon PCP catchment (ACSC, 2003)
- COPD and CCF have the highest levels of co-morbidity
- COPD and CCF represent the 2nd and 3rd highest bed days
- Admission rates for CCF and angina are significantly higher than Victorian averages
- There is an increasing recognition of the co-morbidity of depression with other chronic illnesses and the overall increase in the incidence of depression.

Response in Community Health Plan

- PCP is a stakeholder in the HARP projects which include COPD and CCF
- The goal of the lifestyle component of the IHP is to "provide a coordinated approach to the delivery of health promotion and illness prevention interventions focussed on chronic illness in the Bendigo Loddon catchment.

Mental Health

- The burden of disease associated with depression is increasing globally (WHO)
- Mental disorders are the leading cause of disability in the Loddon Mallee region (Burden of Disease BoD, 1996)
- Community consultations about mental health services and issues conducted in the Bendigo Loddon area indicated:
 - Issues related to poor integration of services and coordination between services
 - Insufficient service levels
 - Gaps within the service system, particularly for specialist services, prevention service and early intervention services
 - Poor community awareness of mental illness

Response in Community Health Plan

- Projects to increase self esteem and community connectedness include: Talk it Up, Youth Arts and Indigenous Youth Project
- Links will be maintained with the Women's Community Art Project
- The PCP will play an active role in implementing the Community Mental Health Plan

COMMUNITY AND SERVICE PROFILE

- An objective in the Lifestyle component of the IHP is to, “build the capacity of the target groups to develop and sustain improvements in their social and physical environment that enable and encourage healthy behaviours and enhance emotional wellbeing.”

Diversity

A number of population groups have been included under the heading of diversity. This includes the wide range of groups that make up our community with regard to gender, language, culture, religion, sexuality, ability, age, socio-economic status and social and geographic isolation. It is important to note that diversity is not static; people have different and developing relations with their culture.

Women

- Women are twice as likely as men to experience depression (WHA, 2001)
- A quarter of women aged 18-23 have experienced some form of violence (The Age, 2003)
- Services to women need to be gender responsive. This means acknowledging that factors such as poverty, violence, reproductive and sexuality issues as well as age, culture, access to decision making, and gender roles, such as caring, impinge on women’s ability to fully experience health and wellbeing
- Service issues for women include:
 - access to appropriate gender sensitive services (including, sexual health services)
 - access to female GPs; women medical practitioners are under represented in the rural medical workforce in Australia (NSW Rural Doctors Network Dis. Paper, 2001)
 - issues related to women’s safety in the community

Response in Community Health Plan

- Maintain links with Women’s Community Art project
- Women in Employment project
- Sexual Health Provider Network
- Diversity project

Men

- Life expectancy rates for rural/remote men is 4.1 years less than that of men in metro areas (DHS, 2001)

- Continuing trend for men is poorer health status and lower life expectancy rates than women in every age group
- Large percentage of men’s poor health is attributable to lifestyle factors

Response in Community Health Plan

- Increase screening opportunities (IHP)
- Seek ways to respond to consultations with Cultural And Linguistically Diverse (CALD) men (IHP)
- Support the implementation of the Drought Social Recovery Strategy which includes men’s health events

Indigenous People

- There is above average representation of this group in the PCP catchment. Indigenous people account for .58% of the total Victorian population, 1.1% of the total population of City of Greater Bendigo and .66% of the Loddon population
- Mental Health and stress related problems including substance abuse are highly represented across all age groups
- The Bendigo and District Aboriginal Cooperative (BDAC) plan identifies following priorities: Employment, training, education, housing, health, justice and capacity building.

Response in Community Health Plan

- Build stronger links between BDAC and primary care agencies
- Being Proud-Indigenous Youth Program

CALD

- The morbidity and mortality rates of diseases such as heart disease and depression are different and at higher rates for migrant women and men (BoD, 1996)
- Many CALD people are living without adequate supports, lack social connectedness and are in turn facing cultural displacement due to their low cultural capital in Australia (BoD, 1996)
- Many service providers do not prioritise a specific response to CALD communities because of their low rate of representation as a percentage of the overall population

Response in Community Health Plan

- Sexual Health Provider Network
- Diversity Project
- CALD population is a target group in the IHP

COMMUNITY AND SERVICE PROFILE

Gay, Lesbian, Bisexual, Transsexual, Intersex (GLBTI)

- 84% of respondents surveyed identified they had experience discrimination as a result of their sexuality at some stage (Victorian Gay And Lesbian Rights Lobby. VGALRL)
- 23% of these respondents reported discrimination in relation to health care (VGALRL)
- It is reported that GLBTI people living in rural areas may have poorer health outcomes due to fewer health services with specific knowledge in GLBTI health issues, increase levels of homophobia and reduced community and network support (Bendigo Loddon PCP, 2002)

Response in Community Health Plan

- A&D Action Plan
- Sexual Health Provider Network
- Diversity project

Disability

- Issues identified through consultations with families with children with a disability include: labelling of children, difficulty with disabled access, lack of disability friendly recreation facilities, need for respite for families and carers (Bendigo Loddon PCP, 2002)

Specific Response in Community Health Plan

- Physical Activity Consortium
- Diversity Project
- Sexual health network

Socio-Economic Disadvantaged

- Lack of appropriate and affordable housing
- There has been a 43% growth in the number of Bendigo families waiting for public housing (Eaglehawk Community, 2003)
- Eaglehawk has the region's highest unemployment rate at 12.6% (Eaglehawk Community, 2003)
- The most disadvantaged groups have the poorest health and the highest exposure to health damaging risk factors. (DHS, 2000)

Response in Community Health Plan

- Develop links with Neighbourhood Renewal Projects
- Diversity project
- People from socio-economic disadvantaged backgrounds target group in IHP

Young People

- Adolescence and early adulthood is a time when young people form positive or negative behavioural patterns
- Young people are less likely to be informed of health issues and to know how and where to access health services
- Pressures of study, relationships, employment, sexuality, peer pressure, identity can be associated with mental health problems, even suicide
- Suicide is a leading cause of death among young people (<14 yrs) with higher rates among young males (Centre for Adolescent. Health, 2002)

Young Females:

- Females are more likely than males to engage in self-harming behaviours (WHA, 2001)
- Binge drinking, smoking, crash dieting and unsafe sex are on the rise (The Age, 2003)

Young Males:

- Young male suicide rates in rural/remote areas are nearly twice of males living in capital cities
- Suicide rates among 15-24 year old males have trebled between 1960 and 1990. (Centre for Adolescent Health, 2002)
- Rates of suicide in Indigenous communities have been increasing since the 1970's. The majority of Aboriginal people who suicide are under 29.

Response in Community Health Plan

- Youth Arts Network
- Alcohol and Drug Education and Prevention
- Being Proud-Indigenous Youth Program

Children and Families

- A study of the Shire of Loddon concluded that the municipality is poorly serviced, particularly with regard to family and children's services (Loddon Shire & PCP, 2001)
- Bendigo has a higher proportion of single parents than the state (COGB,2002)
- Childhood obesity is now one of the most prevalent chronic childhood health problems in Aus. (Murdoch Children's Research Ins., 2002)

Response in Community Health Plan

- Support Implementation of Drought Social Recovery Strategy
- Ensure development of planning framework specific for the Shire of Loddon
- Provide opportunities to work with Neighbourhood Renewal Project

OLDER PERSONS

Goal	Objectives	Strategies	Impacts/Process
Service linkage Enhance the working relationship between Bendigo Loddon PCP and Aged care services	<ul style="list-style-type: none"> Identify roles and responsibilities for PCP & Aged Care Services Maximize the opportunities for collaborative work with Aged Care Services 	<ul style="list-style-type: none"> Continue to ensure appropriate representation of Aged Care services on a range of subcommittees and working groups Participate in development of Aged Care Strategy with all key stakeholders 	<ul style="list-style-type: none"> Aged care services are represented on PCP membership Increased opportunities for collaborative planning of appropriate service response to aged care issues
Consumer Engagement Increase the involvement of older persons in community, consumer, and carer engagement and consultation strategies	<ul style="list-style-type: none"> Identify both formal and opportunistic ways of consulting with older persons 	<ul style="list-style-type: none"> Continue to consult with Aged Care Services to identify existing forums for consultation with older persons Continue to recruit people who are representative of the range of health and social needs of the older population on to member agency reference groups / consumer groups 	<ul style="list-style-type: none"> Older persons contribute to PCP planning and activities
GP Engagement Increase the awareness amongst GPs of the needs and social determinants of health as they relate to older persons Increase involvement of GPs with service coordination to enhance service outcomes for older persons	<ul style="list-style-type: none"> Identify opportunities for the exchange of information between GPs and other primary care agencies who provide services to older persons Encourage GPs in the use of SCTT tools, particularly referral and client information 	<ul style="list-style-type: none"> Continue to work with general practice staff to maximize the opportunities for joint projects focused on health & well being issues as they relate to older persons Continue to promote use of EPC items, in particular health assessments Promote E-referral through Medical Director and use of PKI encryption 	<ul style="list-style-type: none"> PCP projects focused on older persons have GP involvement Increased opportunities for GPs to use common service coordination tools
Health Promotion Ensure that the Integrated Health Promotion (IHP) outcomes are enhanced through the consideration of the impact of the complexity of ageing, lifestyle, and	Physical Activity <ul style="list-style-type: none"> Ensure that sport & recreation organizations are sensitive & responsive to older persons' needs Enhance opportunities for older persons to participate in 	<ul style="list-style-type: none"> Include older persons as a target group in the Bendigo Loddon Walking Strategy Expand the "Strong People stay Young" project to settings suitable to older persons 	<ul style="list-style-type: none"> An increase in the number of older persons engaging in physical activity

OLDER PERSONS

Goal	Objectives	Strategies	Impacts/Process
chronic illness and the implementation of projects that respond to the identified needs of older persons within the community	<p>physical activity</p> <ul style="list-style-type: none"> ▪ Maintain a community education strategy focused on the management and prevention of Chronic Heart Failure, Asthma and Depression in the Bendigo-Loddon catchment. 	<ul style="list-style-type: none"> ▪ Develop a chronic illness community education strategy ▪ Integrate PCP health promotion with Hospital Admission Risk Program (HARP) projects 	<ul style="list-style-type: none"> ▪ Increased community awareness of chronic illness as it relates to older persons ▪ Increased capacity of member agencies to deliver health promotion interventions focused chronic illness appropriate to the needs of older persons
<p>Capacity Building Provide opportunity for Aged Care Service providers to plan collaboratively</p>	<p>Aged Care Strategy Determine current and future capacity of aged care services within the community</p>	<ul style="list-style-type: none"> ▪ Steering Committee of representatives from aged care services oversee development of strategy ▪ Consult with appropriate stakeholders 	<ul style="list-style-type: none"> ▪ Agencies planning together to make best use of resources and plan for continuum of interventions from prevention/promotion to provision of care.
<p>Access to Services/ Alternative Models of Service Delivery Determine best use of resources to provide responsive and flexible services to Older Persons</p>	<p>Aged Care Strategy Develop an Aged Care Strategy to address future community needs in aged care services</p>	<ul style="list-style-type: none"> ▪ Steering committee to employ a consultant ▪ Review final recommendations from consultant ▪ Determine best framework to use for the strategy ▪ Encourage all appropriate PCP member agencies to adopt the strategy. 	<p>Development of a strategic framework which:</p> <ul style="list-style-type: none"> ▪ Examines and reflects best practice models ▪ Addresses future care needs for Older Persons without compromising service standards ▪ Allows for development of alternative models of service delivery
<p>Service Coordination Information Management Increase access to health service information for older persons</p>	<ul style="list-style-type: none"> ▪ Determine the most appropriate method for delivery of service information to older persons ▪ Encourage service providers to seek opportunities to enhance work practice related to older persons 	<ul style="list-style-type: none"> ▪ Provide information that is specific to the wide range of services available to older persons ▪ Continue to engage with consumers and service providers to ensure that information is provided in an appropriate manner that is sensitive to the needs of older persons ▪ Promote use of Older Adults Exercise Directory 	<ul style="list-style-type: none"> ▪ Accurate and specific information about local services and support networks is available throughout the catchment

OLDER PERSONS

Goal	Objectives	Strategies	Impacts/Process
<p>Service Coordination Tool Templates (SCTT) Use of SCTT will enhance the referral and feedback process</p> <p>Service coordination principles enhance client service quality and improve outcomes through improved care management</p>	<ul style="list-style-type: none"> ▪ Encourage service providers to utilize all relevant components of the SCTT tools when working with older people ▪ Encourage referral, using the SCTT tools, to appropriate agencies and service providers who are supportive of older persons ▪ Provide older clients with information about consent and privacy in a manner that is appropriate to meet their needs ▪ Encourage use of care planning when working with older persons 	<ul style="list-style-type: none"> ▪ Work with Division staff and GP practice nurses to ensure provision of health assessments of older persons who have complex chronic illnesses, and make appropriate referrals to health services that have the capacity to deal with the broad range of needs of this population group ▪ Work with service providers to ensure that they have access to information that will enable them to provide the best level of care available to their older clients ▪ Support agencies to explore models of best practice when working with older persons ▪ Work with agencies that provide primary care to older persons and encourage them in the practice of care planning where clients may have complex health needs. 	<p>Service providers will have access to:</p> <ul style="list-style-type: none"> ▪ a consistent and informed model of service delivery ▪ a delivery system that is responsive to the needs of older persons ▪ a system based on identified and developed models of best practice ▪ a delivery system that will support older persons <p>Service system is more responsive to the complex nature of aged care</p>

ALCOHOL AND DRUGS

Goal	Objectives	Strategies	Impacts/Process
<p>Service Linkage Enhance the working relationship between Bendigo Loddon PCP and the agencies and networks that provide Alcohol and Drug (A&D) Services.</p>	<p>Increase opportunities for intersectorial collaboration around A&D issues.</p>	<p>Ensure partnership involvement in Drug Action Week 2004.</p> <p>Ensure broad range of representation in planning annual Community A&D Forum</p> <p>Maintain collaborative relationship with Neighbourhood Renewal and Safe City initiatives</p>	<ul style="list-style-type: none"> ▪ Comprehensive representation of services on relevant groups and activities undertaken demonstrating collaboration ▪ Partnership involved in planning/conduct of forum ▪ Demonstrated response to identified A&D education and prevention and harm minimization opportunities
<p>Consumer Engagement Continue to engage consumers and community through relevant and timely activities. Strengthen their capacity to participate in activities including planning, review and evaluation related to A&D issues.</p>	<p>Enhance education and prevention activity utilising a whole of community approach.</p>	<ul style="list-style-type: none"> ▪ Implement <i>Talk it Up Project</i> (Refer to PCP A&D Action Plan for details) ▪ Ensure consumer/community involvement in planning and conducting annual Community A&D Forum 	<ul style="list-style-type: none"> ▪ Young people participate in Talk It Up development and implementation ▪ Consumers represented in planning/conduct of the forum
<p>GP Engagement Increase the opportunities for collaborative activities focused on the planning and coordination of services to people with A&D issues</p> <p>Increase involvement of GPs with service coordination to enhance service outcomes for A&D clients</p>	<ul style="list-style-type: none"> ▪ Identify opportunities for the exchange of information between GPs and other primary care agencies who provide services to persons with A&D problems ▪ Encourage GPs in the use of SCTT tools, particularly referral and client information 	<ul style="list-style-type: none"> ▪ Continue to work with general practice staff to maximize the opportunities for joint projects focused on health & well being issues as they relate to persons with A&D problems ▪ Continue to identify A&D workforce training needs ▪ Support "Training on Wheels" project ▪ Promote E-referral through Medical Director and use of PKI encryption 	<ul style="list-style-type: none"> ▪ PCP projects focused on persons with A&D problems have GP involvement ▪ GP participation in A&D workforce development strategy ▪ Up skilling and strengthened links between GPs, pharmacists and A&D workers ▪ Increased opportunities for GPs to use common service coordination tools

ALCOHOL AND DRUGS

Goal	Objectives	Strategies	Impacts/Process
<p>Health Promotion Promote the integration of health promotion opportunities for A&D issues and develop capacity within the broader health and wellbeing services.</p>	<p>Enhance A&D education and prevention activity utilising a whole of community approach.</p>	<ul style="list-style-type: none"> ▪ Support event based A&D education and prevention ▪ Ensure partnership involvement in Drug Action Week ▪ Implement <i>Talk It Up</i> Project ▪ Develop alternative models of education and prevention resource promotion e.g. electronic newsletter and printed information sheets ▪ Strengthen links and pursue opportunities to work with education based staff/settings on A&D prevention and education initiatives 	<ul style="list-style-type: none"> ▪ A&D Working Group linked with local initiatives e.g. FREEZA and Safe Cities ▪ Partnership involvement in planning and conduct of forum ▪ Community engaged in dialogue on A&D issues and provided with opportunities for creative communication ▪ A&D resources produced and disseminated ▪ Discussions held with DE&T ▪ Identified opportunities for resource development
<p>Capacity Building Build the capacity of the sector and continue to enhance the relationships that shape the sector's ability to plan and respond to identified community need.</p>	<p>Enhance the capacity of organisations to respond to A&D service delivery issues and provide support to community</p>	<ul style="list-style-type: none"> ▪ Develop communication strategy to link the Sexual Health Task Group with the Youth Arts Network and the A&D working group ▪ Continue to build local and regional knowledge about A&D issues and inform state-wide and national policy and strategic forums ▪ Provide support to families, individuals and carers around A&D issues ▪ Identify workforce A&D training needs and participate in A&D workforce development strategy 	<ul style="list-style-type: none"> ▪ Opportunities for collaborative work identified ▪ Information collected from A&D Working Group members fed up to Australian Drug Foundation ▪ A&D Working Group participate in development of LMR A&D Plan ▪ A&D Community Forum conducted ▪ Opportunities investigated for local chapter of Family Drug Helpline ▪ Competency based training opportunities identified ▪ Staff complete training according to workforce development strategy
<p>Access to services/alternative models of service delivery</p>	<ul style="list-style-type: none"> ▪ Establish a Hepatitis C resource and support service for clients, community and service providers 	<ul style="list-style-type: none"> ▪ Identify level of need, impact and relevant information and support ▪ Establish appropriate delivery points 	<ul style="list-style-type: none"> ▪ Hepatitis C service needs identified and appropriate response determined and implemented

ALCOHOL AND DRUGS

Goal	Objectives	Strategies	Impacts/Process
<p>Service Coordination Information Management</p> <ul style="list-style-type: none"> ▪ Increase access to health service information to support the needs of clients with A&D problems <p>Templates (SCTT)</p> <ul style="list-style-type: none"> ▪ Use of SCTT will enhance the referral and feedback process <ul style="list-style-type: none"> ▪ Service coordination principles enhance client service quality and improve outcomes through improved care management 	<ul style="list-style-type: none"> ▪ Determine the most appropriate method for delivery of service information to people with A&D problems ▪ Encourage service providers to seek opportunities to enhance work practice related to A&D clients ▪ Encourage service providers to utilize all relevant components of the SCTT tools when working with A&D clients ▪ Encourage referral, using the SCTT tools, to appropriate agencies and service providers who are supportive of A&D clients ▪ Provide A&D clients with information about consent and privacy in a manner that is appropriate to meet their needs ▪ Encourage use of care planning when working with A&D clients 	<ul style="list-style-type: none"> ▪ Work with service providers to ensure that they have access to information that will enable them to provide the best level of care available to clients with A&D problems ▪ Support agencies to explore models of best practice when working with clients with A&D problems ▪ Work with agencies that provide primary care to people with A&D problems and encourage them in the practice of care planning where clients may have complex health needs. 	<ul style="list-style-type: none"> ▪ Accurate and specific information about local services and support networks is available throughout the catchment <p>Service providers will have access to:</p> <ul style="list-style-type: none"> ▪ a consistent and informed model of service delivery ▪ a delivery system that is responsive to the needs people with A&D issues ▪ a system based on identified and developed models of best practice ▪ a delivery system that will support people with A&D issues <ul style="list-style-type: none"> ▪ Service system is more responsive to the complex nature of alcohol & drug problems

CHRONIC ILLNESS

Goal	Objectives	Strategies	Impacts/Process
<p>Service Linkage Enhance the working relationship between Bendigo Loddon PCP and the broad range of agencies who provide services to persons with, or at risk of chronic illness</p>	<ul style="list-style-type: none"> ▪ Maximize the opportunities for developing a collaborative approach to planning & coordination of services to persons with or at risk of chronic illness 	<ul style="list-style-type: none"> ▪ Continue to ensure appropriate representation of service providers on a range of subcommittees and working groups ▪ Continue to support the development of “networks of interest” e.g. Diabetes Network ▪ Provide input into development of Hospital Admission Risk Program (HARP) projects through PCP EO and PCP member participation in the HARP Governance Group 	<ul style="list-style-type: none"> ▪ Increased participation in PCP of agencies who provide services to those with chronic illness ▪ Greater ability to share resources for marketing and health education ▪ Consistent approach to prevention activities across the PCP catchment
<p>Consumer Engagement Increase the involvement of persons with chronic illness in community, consumer, and carer engagement and consultation strategies</p>	<ul style="list-style-type: none"> ▪ Identify both formal and opportunistic ways of consulting with people who either have, or are at risk of chronic illness 	<ul style="list-style-type: none"> ▪ Continue to consult with member agencies to identify existing forums for consultation with persons living with chronic illness 	<ul style="list-style-type: none"> ▪ Positive contribution to PCP planning by those persons living with chronic illness
<p>GP Engagement Increase the opportunity for collaborative activities focused on the planning & coordination of services to persons with or at risk of chronic illness</p>	<ul style="list-style-type: none"> ▪ Identify opportunities for the exchange of information between GPs and other primary care agencies who provide services to persons with or at risk of a chronic illness 	<ul style="list-style-type: none"> ▪ Continue to work with Divisions of General Practice and general practice staff to maximize the opportunities for joint projects focused on health & well being issues as they relate to people who have, or are at risk of complex chronic illness ▪ Support divisions in roll out of the Commonwealth chronic disease initiative 	<ul style="list-style-type: none"> ▪ GPs working collaboratively with other primary care providers that promote improved health outcomes for those at risk or living with chronic illness ▪ PCP Integrated Health Promotion Framework aligns with the SNAP (Smoking Nutrition Alcohol Physical Activity) initiative.

CHRONIC ILLNESS

Goal	Objectives	Strategies	Impacts/Process
<p>Increase involvement of GPs with service coordination to enhance service outcomes for persons with chronic illness</p>	<ul style="list-style-type: none"> ▪ Encourage GPs in the use of SCTT tools, particularly referral and client information 	<ul style="list-style-type: none"> ▪ Utilize opportunities provided by the HARP projects to improve communication between GPs and other parts of the service system ▪ Conduct further workshops with GPs, allied health and other service providers focused on improving the uptake of EPC care planning focused on complex chronic illness ▪ Promote E-referral through Medical Director and use of PKI encryption 	<ul style="list-style-type: none"> ▪ Increased opportunities for GPs to use common service coordination tools
<p>Health Promotion Provide a coordinated approach to health promotion and illness prevention interventions focused on chronic illness.</p>	<ul style="list-style-type: none"> ▪ Maintain a community education strategy focused on the management and prevention of Chronic Heart Failure (CHF) Asthma and Depression in the Bendigo-Loddon catchment. ▪ Increase participation in physical activity as a preventative intervention for CHF, Asthma and Depression in the Bendigo-Loddon catchment. ▪ Build the capacity of the target groups to develop and sustain improvements in their social and physical environment that enable and encourage healthy behaviours and emotional wellbeing 	<p>See IHP program summary grid <i>LIFESTYLE</i></p>	<p>See IHP program summary grid <i>LIFESTYLE</i></p>
<p>Capacity Building</p> <ul style="list-style-type: none"> ▪ Continue to build knowledge and expertise around the prevention and management of chronic illness within the Partnership 	<p>Chronic Illness Working Group</p> <ul style="list-style-type: none"> ▪ Provide a forum for collaborative planning and coordinated workforce development. 	<ul style="list-style-type: none"> ▪ HARP and PCP Chronic Illness Working Groups to inform members of training opportunities and workshops ▪ Utilise HARP and PCP Chronic Illness Working Group as a forum for peer education and feedback form those 	<p>Demonstrated increase to capacity of agencies for health promotion and prevention activities targeted at people with chronic illness</p>

CHRONIC ILLNESS

Goal	Objectives	Strategies	Impacts/Process
	<p>Diabetes Network Project</p> <ul style="list-style-type: none"> ▪ Improve the capacity of the health service system to coordinate, deliver, manage and monitor services for the prevention and treatment of people at risk of or who have diabetes 	<p>who have undertaken training.</p> <ul style="list-style-type: none"> ▪ Adopt and implement Best Practice Guidelines for diabetes interventions and practice. ▪ Develop and distribute a diabetes service directory to enhance the referral process for practitioners working with patients with diabetes 	<ul style="list-style-type: none"> ▪ Adoption of agreed best practice guidelines for diabetes interventions and practice ▪ Consistent approach in implementation of guidelines
<p>Service Coordination</p> <p>Information Management</p> <ul style="list-style-type: none"> ▪ Increase access to health service information for persons with a chronic illness <p>Service Coordination Tool Templates (SCTT)</p> <ul style="list-style-type: none"> ▪ Ensure that SCTT are used in a manner that is responsive to persons with a chronic illness 	<ul style="list-style-type: none"> ▪ Identify avenues for the delivery of information appropriate to people with a chronic illness ▪ Determine the most appropriate method for delivery of service information to persons who have a chronic illness ▪ Encourage service providers to seek opportunities to enhance work practice related to those with a chronic illness ▪ Encourage service providers to utilize all relevant components of the SCTT tools when working with those who have a chronic illness ▪ Encourage referral, using the SCTT tools, to appropriate agencies and service providers who are supportive of clients with a chronic illness 	<ul style="list-style-type: none"> ▪ Provide information that is specific to the wide range of needs experienced by this target group ▪ Include service information collected by diabetes network on Connectingcare.com ▪ Continue to engage with consumers and service providers to ensure that information is provided in an appropriate manner that is sensitive to the needs of people living with a chronic illness ▪ Work with general practice staff to ensure that Care plans inform specific needs of those who have a chronic illness and make appropriate referrals to health services that have the capacity to deal with the broad range of needs 	<ul style="list-style-type: none"> ▪ Clients with a chronic illness from across the Bendigo – Loddon PCP catchment will have access to accurate and specific information about local services and support networks <p>Service providers will have access to:</p> <ul style="list-style-type: none"> ▪ a consistent and informed model of service delivery ▪ a delivery system that is responsive to the needs of clients with a chronic illness ▪ a system based on identified and developed models of best practice

CHRONIC ILLNESS

Goal	Objectives	Strategies	Impacts/Process
<p>Service coordination principles enhance client service quality and improve outcomes through improved care management</p>	<ul style="list-style-type: none"> ▪ Provide clients with a chronic illness, information about consent and privacy in a manner that is appropriate to meet their needs ▪ Encourage use of care planning when working with chronic illness 	<ul style="list-style-type: none"> ▪ Work with service providers to ensure that they have access to information that will enable them to provide the best level of care available to clients who have a chronic illness ▪ Support agencies to explore models of best practice when working with clients who have a chronic illness ▪ Work with agencies that provide primary care to people with chronic illness and encourage them in the practice of care planning where clients may have complex health needs. 	<ul style="list-style-type: none"> ▪ a delivery system that will support clients with a chronic illness ▪ Service system is more responsive to the complex nature of chronic illness
<p>Demand Management Separate the issues of emergency demand, and demand management of Chronic Illness</p> <p>Clarify the role the acute sector undertakes in managing emergency demand and the potential role for Community Health/Primary Care services in the demand management of Chronic Illness in the community.</p>	<ul style="list-style-type: none"> ▪ Reduce preventable hospital admissions, through the provision of coordinated community based prevention, management & treatment initiatives focused on chronic illness, in particular CHF and Chronic Obstructive Pulmonary Disease (COPD) 	<ul style="list-style-type: none"> ▪ Continue to progress discussions with BCHS, BHCG, Div GPs and other relevant players to identify further opportunities for collaborative activity ▪ PCP members participate in HARP working groups and Governance Group ▪ Integrate PCP health promotion activities with HARP projects 	<ul style="list-style-type: none"> ▪ Level of collaboration indicates improved service responses in demand management

MENTAL HEALTH

Goal	Objectives	Strategies	Impacts/Process
<p>Service linkage Enhance the working relationship between Bendigo Loddon PCP and Mental Health Services</p>	<ul style="list-style-type: none"> Identify roles and responsibilities for PCP & Mental Health Services Maximize the opportunities for collaborative work with Mental Health Services 	<ul style="list-style-type: none"> Continue to ensure appropriate representation of Mental Health services on a range of subcommittees and working groups Continue to work collaboratively with the Primary Mental Health Team (PMHT) Maintain PCP representation on PMHT stakeholder reference group and Community Mental Health Plan (CMHP) Implementation Group Maintain communication with Bendigo Community Women's Art Project 	<ul style="list-style-type: none"> Evidence of ongoing representation from relevant service providers PCP supporting the implementation of the CMHP
<p>Consumer Engagement Maintain the involvement of people who have experience in accessing mental health services in community, consumer and carer engagement and consultation strategies</p>	<ul style="list-style-type: none"> Identify both formal and opportunistic ways of consulting with people experiencing mental health issues 	<ul style="list-style-type: none"> Continue to consult with Mental Health Services to identify existing forums for consultation with the target group Participate in Mental Health Week 	<ul style="list-style-type: none"> Evidence of collaboration in planning and consultation initiatives
<p>GP Engagement Enhance the opportunities to develop a collaborative approach to addressing mental health service provision issues across the primary care sector</p> <p>Increase involvement of GPs with service coordination to enhance service outcomes for people with mental health issues</p>	<ul style="list-style-type: none"> Identify opportunities for the exchange of information between GPs and other primary care agencies who provide services to people with mental health issues Strengthen links with GP based mental health initiatives 	<ul style="list-style-type: none"> Continue to work with Divisions of GPs and maximize the opportunities for joint projects focused on health & well being issues as they relate to the target group Support referral process as part of Better Outcomes in Mental Health Project and More Allied Health Services projects 	<ul style="list-style-type: none"> Increase in GPs working collaboratively with mental health and primary care providers

MENTAL HEALTH

<p>Health Promotion Ensure that the Integrated Health Promotion (IHP) outcomes are enhanced through the consideration of the impact of mental health, and implementation of projects that respond to the identified needs of individuals & groups within the community</p>	<p>Youth Arts Project Improve the self confidence and self worth of at risk young people using the arts as a medium for self expression</p> <p>Being Proud: Strength and Esteem Building for Indigenous Youth Provides opportunities to the Indigenous community to increase the strength and esteem of Indigenous youth</p> <p>Bendigo Community Women's Art Project Provide an ongoing community women's art project that strengthens self-confidence and community connections for women through community cultural development</p>	<ul style="list-style-type: none"> ▪ Engage in issue, and project based consultation with a diverse range of young people ▪ Develop and implement a participant led project using photography as the medium ▪ Develop program in response to Many Aboriginal Voices Day ▪ Steering Group of Elders to oversee and participate in the program ▪ Provide a supportive environment for Indigenous young people by facilitating a series of events ▪ Provide and promote intergenerational learning, relationships and role models ▪ Maintain communication between PCP and Community Women's Art Steering Group 	<ul style="list-style-type: none"> ▪ Arts program development is responsive to identified need ▪ Increased level of consultation with young people ▪ Participants report increased self esteem and emotional wellbeing ▪ Indigenous youth provided with quality information and ongoing support ▪ Increased opportunities for women to participate in community cultural development which increases their self esteem and social connection
<p>Capacity Building Continue to build knowledge and expertise around mental health issues across the member agencies to enhance service responses to individuals and groups</p>	<ul style="list-style-type: none"> ▪ Develop a coordinated approach to mental health training 	<ul style="list-style-type: none"> ▪ Support the roll out of training provided by the PMHT to assist in identification and management of people with depression and anxiety ▪ Use PCP networks to promote mental health training opportunities and distribution of mental health information to increase mental health literacy ▪ Provide training to staff to improve identification and management of suicidal and self harming clients 	<ul style="list-style-type: none"> ▪ Successful take up of education packages amongst service providers ▪ Demonstrated increased knowledge and confidence of staff in identifying and managing clients with suicidal and self harming behaviours

MENTAL HEALTH

	<ul style="list-style-type: none"> Share learning from Health Promotion Projects 	<ul style="list-style-type: none"> Contribute to mental health training calendar in regional mental health newsletter “Connections” Participate in reference group for Mental health Aptitudes into Practice – statewide training project Utilise PCP newsletter, website, Partnership meetings and planning days to reflect on and share learnings. 	<p>Information sharing to include:</p> <ul style="list-style-type: none"> Increased opportunities for promoting women’s art and community cultural development and maximizing linkages with other PCP planning activities Mainstream services and Indigenous community learn from the group experience (Indigenous Youth Project)
<p>Service Coordination</p> <p>Information Management</p> <ul style="list-style-type: none"> Increase access to health service information for people with mental health issues 	<ul style="list-style-type: none"> Determine the most appropriate method for delivery of service information to people who use mental health services Encourage service providers to seek opportunities to enhance work practice related to mental health services 	<ul style="list-style-type: none"> Provide information that is specific to the wide range of needs experienced by this target group Continue to engage with consumers and service providers to ensure that information is provided in an appropriate manner that is sensitive to the needs of people who use mental health services 	<ul style="list-style-type: none"> Clients who use mental health services across the Bendigo Loddon PCP catchment will have access to accurate and specific information about local services and support networks
<p>Service Coordination Tool Templates (SCTT)</p> <p>Ensure that SCTT tools are responsive to people with mental health issues</p>	<ul style="list-style-type: none"> Encourage service providers to utilize all relevant components of the SCTT tools when working with people with mental health issues 	<ul style="list-style-type: none"> Work with service providers to ensure that they have access to information that will enable them to provide the best level of care available to clients who use mental health services Support agencies to explore models of best practice when working with clients who use mental health services 	<p>Service providers will have access to:</p> <ul style="list-style-type: none"> a consistent and informed model of service delivery a delivery system that is responsive to the needs of clients who use mental health services

MENTAL HEALTH

<p>Service coordination principles enhance client service quality and improve outcomes through improved care management</p>	<ul style="list-style-type: none"> ▪ Encourage referral, using the SCTT tools, to appropriate agencies and mental health service providers ▪ Incorporate the use of the SCTT tools and Practices, Processes & Protocols into the Regional Suicide Follow-up project ▪ Provide clients with information about consent and privacy in a manner that is appropriate to meet the needs of this client group ▪ Encourage use of care planning when working with people with a mental illness 	<ul style="list-style-type: none"> ▪ Work with ED staff and GPs to support the development and implementation of effective post discharge planning and follow up for suicidal and self harming clients, in line with the Regional project ▪ Work with agencies that provide primary care to people with a mental illness and encourage them in the practice of care planning where clients may have complex health needs. 	<ul style="list-style-type: none"> ▪ a system based on identified and developed models of best practice ▪ a delivery system that will support clients who use mental health services ▪ an effective follow up program for clients who are suicidal or self harming ▪ Service system is more responsive to the complex nature of mental illness
<p>Reduction of Demand Continue to explore opportunities to engage in collaborative projects focused on reducing hospital emergency demand</p>	<p>Effective Follow Up of Suicidal Clients of Hospital Emergency Departments Loddon Mallee Regional Project</p> <ul style="list-style-type: none"> ▪ Develop a service delivery system which has consistency of approach to ensuring adequate, appropriate and timely follow up of all clients who present with suicidal or self harming behaviours 	<ul style="list-style-type: none"> ▪ Develop regional common practices, processes and protocols related to following up clients who present to Emergency Departments ▪ Provide an overview of the regional system, including how Psychiatric Services Triage and Psychiatric Crisis Assessment Team (PCAT) services operate ▪ Identify regional training needs and workforce development issues ▪ Identify regional gaps in service delivery ▪ Engage GPs and all hospitals in implementation through local committee structures 	<p>An improved regional approach to identifying, assessing, managing and following up clients with suicidal and self harming behaviours.</p>

DIVERSITY

Goal	Objectives	Strategies	Impacts/Process
<p>Service linkage Enhance working relationship between Bendigo Loddon PCP and:</p> <ul style="list-style-type: none"> ▪ Culturally and Linguistically Diverse (CALD) Groups ▪ Bendigo and District Aboriginal Cooperative (BDAC) ▪ Agencies providing services to persons with disabilities and persons from CALD backgrounds. ▪ Women's Health Services ▪ People from diverse sexual backgrounds 	<ul style="list-style-type: none"> ▪ Identify roles and responsibilities for PCP and disability services, CALD services and women's health services ▪ Maximise the opportunity for collaborative work with disability services, CALD services and women's health services 	<ul style="list-style-type: none"> ▪ Continue to ensure appropriate representation of disability services, CALD services and women's health services on PCP working groups ▪ Enhance links with statewide CALD services ▪ Implement and update service linkage protocol for engagement between Bendigo Loddon PCP and Loddon Mallee Women's Health(LMWH) ▪ Maintain links with Disability Recreation Alliance ▪ Determine best opportunities for working with BDAC and indigenous community 	<ul style="list-style-type: none"> ▪ CALD, disability, women and indigenous services represented on PCP partnership ▪ Roles and responsibilities for PCP and LMWH clearly defined ▪ Links maintained with other disability initiatives ▪ BDAC has input into PCP initiatives
<p>Consumer Engagement Increase the involvement of people from diverse backgrounds</p>	<ul style="list-style-type: none"> ▪ Identify both formal and opportunistic ways for consulting with people from diverse backgrounds 	<ul style="list-style-type: none"> ▪ Incorporate outcomes from Many Aboriginal Voices day into Integrated Health Promotion Plan ▪ Continue to consult with CALD services to identify existing forums for consultation with people from this background ▪ Identify way to respond to findings and evaluation from women's CALD health days and consultations with members of Bendigo Regional Ethnic Communities Council ▪ Work with LMWH to identify existing forums for consultation with women ▪ Continue to consult with disability services to identify existing forums for consultation with people who either have or care for someone with a disability 	<ul style="list-style-type: none"> ▪ Community members contribute to PCP planning and activities

DIVERSITY			
Goal	Objectives	Strategies	Impacts/Process
	Diversity project <ul style="list-style-type: none"> Establish reach of health and community services to diverse populations in the Bendigo Loddon area 	<ul style="list-style-type: none"> Survey up to 50 community groups Analyse and report on survey findings 	<ul style="list-style-type: none"> Survey results resource and inform agencies implementing the Diversity Audit Tool
GP Engagement Support the work the Divisions of GPs are undertaking with the Indigenous community	<ul style="list-style-type: none"> Identify opportunities for the exchange of information between GPs and other primary care agencies who provide services to the Indigenous community 	<ul style="list-style-type: none"> Work with Divisions of General Practices to maximize opportunities for projects focused on the health and wellbeing of the Indigenous community 	<ul style="list-style-type: none"> GPs working collaboratively with other primary care services working with the Indigenous community including opportunities for expanding services of BDAC.
Health Promotion Ensure that Integrated Health Promotion outcomes take into consideration the diverse range of groups in the Bendigo Loddon catchment and respond to identified need	Women in Employment Project <ul style="list-style-type: none"> Increase awareness and maximize participation of women in paid employment in women's health programs Physical Activity <ul style="list-style-type: none"> Ensure that sport and recreation organizations are sensitive and responsive to persons with disabilities Being Proud: Strength and Esteem Building for Indigenous Youth <ul style="list-style-type: none"> The Indigenous community provides opportunities to increase the strength and esteem of Indigenous youth 	<ul style="list-style-type: none"> Provide cancer screening information to women in paid employment Encourage employers to provide opportunities for women to access health information in working hours Maintain link between PCP Physical Activity Consortium and Disability Recreation Alliance. Develop community, family and spiritual values Provide a supportive environment for Indigenous young people by facilitating a series of events Provide and promote intergenerational learning, relationships and role models 	<ul style="list-style-type: none"> Increased awareness of and opportunities for health promotion in the workplace Increased number of women from selected work places undertake cancer screening Improved access to health information for women An increased number of sport and recreation organizations demonstrate responsive practice for persons with disabilities Mainstream Service protocols developed for Indigenous focused family centred service response. Indigenous youth provided with quality information and ongoing support Mainstream services and Indigenous community learn from the group experience

DIVERSITY			
Goal	Objectives	Strategies	Impacts/Process
<p>Quality Improvement Develop and implement quality improvement initiatives that enhance service responses to people from diverse backgrounds</p>	<p>Diversity Project</p> <ul style="list-style-type: none"> Support agencies to use and implement the Diversity Audit Tool Evaluate the effectiveness of the tool 	<ul style="list-style-type: none"> Assess the cross cultural training needs of health service workers and managers in the PCP catchment Select 4 services to use the Diversity Audit Tool Provide workshops to assist with the implementation of the Tool 	<ul style="list-style-type: none"> Successful integration of tool in 4 member agencies
<p>Capacity Building Continue to build knowledge and expertise around responsiveness to diversity, in particular: gender; Same Sex Attracted Youth (SSAY); Gay Lesbian Bisexual Transgender & Intersexual (GLBTI); CALD groups and Indigenous People</p>	<p>Diversity Project</p> <ul style="list-style-type: none"> Create opportunities for action and reflection <p>Sexual Health Project</p> <ul style="list-style-type: none"> Create opportunities for collaborative planning and coordinated workforce development regarding sexual health 	<ul style="list-style-type: none"> Assist agencies to integrate Diversity Audit Tool into existing organizational quality system and business planning cycle Facilitate training and resource development using local expertise or statewide training on issues relating to gender, CALD, GLBTI people, SSAY and Indigenous people Explore opportunity for developing interventions in response to the impacts alcohol has on young people's risk taking behaviours and sexual health Provide or facilitate training for: sexual health providers, primary care providers and GPs Conduct research including community survey on sexual health behaviours Develop communication strategy to link the Sexual Health Task Group with the Youth Arts Network and the A&D working group 	<ul style="list-style-type: none"> Agencies using the Audit Tool are able to demonstrate actions taken in response to identified issues Increased number of staff undertake training Collaboration with A&D working Group and Sexual Health Network Increased knowledge of sexual health issues among health and community workers Information obtained able to inform planning
<p>Alternative Models of Service Delivery/ Access to services Increase access to responsive services for people from diverse backgrounds</p>	<p>Sexual Health Project</p> <ul style="list-style-type: none"> Encourage intersectorial partnerships that will increase access for the identified target groups Implement local initiatives that allow for the most appropriate ways to enhance the health and wellbeing of the identified target groups 	<ul style="list-style-type: none"> Maintain the Sexual Health Provider Network Conduct literature review and identify key elements of a best practice model. Develop action plan for the Sexual Health Provider Network 	<ul style="list-style-type: none"> Barriers to accessing services identified Coordinated service system response to sexual health issues for people from diverse backgrounds

DIVERSITY

Goal	Objectives	Strategies	Impacts/Process
	<p>Being Proud: Strength & Esteem Building for Indigenous Youth</p> <ul style="list-style-type: none"> Promote best practice for working with Indigenous communities 	<ul style="list-style-type: none"> Provide mainstream services guidelines on the spiritual, family and (Indigenous) Community values necessary for Indigenous Health Promotion and improved health outcomes. 	<ul style="list-style-type: none"> Indigenous youth linked to wider range of responsive mainstream and Aboriginal services
<p>Service Coordination Increase access to health service information for people from diverse backgrounds</p> <p>Ensure the Practices, Processes, Protocols and Systems supporting the use of Service Coordination Tool Templates (SCTT) are responsive to diversity</p> <p>Service coordination principles enhance client service quality and improve outcomes through improved care management</p>	<ul style="list-style-type: none"> Determine the most appropriate method for delivery of service information to people from diverse backgrounds including: <ul style="list-style-type: none"> people who have or care for people with disability CALD groups Encourage service providers to use all relevant components of SCTT when working with people from diverse backgrounds Encourage referral using SCTT to appropriate agencies who are supportive of clients from diverse backgrounds Provide clients with information about consent and privacy in a manner that is both responsive to and supportive of diversity that appropriately meets the need of the client. Encourage use of care planning when working with people from diverse backgrounds 	<ul style="list-style-type: none"> Develop a resource guide to sexual health services to be distributed to GPs and community based agencies Ensure that entries on Connectingcare.com are accurate and comprehensive Include women's health service information in local service directories Develop alternative methods of presentation of service directory data e.g. hard copy women's health service specific directory Liaise with specialist services to ensure comprehensive service information is included in all service directories. Work with agencies that provide primary care to clients from diverse backgrounds and encourage them in the practice of care planning where clients may have complex health needs. 	<ul style="list-style-type: none"> Sexual health service directory developed Service information is available in range of accessible formats Service information provides comprehensive information to people from diverse backgrounds Service providers collect and share information about clients in an appropriate manner. Service system is more responsive to the complex nature of diversity

SOCIO ECONOMICALLY DISADVANTAGED

Goal	Objectives	Strategies	Impacts/Process
<p>Service Linkage Enhance the working relationship between Bendigo Loddon PCP and the range of agencies that provide services to the socio economically disadvantaged.</p>	<ul style="list-style-type: none"> Identify roles and responsibilities for PCP & agencies who provide housing services and operate community houses Maximize the opportunities for collaborative work with agencies involved with the target group 	<ul style="list-style-type: none"> Continue to ensure appropriate representation of agencies who provide services to the target group on a range of subcommittees and working groups Develop the draft service linkage protocol with Loddon Mallee Housing Services Ensure membership of Youth Arts Network includes agencies who work with socio-economically disadvantaged youth 	<ul style="list-style-type: none"> Evidence of representation across all PCP groups Opportunities for collaborative work with Loddon Mallee Housing Services identified Increased opportunities for socio-economically disadvantaged youth to participate in arts projects
<p>Consumer Engagement Increase the involvement of people who are from lower socio economic backgrounds in community, consumer and carer engagement and consultation strategies.</p>	<ul style="list-style-type: none"> Identify both formal and opportunistic ways of consulting with the target group 	<ul style="list-style-type: none"> Continue to consult with relevant service providers to identify existing forums for consultation with the target group Incorporate consultation from Neighbourhood Renewal Project into PCP planning and activities 	<ul style="list-style-type: none"> Evidence of contributions to planning from members of target group
<p>GP Engagement Increase the awareness amongst GPs of the needs and social determinants of health as they relate to persons from socially and economically disadvantaged communities.</p>	<ul style="list-style-type: none"> Identify opportunities for the exchange of information between GPs and other primary care agencies who provide services to the target group Identify opportunities to increase access for socio-economically disadvantaged people to access GPs 	<ul style="list-style-type: none"> Continue to work with Divisions of GPs to maximize the opportunities for joint projects focused on health & well being issues as they relate to the target group Assist in GP workforce planning 	<ul style="list-style-type: none"> Projects demonstrate GP involvement in planning and implementation Partnership contributes to response to GP workforce issues

SOCIO ECONOMICALLY DISADVANTAGED

Goal	Objectives	Strategies	Impacts/Process
Increase involvement of GPs with service coordination to enhance service outcomes for people from socially and economically disadvantaged communities	<ul style="list-style-type: none"> ▪ Encourage GPs in the use of SCTT tools, particularly referral and client information 	<ul style="list-style-type: none"> ▪ Promote E-referral through Medical Director and use of PKI encryption 	<ul style="list-style-type: none"> ▪ Increased opportunities for GPs to use common service coordination tools
<p>Health Promotion Ensure that the Integrated Health Promotion (IHP) outcomes are enhanced through:</p> <ul style="list-style-type: none"> ▪ consideration of the impact of socio & economic disadvantage ▪ implementation of projects that respond to the identified needs of individuals & groups within the community 	<p>Physical Activity</p> <ul style="list-style-type: none"> ▪ Improve access to environments where physical activity occurs ▪ Increase opportunities to engage in physical activity <p>Neighbourhood Renewal Project Support implementation of Community Action Plans</p> <p>Youth Arts Network Improve the self-confidence and self worth of at-risk young people using the arts as a medium for self-expression</p>	<ul style="list-style-type: none"> ▪ Facilitate the coordinated expansion of Strength Training ▪ Enhance walking environments and increase awareness of the benefits of walking ▪ Contribute to local government plans to develop environments for physical activity ▪ Work with the Neighbourhood Renewal project to respond to identified community need and implement actions from the Community Action Plan ▪ Strengthen the capacity of members and member agencies to implement arts projects ▪ Facilitate opportunities for young people to engage in positive self expression through the arts 	<ul style="list-style-type: none"> ▪ Increased number of persons engaging in physical activity ▪ Increased numbers of people from Long Gully and Eaglehawk participating in physical activity ▪ Increased opportunities for at risk youth to participate in arts health promotion programs ▪ Enhanced confidence and social connectedness of participants
<p>Capacity Building Increase opportunities to report on the capacity of community cultural development processes to address the socio-economic barriers faced by women who have experienced sexual assault and domestic violence.</p>	<p>Bendigo Community Women's Art Project Promote outcomes from Community Women's Art project</p>	<ul style="list-style-type: none"> ▪ Maintain communication between PCP and Women's Community Art Steering Group ▪ Include responses from participants in PCP planning 	<ul style="list-style-type: none"> ▪ Increased opportunity for women who have experienced sexual assault and domestic violence to be heard ▪ Increased understanding of community cultural development

SOCIO ECONOMICALLY DISADVANTAGED

Goal	Objectives	Strategies	Impacts/Process
<p>Service Coordination</p> <p>Information Management</p> <ul style="list-style-type: none"> ▪ Increase access to health service information for the socio economically disadvantaged <p>Service Coordination Tool Templates (SCTT)</p> <ul style="list-style-type: none"> ▪ Ensure that SCTT tools are used in a manner responsive to socio-economically disadvantaged people <p>Service coordination principles enhance client service quality and improve outcomes through improved care management</p>	<ul style="list-style-type: none"> ▪ Identify avenues for the delivery of information appropriate to people who are socio-economically disadvantaged ▪ Determine the most appropriate method for delivery of service information to people who are socio-economically disadvantaged ▪ Encourage service providers to utilize all relevant components of the SCTT tools when working with people who are socio economically disadvantaged ▪ Encourage referral, using the SCTT tools, to appropriate agencies and service providers who are supportive of clients who are socio economically disadvantaged ▪ Provide socio economically disadvantaged clients with information about consent and privacy in a manner that is appropriate to meet the needs of this client group ▪ Encourage use of care planning when working with socio economically disadvantaged clients 	<ul style="list-style-type: none"> ▪ Provide information that is specific to the wide range of needs experienced by this target group ▪ Continue to engage with consumers and service providers to ensure that information is provided in an appropriate manner that is responsive to the needs of people who experience socio-economic disadvantage ▪ Work with service providers to ensure that they have access to information that will enable them to provide the best level of care available to clients who are living with socio-economic disadvantage ▪ Support agencies to explore models of best practice when working with this client group ▪ Work with agencies who provide primary care to socio economically disadvantaged persons and encourage them in the practice of care planning where clients may have complex health needs. 	<ul style="list-style-type: none"> ▪ Accurate and specific information about local services and support networks is available throughout the catchment <p>Service providers will have access to:</p> <ul style="list-style-type: none"> ▪ a consistent and informed model of service delivery ▪ a delivery system that is responsive to the needs of socio-economically disadvantaged clients ▪ a system based on identified and developed models of best practice ▪ a delivery system that will support socio-economically disadvantaged clients ▪ Service system more responsive to the complex nature of health for socio economically disadvantaged persons

YOUNG PEOPLE

Goal	Objectives	Strategies	Impacts/Process
<p>Service linkage Enhance the working relationship between Bendigo Loddon PCP and agencies that provide services to, or engage with young people</p>	<ul style="list-style-type: none"> ▪ Identify roles and responsibilities for PCP & Youth Services ▪ Maximize the opportunities for collaborative work between Bendigo Loddon PCP, Youth Services and Education Sector 	<ul style="list-style-type: none"> ▪ Continue to ensure appropriate representation of Youth & Education services on a range of subcommittees and working groups ▪ Continue to link with School Nurses and School Focused Youth Service Coordinators to identify opportunities for collaborative or complementary activities ▪ Continue to build relationship with B-Central facility ▪ Provide regular updates to Loddon Youth Network 	<ul style="list-style-type: none"> ▪ Youth services represented on PCP membership ▪ Links established with a range of agencies & practitioners involved with young people
<p>Consumer Engagement Increase the involvement of young people in community and consumer engagement and consultation strategies</p>	<ul style="list-style-type: none"> ▪ Identify both formal and opportunistic ways of consulting with young people 	<ul style="list-style-type: none"> ▪ Continue to consult with Youth Services to identify existing forums for consultation with young people. ▪ Ensure that all projects have engagement and consultation mechanisms that are appropriate for young people 	<ul style="list-style-type: none"> ▪ Young people contribute to PCP planning and activities
<p>GP Engagement Increase the awareness amongst GPs of the needs and social determinants of health as they relate to health of young people</p> <p>Increase involvement of GPs with service coordination to enhance service outcomes for young people</p>	<ul style="list-style-type: none"> ▪ Identify opportunities for the exchange of information between GPs and other primary care agencies who provide services to young people ▪ Encourage GPs in the use of SCTT tools, particularly referral and client information 	<ul style="list-style-type: none"> ▪ Continue to work with GPs to maximize the opportunities for joint projects focused on the health & well being of young people ▪ Promote availability of emergency medical services for young people ▪ Promote E-referral through Medical Director and use of PKI encryption 	<ul style="list-style-type: none"> ▪ PCP projects focused on the health and well being of youth have GP input ▪ Better access to youth friendly medical services ▪ Increased opportunities for GPs to use common service coordination tools

YOUNG PEOPLE

Goal	Objectives	Strategies	Impacts/Process
<p>Health Promotion Ensure the Integrated Health Promotion (IHP) outcomes are enhanced through:</p> <ul style="list-style-type: none"> ▪ consideration of the impact of both psychosocial and physiological factors ▪ implementation of projects that respond to the identified health needs of young people living in rural communities 	<p>Being Proud: Strength and Esteem Building for Indigenous Youth</p> <ul style="list-style-type: none"> ▪ The Indigenous community provides opportunities to increase the strength and esteem of Indigenous youth 	<ul style="list-style-type: none"> ▪ Provide a supportive environment for Indigenous young people by facilitating a series of events ▪ Provide and promote intergenerational learning, relationships and role models ▪ Develop mainstream service protocols for Indigenous focused family centred service response. 	<ul style="list-style-type: none"> ▪ Indigenous youth provided with quality information and ongoing support ▪ Mainstream services and Indigenous community learn from the group experience ▪ Community, family and spiritual values enhanced.
<p>Health Promotion cont</p>	<p>Youth Arts Project</p> <ul style="list-style-type: none"> ▪ Improve the self-confidence and self-worth of at-risk young people using the arts as a medium for self-expression. ▪ Provide a platform for a coordinated approach to the application of arts in health promotion practice. 	<ul style="list-style-type: none"> ▪ Strengthen Youth Arts Network membership ▪ Promote the network at local, regional and state levels ▪ Enhance organizational knowledge of arts as a health promotion intervention ▪ Strengthen the capacity of members and member agencies to implement arts projects ▪ Identify research opportunities and explore partnership development options ▪ Facilitate opportunities for young people to engage in positive self expression through the arts 	<ul style="list-style-type: none"> ▪ Increased local knowledge of arts and health promotion benefit ▪ Increased understanding of arts & health promotion practice and capacity of network members ▪ Increased opportunities for at risk youth to participate in arts health promotion programs ▪ Enhanced confidence and social connectedness of participants

YOUNG PEOPLE

Goal	Objectives	Strategies	Impacts/Process
	<p>Alcohol and Drug Education and Prevention Enhance A&D education and prevention activity utilising a whole of community approach.</p>	<ul style="list-style-type: none"> ▪ Support youth events based A&D education and prevention ▪ Implement <i>Talk It Up</i> Project ▪ Develop alternative models of education and prevention resource promotion e.g. electronic newsletter and printed information sheets ▪ Strengthen links and pursue opportunities to work with education based staff/settings on A&D prevention and education initiatives 	<ul style="list-style-type: none"> ▪ A&D Working Group linked with local initiatives e.g. FREEZA and Safe Cities ▪ Community engaged in dialogue on A&D issues and provided with opportunities for creative communication ▪ A&D resources produced and disseminated ▪ Discussions held with DE&T ▪ Opportunities for resource development identified
<p>Service Coordination</p> <p>Information Management</p> <ul style="list-style-type: none"> ▪ Increase access to health information for young people 	<ul style="list-style-type: none"> ▪ Include youth specific service information in Local Service Directories ▪ Provide youth focused information in format and locations that are accessible ▪ Determine the most appropriate method of delivery of service information ▪ Encourage service providers to seek opportunities to enhance work practice related to youth focused services 	<ul style="list-style-type: none"> ▪ Produce service information in a range of appropriate formats that are acceptable to and accessible for the target audience e.g. school diary, youth developed Quit resource and A & D performance based project ▪ Continue to engage with consumers and service providers to ensure that information is provided in an appropriate and effective manner for young people ▪ Work with service providers to identify the comprehensive range of services that are specific to and supportive of young people ▪ Include information from sexual health project in updated version of CAV (Creating A Vision) card funded by Bendigo & Dist DGP & LMWH 	<ul style="list-style-type: none"> ▪ Accurate and specific information about appropriate youth focused local health services and support networks is available throughout the catchment

YOUNG PEOPLE

Goal	Objectives	Strategies	Impacts/Process
<p>Service Coordination tool templates (SCTT)</p> <ul style="list-style-type: none"> ▪ Ensure that SCTT tools are responsive to the requirements of youth focused services <p>Service coordination principles enhance client service quality and improve outcomes through improved care management</p>	<ul style="list-style-type: none"> ▪ Encourage service providers to utilize all relevant components of the SCTT tools when working with young people ▪ Encourage referral, using the SCTT tools, to appropriate agencies and service providers who are supportive of and have activities focused on the needs of youth ▪ Encourage use of care planning when working with young people 	<ul style="list-style-type: none"> ▪ Work with service providers to ensure that they have access to information that will enable them to provide the best level of care and range of supports focused on the needs of young people ▪ Support agencies to explore models of best practice when working with young people ▪ Work with agencies that provide primary care to young persons and encourage them in the practice of care planning where clients may have complex health needs. 	<p>Service providers will have access to:</p> <ul style="list-style-type: none"> ▪ a consistent and informed model of service delivery ▪ a delivery system that is responsive to the needs of youth ▪ a system based on identified and developed models of best practice ▪ a delivery system that is supportive of the youth in our communities ▪ Service system more responsive to the needs of young people

CHILDREN AND FAMILIES

Goal	Objectives	Strategies	Impacts/Process
<p>Service Linkage Enhance the working relationship between Bendigo Loddon PCP and child and family services.</p>	<ul style="list-style-type: none"> ▪ Identify roles and responsibilities for PCP & child and family services ▪ Maximize the opportunities for collaborative work with child and family services 	<ul style="list-style-type: none"> ▪ Ensure appropriate representation of child and family services on a range of subcommittees and working groups ▪ Identify existing forums where consultation with child and family services can occur, and facilitate opportunities for complementary or collaborative activities 	<ul style="list-style-type: none"> ▪ Comprehensive representation of services on relevant groups and activities undertaken demonstrate collaboration
<p>Consumer Engagement Increase the involvement of parents of young children in community, consumer and carer engagement and consultation strategies</p>	<ul style="list-style-type: none"> ▪ Identify both formal and opportunistic ways of consulting with parents of young children ▪ Ensure that children's perspective on health and well being are considered in the development of PCP activities 	<ul style="list-style-type: none"> ▪ Continue to consult with agencies who provide children's services to identify existing forums for consultation ▪ Incorporate the consultations from Neighbourhood Renewal Project into PCP planning and activities 	<ul style="list-style-type: none"> ▪ Parents contribute to PCP planning re issues that affect children & families ▪ Children's views of health and wellbeing contribute to the partnership's understanding of their needs
<p>Health Promotion Ensure that the Integrated Health Promotion (IHP) produces improved health outcomes for children and families</p> <p>Promote the integration of health promoting practice into schools and other settings used by children</p>	<p>Physical Activity</p> <ul style="list-style-type: none"> ▪ Improve access to environments where physical activity occurs ▪ Enhance the links between schools and sports and recreational facilities <p>Develop a chronic illness community education strategy that includes children, parents and teachers</p> <p>Neighbourhood Renewal Project</p> <ul style="list-style-type: none"> ▪ Increase the knowledge of healthy eating options and strengthen community and family relationships 	<ul style="list-style-type: none"> ▪ Include primary school age children as a target group of the Bendigo Loddon Walking Strategy ▪ Conduct forums for 30 primary schools to develop opportunities for more students to walk ▪ Follow-up on distribution of asthma kits to all 51 primary schools ▪ Provide education sessions targeting teachers, parents & young children focused on asthma awareness and management ▪ Work with the Eaglehawk community as part of the Neighbourhood Renewal Project to conduct healthy eating classes for parents and children 	<ul style="list-style-type: none"> ▪ Increased number of children participating in physical activity ▪ Increased awareness of asthma prevention and management amongst children, their parents and teachers ▪ Increased access to appropriate educational resources related to asthma ▪ Increased knowledge of healthy eating options

CHILDREN AND FAMILIES

Goal	Objectives	Strategies	Impacts/Process
<p>Capacity Building Support service providers in Loddon to develop a framework for their response to the needs of children and families</p>	<p>Develop a framework for Loddon service providers</p>	<ul style="list-style-type: none"> ▪ Utilize 'Strengthening Families and Communities' document and community plans to support development of MPHP for Loddon Shire ▪ Facilitate East Loddon community network to ensure strategic use of Drought Social Recovery funds ▪ Provide links to other programs and funding options 	<ul style="list-style-type: none"> ▪ Loddon Shire has a framework for delivery of services to improve the health and wellbeing of children and families
<p>Service Coordination</p> <p>Information Management</p> <ul style="list-style-type: none"> ▪ Increase access to health service information to support the needs of children and families <p>Service Coordination Tool templates (SCTT)</p> <ul style="list-style-type: none"> ▪ Ensure that SCTT tools are responsive to the needs of children 	<ul style="list-style-type: none"> ▪ Determine the most appropriate method for delivery of service information to ensure adequate information is available to child and family services ▪ Encourage service providers to seek opportunities to enhance work practice related to those who provide child and family services ▪ Encourage service providers to utilize all relevant components of the SCTT tools when working with children ▪ Encourage referral, using the SCTT tools, to appropriate agencies & service providers who are supportive of children ▪ Provide child and family services with information about consent and privacy in a manner that is appropriate to meet their needs 	<ul style="list-style-type: none"> ▪ Provide information that is specific to the wide range of needs experienced by this target group ▪ Continue to engage with consumers and service providers to ensure that information is provided in an appropriate manner that is sensitive to the needs of children and families and those who support them ▪ Work with service providers to ensure that they have access to information that will enable them to provide the best level of care available to children and those who care for them ▪ Support agencies to explore models of best practice when working with children & those who support them 	<ul style="list-style-type: none"> ▪ Accurate and specific information about local services and support networks is available throughout the catchment <p>Service providers will have access to:</p> <ul style="list-style-type: none"> ▪ a consistent and informed model of service delivery ▪ a delivery system that is sensitive to needs of children and families ▪ a system based on identified and developed models of best practice ▪ a delivery system that will support children and those who support them

CHILDREN AND FAMILIES

Goal	Objectives	Strategies	Impacts/Process
<ul style="list-style-type: none"> ▪ Service coordination principles enhance client service quality and improve outcomes through improved care management 	<ul style="list-style-type: none"> ▪ Encourage use of care planning when working with children & families 	<ul style="list-style-type: none"> ▪ Work with agencies that provide primary care to children & families and encourage them in the practice of care planning where clients may have complex health needs. 	<ul style="list-style-type: none"> ▪ Service system is more responsive to the complex nature of child & family care

ENVIRONMENT			
Goal	Objectives	Strategies	Impacts/Process
<p>Service linkage Enhance the working relationship between Bendigo Loddon PCP and agencies who deliver services associated with socio-environmental health</p>	<ul style="list-style-type: none"> Identify roles and responsibilities for PCP & Environmental Services Maximize the opportunities for collaborative activity with appropriate stakeholders 	<ul style="list-style-type: none"> Continue to ensure appropriate representation of Environmental services on subcommittees and working groups Establish links with local, state and national Environmental organisations to identify opportunities for collaborative endeavours Support partnership between Loddon Mallee Women's Health and Central Victorian Energy Alliance PCP to establish working relationship with Central Victorian Greenhouse Alliance 	<ul style="list-style-type: none"> Environmental services are represented on PCP membership or aware of PCP activities
<p>Health Promotion Ensure that the IHP outcomes are enhanced through the consideration of the impact of socio environmental issues, and the implementation of projects that respond to identified community need</p>	<p>Workplace Energy Project</p> <ul style="list-style-type: none"> Explore the ways in which the partnership can adopt energy efficient work practices and environments <p>Physical Activity Develop links with local government to enhance environments for physical activity</p>	<ul style="list-style-type: none"> Member agencies who have completed energy audit share findings with partnership Encourage more member agencies to undertake energy audit Physical Activity Consortium member participation in City of Greater Bendigo Open Space Strategy and Bicycle Strategy 	<ul style="list-style-type: none"> Audits completed and key findings published City of Greater Bendigo and Shire of Loddon plans acknowledge impacts the physical and natural environment have on health Plans in place for changes to environment which will include opportunities and access for physical activity
<p>Capacity Building Build knowledge around the social model of health, its application in Public Health Planning and the role that Health Promoting practice plays in building healthy communities</p>	<p>Environments for Health Project Establish a framework for strategic planning that is informed by both local government, community leaders and health and well being service providers</p> <ul style="list-style-type: none"> Prevent duplication of planning efforts at the local level 	<ul style="list-style-type: none"> Completion of the collaborative Good Practice Project: "Bendigo Community Leaders Planning Process" (COGB, Bendigo Loddon PCP, Safe City Forum) Develop protocol that outlines the relationship between the Municipal Public Health Plans (MPHP) and the Community Health Plan 	<ul style="list-style-type: none"> Development of MPHPs that are a result of collaborative planning and reflective of a multi sectorial approach

ENVIRONMENT			
Goal	Objectives	Strategies	Impacts/Process
	<ul style="list-style-type: none"> Promote a partnership approach that will enable more effective contributions to other planning processes 	<ul style="list-style-type: none"> Contribute to development of MPHP for Shire of Loddon 	
	<ul style="list-style-type: none"> Introduce a social model of health into public health planning Provide professional development opportunities for a range of personnel in the local government sector to increase their knowledge of Health Promotion 	<ul style="list-style-type: none"> Maintain links with Good Practice Project Shared Learnings Network and distribute findings from the evaluation of the projects conducted by Centre for Health Program Evaluation Undertake shared consultations for the development of the Municipal Public Health Plan & CHP Continue representation on advisory groups responsible for the development of the MPHP & CHP Include Local Government in Integrated Health Promotion Capacity Building Strategy focused on Health promotion Practice Utilize resources developed for Leading the Way 	<ul style="list-style-type: none"> Comprehensive representation and coordinated approach to public health planning Evidence in council planning of impacts all areas have on health and wellbeing
<p>Service Coordination</p> <p>Information Management</p> <ul style="list-style-type: none"> Provide a comprehensive service directory that is responsive to the requirements of those who use it and incorporates information that is not traditionally viewed as health related 	<ul style="list-style-type: none"> Utilize local service directory to raise awareness of environmental services 	<ul style="list-style-type: none"> Develop electronic links with appropriate environmental services e.g. Parks Victoria to facilitate access to information that is relevant to the undertaking of the Physical Activity Consortium 	<ul style="list-style-type: none"> Provision of information to assist in the improvement of consumer outcomes through a greater awareness of environmental issues and services

INFORMATION & COMMUNICATION TECHNOLOGY (ICT)

Goal	Objectives	Strategies	Impacts/Process
Service Linkage Enhance the working relationship between the Bendigo Loddon PCP and primary care sector in the Loddon Mallee region participating in the ICT Strategy.	<ul style="list-style-type: none"> ▪ Develop Information management and technology solutions to improve connectivity within the PCP and the broader Loddon Mallee Region ▪ Maximize the opportunities for collaborative projects ▪ Ensure responsible investment in IT solutions for maximum returns 	<ul style="list-style-type: none"> ▪ Continue to ensure the involvement of members with appropriate Information Management (IM) /Information Technology (IT) expertise on working groups and sub committees. ▪ Participate in the LMR “whole of health governance arrangements” ▪ Ensure that smaller agencies are represented in discussions and planning at all levels. 	<ul style="list-style-type: none"> ▪ Bendigo Loddon PCP represented on Board of Management for ICT.
Consumer Engagement Increase the involvement of consumers in identifying priorities for IM/IT planning	<ul style="list-style-type: none"> ▪ Identify both formal and opportunistic ways of consulting with service users regarding IM/IT issues 	<ul style="list-style-type: none"> ▪ Plan for eventual roll out of Connectingcare.com (CCC) to the public which includes mechanism for feedback 	<ul style="list-style-type: none"> ▪ PCP working group has plans to take service directory to the next stage of consumer involvement.
GP Engagement Increase the awareness among GPs of the benefits of IM/IT developments. Encourage best practice in quality referral	<ul style="list-style-type: none"> ▪ Ensure that the IM/IT issues of GPs are considered in planning & development of IM/IT solutions ▪ Encourage GPs in the use of SCTT tools, particularly referral and client information 	<ul style="list-style-type: none"> ▪ Continue to work with Divisions of GPs and support their representation on sub committees and working groups ▪ Target GP practice managers, nurses and reception staff to increase GP awareness of CCC ▪ Promote E-referral through Medical Director and use of PKI encryption 	<ul style="list-style-type: none"> ▪ GP perspectives included in IM/IT developments ▪ Increased opportunities for GPs to use common service coordination tools
Service Coordination Local Service Directory Ensure consumers, community, member agencies and associated services have access to a local service directory	<ul style="list-style-type: none"> ▪ Develop a local service directory in a variety of formats to meet the information needs of the various target audiences 	<ul style="list-style-type: none"> ▪ Provide service information in whatever format is considered appropriate by the particular target audience e.g. CAV card, hard copy, CD, internet 	<ul style="list-style-type: none"> ▪ Improved access to accurate, appropriate, comprehensive and consistent information across the catchment

INFORMATION & COMMUNICATION TECHNOLOGY (ICT)

Goal	Objectives	Strategies	Impacts/Process
<p>Service Coordination Tool templates (SCTT) Ensure progressive implementation of the SCTT tools across the PCP member agencies</p>	<ul style="list-style-type: none"> ▪ Ensure information in the service directory is accessible, accurate and reliable ▪ Develop a systematic approach, based on best practice, to support the use of the service directory as a referral and care planning tool between service providers, including GPs ▪ Ensure Service sector remains informed of developments to service directories ▪ Ensure implementation of the SCTT tools is based on best practice model and standards ▪ Ensure uptake of the tools across the specific service sector (HACC, ACAS, DNS, A&D) in the initial phase of implementation 	<ul style="list-style-type: none"> ▪ Implement agreed data maintenance system between participating service agencies and program manager, ConnectingCare.Com ▪ Develop mechanisms for feedback from agencies for data update ▪ Monitor and review data quality on local service directory ▪ Expand database scope to broader range of agencies ▪ Provide workforce development across member agencies to support the use of the local service directory as a client information management and referral tool ▪ Provide ongoing internal staff training by service coordination trained key workers ▪ Develop local publicity campaign to expand use of CCC among agencies and community members ▪ Conduct review of uptake in agencies of CCC use ▪ Participate CCC user group & strategic group ▪ Provide regular information and updates to key workers ▪ Ongoing development, in collaboration with the sector, of best practice standards to support the implementation of the SCTT tools ▪ Provision of training to member agency staff to support the integration of the SCTT tools and electronic referral into everyday practice 	<ul style="list-style-type: none"> ▪ Consumers/communities will have access to appropriate service information in a format that is meaningful to them ▪ Service providers (including GPs) will have access to an up to the minute service directory that has the capacity to transfer client information in a secure electronic environment ▪ Improve usability of CCC for GPs ▪ Improved consumer outcomes facilitated by the implementation of consistent, standards based practice across the primary health care sector

INFORMATION & COMMUNICATION TECHNOLOGY (ICT)

Goal	Objectives	Strategies	Impacts/Process
	<ul style="list-style-type: none"> ▪ Support Divisions of GP in the development of practice models that will ensure a consistent local approach to Care Planning and referral across the service sector 	<ul style="list-style-type: none"> ▪ Collaborate with Divisions to ensure appropriate systems are developed to incorporate SCTT tools and electronic referral into current information management systems ▪ Promote benefits of encryption for privacy of information flow and support agencies to subscribe to Public Key Infrastructure (PKI) 	

Integrated Health Promotion Strategy 2003/04

The Bendigo Loddon PCP Health Promotion Working group has undertaken a very comprehensive planning and review process in preparing the third Integrated Health Promotion Strategy. Not unlike other working groups within the partnership, our membership has been dynamic, with representatives from a wide range of agencies participating at different times, in projects that both reflect and acknowledge diversity as a significant strength of this PCP. The task groups have been led by agencies with a key interest in their designated project areas, and considerable progress has been made in ensuring that, in keeping with the goals of the primary care partnership strategy, agencies are now beginning to take carriage of the Integrated Health Promotion Strategy. This is evident as we review both the process and outcomes of the last twelve months, and also in the way in which planning has been led, as opposed to passively influenced by member agencies.

The first planning day held in November last year captured our experiences and shared learning as we reviewed progress to date. Over thirty people, including consumers, attended this session, contributing in various ways to both the evidence and knowledge of the health and wellbeing issues of Bendigo Loddon communities to inform our priority setting and form the basis of our planning. Priority health issues and target groups were determined using a range of mechanisms. Data was gathered from a number of sources and data sets including the Burden of Disease, Ambulatory Care Sensitive Conditions Study and national, state and regional policies and reports. The group also explored the potential interface of the IHP with other initiatives within the Bendigo Loddon catchment including the Hospital Admission Reduction Program (HARP) and Neighbourhood Renewal projects.

The 2003/04 Integrated Health Promotion reflects the strategic directions of the partnership, again demonstrating a significant commitment to capacity building, chronic illness prevention and interventions, and education and prevention focussed on the issue of Alcohol & Drugs. The integrated framework utilised is articulated in the following tables and should be read in conjunction with the Community Profile. In keeping with the integrated nature of this framework, the tables should only be seen as a summary of the overall plan, with the interventions or strategies informing the development of action plans for the following task groups: Diversity, Health Promotion Capacity Building, Chronic Illness, Physical Activity Consortium, Alcohol and Drug, Youth Arts Network and Indigenous Youth.

Integrated Health Promotion Program Summary Grid
LIFESTYLE

Program Goal: To provide a coordinated approach to the delivery of health promotion and illness prevention interventions focussed on chronic illness in the Bendigo Loddon catchment

Population Target Group/s: Men, Indigenous Community, Cultural and Linguistically Diverse groups, Socioeconomic Disadvantaged persons, Loddon Communities

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency
<p>Objective: 1 Maintain a community education strategy focussed on the management and prevention of:</p> <ul style="list-style-type: none"> • Chronic Heart Failure (CHF) • Asthma/Chronic Obstructive Pulmonary Disease (COPD) and • Depression <p>in the Bendigo Loddon Catchment.</p>	<p>Health Education and Skill Development Develop a Bendigo-Loddon QUIT strategy</p> <p>Enhance the co-ordinated and collaborative approach to health education within the Bendigo-Loddon catchment focussed on CHF, Asthma/COPD and Depression</p> <p>Community Action Provide opportunities for self-help groups to reinforce healthy behaviours after formal courses are completed</p> <p>Screening, individual risk assessment and immunisation</p> <ul style="list-style-type: none"> ▪ Provide heart health screening using a range of settings ▪ Utilise the screening process as a tool of engagement and education ▪ Utilise peer support to build the capacity of member agencies to undertake screening in the context of engagement, assessment and education 	<ul style="list-style-type: none"> ▪ Regional QUIT strategy developed ▪ Increased access to information by community members and health care professionals of prevention and management of CHF, Asthma/COPD & Depression ▪ Regional response to prevention and management of CHF, Asthma/COPD & Depression ▪ Consolidation of community education ▪ Increased number of individuals with risk factors identified and provided with referral pathways and follow up ▪ Evaluation and data collected from screening informs PCP planning ▪ Enhanced peer support and mentoring of rural/remote health workers via member organisations screening days ▪ Increased capacity of local health care workers in early intervention techniques in regard to identified chronic illnesses 	<p>No. of QUIT participants No. of health care providers trained as QUIT facilitators</p> <p>No. of people who have access to information No. of schools participating in asthma education</p> <p>No. of new self help groups No. of referrals to existing self help groups</p> <p>No. of screening sessions No. of individuals followed up Range of settings Health care workers from 4 agencies</p>	<p>July 2003 – May 2004 BCHS</p> <p>July 2003- May2004 HARP PCP Chronic Illness Task Group</p> <p>Ongoing</p> <p>July 2003– May 2004 Chronic Illness Task Group</p>

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency
	<p>Social marketing / Health Information Ensure the PCP marketing strategy interfaces with the range of other chronic illness initiatives in the catchment including the Hospital Admissions Risk Program (HARP) and health promotion weeks.</p> <p>Work Force Development</p> <ul style="list-style-type: none"> ▪ Conduct mapping of mental health promotion activities. ▪ Determine capacity of workforce for mental health promotion ▪ Replicate chronic illness self management group in communities outside of Bendigo <p>Organisational Development Explore opportunities in Community Mental Health Plan (CMHP) that relate directly to health promotion.</p>	<ul style="list-style-type: none"> ▪ Consistent information and resources within the Bendigo Loddon catchment. ▪ Coordinated response to mental health issues in Bendigo Loddon ▪ Ability to target programs and training opportunities ▪ Improved access to chronic disease self management for rural communities ▪ Impacts will be consistent with CMHP targets 	<p>Print runs Circulations of materials</p> <p>PCP member agencies</p> <p>No. of groups established No. of participants</p> <p>To be determined</p>	<p>Chronic Illness Task Group</p> <p>July 2003 – May 2004 Health Promotion Working Group</p> <p>Centre for Rural Mental Health Health Promotion Working Group Chronic Illness Task Group</p> <p>Ongoing – May 2004 Rural Integrated Primary Care Psychiatry Program and stakeholder agencies</p>
<p>Objective: 2 Increase the participation in physical activity as a preventative intervention to reduce risk factors and enhance health outcomes associated with</p> <ul style="list-style-type: none"> ▪ Chronic Heart Failure ▪ Chronic Obstructive 	<p>Health Education and Skill Development Increase awareness of the benefits of physical activity</p> <p>Social Marketing Provide and utilise opportunities in existing initiatives to increase participation in physical activity</p> <p>Community Action</p> <ul style="list-style-type: none"> ▪ Engage community members in Loddon Shire to assist with development of walking tracks 	<ul style="list-style-type: none"> ▪ Increased participation in physical activity ▪ Increased participation in physical activity ▪ Walking opportunities enhanced /developed. 	<p>No of individuals / organisations involved</p> <p>Distribution of educational material</p> <p>No. community members involved</p>	<p>July 2003 – May 2004 Physical Activity Consortium Chronic Illness task group</p> <p>Physical Activity Consortium HP working group Chronic Illness task group</p>

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency
<p>Pulmonary Disease</p> <ul style="list-style-type: none"> Depression <p>in the Bendigo Loddon catchment.</p>	<ul style="list-style-type: none"> Review outcomes from Bendigo Walking Forums and develop action plan <p>Organisational/Workforce development Convene a strength training development group to consider access to strength training programs and transition to commercial, alternative venues</p> <p>Organisational Development</p> <ul style="list-style-type: none"> Develop appropriate referral pathways for target groups to community based physical activity programs e.g. include HARP, Neighbourhood Renewal Conduct audit of resources available for physical activity 	<ul style="list-style-type: none"> Action plan developed Coordinated approach to strength training Enhanced strength training opportunities Established physical activity referral pathways between HARP and community based programs Information shared between PCP member agencies 	<p>To be determined</p> <p>30 new vacancies for strength training No. of commercial venues involved</p> <p>No. of referrals</p>	<p>Ongoing – May 2004 Physical Activity Consortium</p> <p>July 2003-May 2004 Physical Activity Consortium</p> <p>July 2003–June 2004 Physical Activity Consortium HARP Chronic Illness Task Group</p> <p>HP Working Group PCP member agencies</p>
<p>Objective: 3 Build the capacity of the target groups to develop and sustain improvements in their social and physical environment that enable and encourage healthy behaviours and enhance emotional wellbeing.</p>	<p>Health Education and Skill Development</p> <ul style="list-style-type: none"> Provide health education to diverse groups to increase skills in emotional strength and self esteem. E.g. Indigenous youth, neighbourhood renewal participants Develop a healthy choices nutrition program in conjunction with Neighbourhood Renewal Project as a pilot program 	<ul style="list-style-type: none"> Indigenous youth provided with quality information and ongoing support Increased capacity of participants to make healthy food choices 	<p>30 community members</p> <p>No. of participants in program</p>	<p>July 2003-April 2004 Bendigo District Aboriginal Co-operative</p> <p>July 2003-April 2004 Chronic Illness task Group Neighbourhood Renewal Project</p>

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency
	<p>Community Action</p> <ul style="list-style-type: none"> ▪ Convene a reference group from participants of the Many Aboriginal Voices day to oversee development of a strategy for young indigenous people. ▪ Facilitate opportunities for young people to engage in positive self expression <p>Settings and Supportive Environments Develop community, family and spiritual values within indigenous people in the Bendigo Loddon catchment</p> <p>Workforce Development</p> <ul style="list-style-type: none"> ▪ Continue to raise awareness and support among Youth Service Providers of the health benefits of participating in the arts ▪ Build the knowledge of health promotion practice within the Youth Arts Network ▪ Identify research opportunities and explore partnership development options for the arts and health promotion 	<ul style="list-style-type: none"> ▪ Development of a strategy that addresses the spiritual and emotional needs of young indigenous people and their communities ▪ Increased opportunities to improve the self confidence and self worth of young people using the arts as a medium ▪ Intergenerational learning, relationships and role models strengthened ▪ Increased local knowledge of the health benefits for young people in participating in Arts. ▪ Increased knowledge regarding the links between health and the arts ▪ Strong links with research bodies and Youth Arts Network membership agencies ▪ Continued partnership with Risky Business (Melbourne University) 	<p>Members of Indigenous community</p> <p>No. of young people</p> <p>30 community members</p> <p>Youth Arts Network PCP Member agencies</p> <p>No. of research institutions Melbourne University No. young people</p>	<p>July 2003-April 2004 Bendigo District Aboriginal Co-operative</p> <p>July 2003-April 2004 Youth Arts Network</p> <p>July 2003-April 2004 Bendigo District Aboriginal Co-operative</p> <p>Ongoing – May 2004 Youth Arts Network</p>
TOTAL BUDGET				\$113,600

CAPACITY BUILDING

Program Goal: To strengthen organisational support, skills and knowledge of health promotion and enhance service responses to persons from diverse backgrounds.

Population Target Group/s: PCP Member Agencies

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency
<p>Objective:</p> <p>Continue to build the capacity of the PCP member agencies to practice within a Health Promotion Framework.</p>	<p>Organisational Development/ Settings and Supportive Environments</p> <ul style="list-style-type: none"> Replicate the Health Promoting Organisation project in 4 member agencies <p>Workforce Development</p> <ul style="list-style-type: none"> Continue the mapping of staff knowledge & skills to ascertain their level of health promotion knowledge, needs and activities Conduct six hour short course or other appropriate training for primary care workers Support PCP member agency staff to engage in professional development opportunities and share the learnings. 	<ul style="list-style-type: none"> Health Promotion Integration framework utilised by member agencies to support health promotion activity Increased evidence of health promotion framework and policy in place Increased understanding of staff health promotion educational needs Increased staff understanding and skills in health promotion Improved integration of health promotion programs 	4 member agencies	<p>July 2003 to June 2004 Bendigo Community Health Services (lead)</p> <p>July 2003 to Nov 2003 Bendigo Community Health Services (lead)</p>
<p>Continue to build the capacity of PCP member agencies to develop sensitive service response to people from diverse communities.</p>	<p>Organisational Development</p> <ul style="list-style-type: none"> Assist member agencies to implement the Diversity Audit Tool and to contribute to the ongoing evaluation of the Tool <p>Workforce Development</p> <ul style="list-style-type: none"> Provide training and resource development opportunities relating to diversity best practice <p>Community Action</p> <ul style="list-style-type: none"> Establish reach of health and community services to diverse populations in the Bendigo Loddon Catchment 	<ul style="list-style-type: none"> Diversity Audit Tool utilised by member agencies Increased access to responsive services for people from diverse backgrounds All participating Services engaged in appropriate follow up action to up-skill management and workforce in Diversity Best Practice Consumers from diverse backgrounds involved in the BL PCP's planning processes 	4 member agencies	<p>August 2003 to May 2004 Loddon Mallee Women's Health (lead)</p>
TOTAL BUDGET				\$32,000

ALCOHOL AND DRUGS

Program Goal: To enhance education & prevention activity utilising a whole of community approach.

To enhance the capacity of organisations to respond to alcohol & drug service delivery issues, and to engage with and provide support to the community.

Population Target Group/s: Young people, A&D Service Providers, Education Sector

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Timelines & by which agency
<p>Objective:</p> <p>Enhance A&D education and prevention activity utilising a whole of community approach.</p>	<p>Community Action Implement Talk It Up Project</p> <p>Settings and Supportive Environments/Community Action</p> <ul style="list-style-type: none"> ▪ Provide positive experiences for young people through: participation in <i>Talk it Up</i> Project; strengthened links with Youth Arts Network; representation in planning and conduct of Community A&D Forum. ▪ Support event based education and prevention by supporting and linking with local initiatives ▪ Maintain collaborative relationship with Neighbourhood Renewal and Safe City initiatives ▪ Strengthen links and pursue opportunities to work with education based staff/settings on A&D prevention and education initiatives <p>Organisational Development Ensure partnership involvement in Drug Action Week</p>	<p>Community engaged in dialogue in A&D issues and provided with opportunities for creative communication</p> <ul style="list-style-type: none"> ▪ Young people participated in Talk It Up ▪ Established links with Youth Arts Network ▪ Consumers represented in planning/conduct of the forum ▪ A&D Working Group linked with local initiatives ▪ Representation on working groups monitored and reviewed ▪ Opportunities for education and prevention and harm minimisation initiatives identified in consultation with Long Gully and Eaglehawk communities ▪ Discussions held with DE&T ▪ Opportunities to develop QUIT resources with young people identified ▪ Collaborative development of program 	<p>December 2003 A&D Working Group BCHS</p> <p>December 2003 A&D Working Group Youth Arts Network Ongoing</p> <p>November 2003 A&D Working Group COGB B-Central</p> <p>Safe City Forum A&D Working Group Neighbourhood Renewal Project</p> <p>A&D Working Group SFYS, DE&T, DHS School Nurses, School Principals, QUIT Victoria</p> <p>June 2004 A&D Working Group BCHS Salvation Army</p>

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Timelines & by which agency
	<p>Workforce Development</p> <ul style="list-style-type: none"> ▪ Continue to build local and regional knowledge about A&D issues by feeding information to the Australian Drug Foundation (ADF) ▪ Continue to develop alternative methods of education and prevention resource promotion through electronic newsletters and printed information sheets 	<ul style="list-style-type: none"> ▪ Information received by the ADF ▪ Resources produced and disseminated 	<p>A&D Working Group Ongoing</p> <p>A&D Working Group Ongoing</p>
<p>Enhance the capacity of organisations to respond to A&D service issues and provide support to community.</p>	<p>Community Action</p> <ul style="list-style-type: none"> ▪ Provide support to families, individuals and carers around A&D issues by: <ul style="list-style-type: none"> ▪ Conducting annual Community A&D Forum ▪ Pursuing the establishment of Family Drug Helpline ▪ Establish a Hepatitis C resource and support service for clients, community and service providers <p>Organisational Development Pursue opportunities for inter-sectoral collaboration between agencies to support whole of community response</p> <p>Workforce Development</p> <ul style="list-style-type: none"> ▪ Inform state-wide and national policy and strategic forums ▪ Continue to identify A&D workforce training needs 	<ul style="list-style-type: none"> ▪ Forum conducted ▪ Opportunities investigated for local chapter of Family Drug Helpline ▪ Needs identified and appropriate response determined/implemented ▪ Cross section of youth focused service providers engaged ▪ Established links with Youth Arts Network (YAN) ▪ A&D Working Group participated in development of LMR A&D Plan ▪ Workforce development strategy in place 	<p>A&D Working Group BCHS Salvation Army</p> <p>Salvation Army Lifeline Central Victoria Grass Roots Support Group</p> <p>A&D Working Group BCHS Division of General Practice YAN</p> <p>A&D Working Group DHS</p> <p>A&D Working Group DHS Divisions of GPs State-wide A&D training agencies Local providers</p>
TOTAL BUDGET			\$15,000

TASK GROUP MEMBERSHIP

Membership is intended to be inclusive and is open to other agencies and individuals

Chronic Illness Task Group

- BCHS
- McIvor Health
- Inglewood Health Service
- Bendigo Health Care Group
- Northern District Community Health Service
- Loddon Mallee Women's Health
- Bendigo & District Division of General Practice
- Murray Plains Division of General Practice

Physical Activity Consortium (PAC)

- Loddon Shire
- BHCG
- Inglewood and Districts Health Service
- BCHS
- Sports Focus
- BHCG
- Department of Sport and Recreation Victoria
- Mt Alvernia Mercy

Youth Arts Network

- City of Greater Bendigo
- Centre Against Sexual Assault
- BHCG
- Lead On
- BCHS
- EASE
- St Lukes
- Bendigo Senior Secondary College
- Future Connections
- Loddon Mallee Women's Health
- Loddon Mallee Housing Services
- Richmond Fellowship Victoria

Health Promotion Working Group

- BCHS
- BHCG
- EASE
- Bendigo & District Aboriginal Cooperative
- Bendigo Regional Breastscreen
- Department of Sport & Recreation Victoria
- Interchange Loddon Mallee Region
- St Lukes
- Loddon Mallee Women's Health
- LaTrobe University Bendigo
- Boort District Hospital
- McIvor Health and Community Services
- City of Greater Bendigo
- Bendigo & District Division of General Practice

Diversity Task Group

- Bendigo & District Aboriginal Cooperative
- Future Connections
- Centre Against Sexual Assault
- BCHS
- BHCG
- Loddon Mallee Women's Health
- Bendigo Regional Ethnic Community Council

Health Promotion Capacity Building Task Group

- BCHS
- LaTrobe University Bendigo
- DE&T

A&D Working Group

- Salvation Army
- BCHS
- Centrelink
- Lifeline
- St Lukes
- CAN
- YSAS
- BHCG
- Richmond Fellowship Victoria
- City of Greater Bendigo
- Loddon Mallee Housing Services

Indigenous Youth

- Bendigo & District Aboriginal Cooperative
- Loddon Mallee Women's Health

Service agreements will be negotiated with each lead agency for these groups which will include financial arrangements.

Template for Reporting on Strategic Directions 2003/04

Strategic Direction	Impacts	Progress Sept 2003	Progress Dec 2003	Progress March 2004	Progress June 2004
<p>1. Service Linkage Ensure that the organisational structure and membership enables the partnership to achieve its objectives as signed off in the 2003/04 Community Health Plan.</p>	<ul style="list-style-type: none"> ▪ Range of services in PCP membership including: Aged care, youth services, CALD, disability, women's and indigenous services ▪ Demonstrated response to identified A&D education and prevention and harm minimization opportunities ▪ Increased opportunities for collaborative planning of appropriate service response to aged care issues ▪ Increased participation in PCP of agencies who provide services to those with chronic illness ▪ PCP supporting the implementation of the CMHP ▪ Links maintained with disability initiatives ▪ BDAC has input into PCP initiatives ▪ Opportunities for collaborative work with Loddon Mallee Housing Services Identified ▪ Increased opportunities for socio-economically disadvantaged youth to participate in arts projects ▪ Links established with a range of agencies & practitioners involved with young people ▪ Environmental services are represented on PCP membership or aware of PCP activities ▪ Bendigo Loddon PCP represented on Board of Management for ICT. 				
<p>2. Consumer Engagement Continue to engage consumers through relevant and timely activities and strengthen their capacity to participate in PCP activities including planning, review and evaluation.</p>	<ul style="list-style-type: none"> ▪ Community members contribute to PCP planning and activities ▪ Continued consultation with Aged Care Services to identify existing forums for consultation with older persons ▪ Continued recruitment of people who are representative of the range of health and social needs of the older population on to member agency reference groups / consumer groups ▪ Young people participate in <i>Talk It Up</i> development and implementation ▪ Consumers represented in planning/conduct of Annual Community A&D Forum ▪ Contribution to PCP planning by those persons living with chronic illness ▪ PCP working group has plans to take service directory to the next stage of consumer involvement. ▪ Community Survey results resource and inform agencies implementing the Diversity Audit Tool ▪ Young people contribute to PCP planning and activities ▪ Parents contribute to PCP planning re issues that affect children & families ▪ Children's views of health and wellbeing contribute to the partnership's understanding of their needs 				

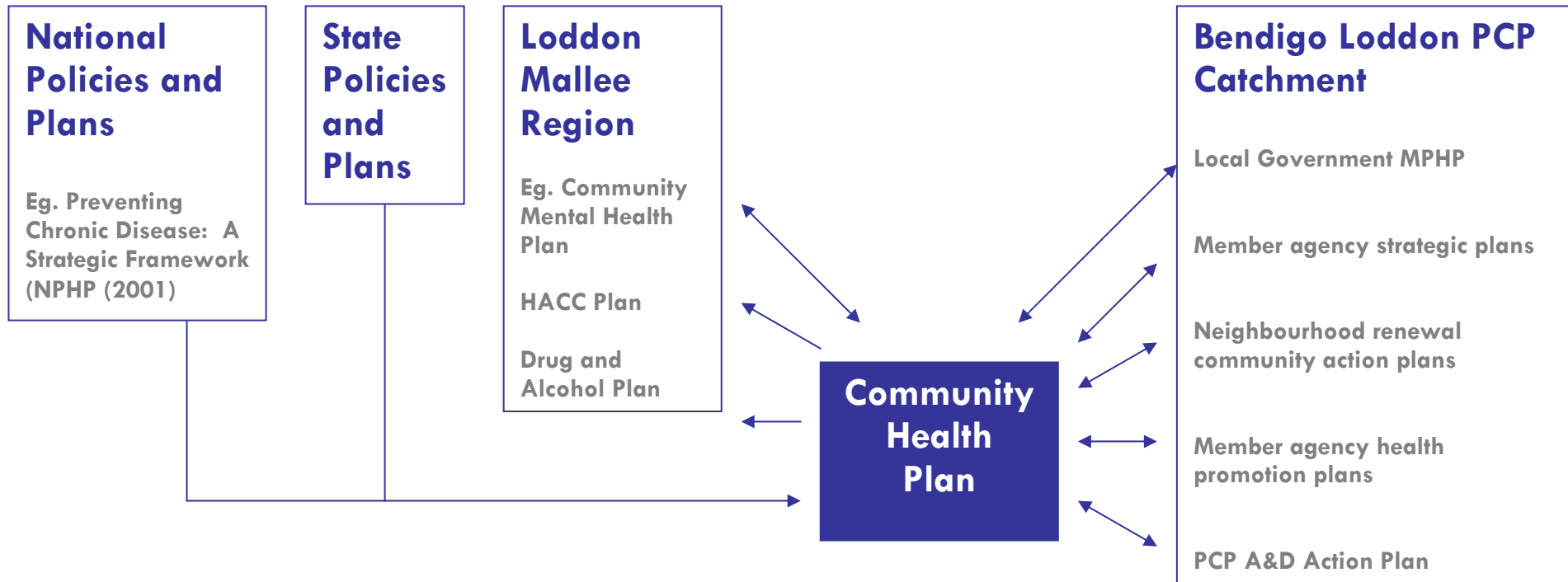
Strategic Direction	Impacts	Progress Sept 2003	Progress Dec 2003	Progress March 2004	Progress June 2004
<p>3. GP Engagement Increase the opportunities for collaborative activities focussed on the planning and coordination of services to identified target groups.</p>	<ul style="list-style-type: none"> ▪ PCP projects focussed on older persons have GP involvement ▪ GP participation in A&D workforce development strategy ▪ Up-skilling of and strengthened linkages between GPs, Pharmacists and A&D workers (Training on Wheels) ▪ GPs working collaboratively with other primary care providers that promote improved health outcomes for those at risk or living with chronic illness ▪ PCP IHP framework aligns with the SNAP initiative ▪ Increase in GPs working collaboratively with mental health and primary care providers ▪ GPs working collaboratively with other primary care services working with the indigenous community ▪ Opportunities developed for expanding services to BDAC ▪ Projects targeted at persons from socio-economically disadvantaged communities demonstrate GP involvement in planning and implementation ▪ PCP contributes to response to GP workforce issues ▪ PCP projects focused on the health and wellbeing of youth have GP input ▪ Better access to youth friendly medical services ▪ GP perspectives included in the IM/IT developments 				
<p>4. Health Promotion Promote the integration of health promotion within the sector and identify opportunities to influence, inform and develop capacity within the broader health and wellbeing services</p>	<ul style="list-style-type: none"> ▪ Community engaged in dialogue on A&D issues and provided with opportunities for creative communication ▪ A&D resources produced and disseminated ▪ Coordinated approach to health promotion focussed on chronic illness ▪ Increased number of older persons, children and socio-economically disadvantaged persons engaged in physical activity ▪ An increased number of sport and recreation organizations demonstrate responsive practice for persons with disabilities ▪ Neighbourhood Renewal project enables increase in physical activity ▪ Local government plans acknowledge the impacts the natural and physical environment have on health ▪ Plans in place for changes to the physical environment which will include opportunities and access for physical activity ▪ Increased awareness of asthma prevention and management amongst children, their parents and teachers ▪ Indigenous youth provided with quality information and ongoing support 				

Strategic Direction	Impacts	Progress Sept 2003	Progress Dec 2003	Progress March 2004	Progress June 2004
	<ul style="list-style-type: none"> ▪ Mainstream service protocols developed for Indigenous focused family centred service response ▪ Increased opportunities for women to participate in community cultural development which increases self esteem and social connections 				
<p>5. Evaluation and Quality Improvement Continue to develop an integrated evaluation framework that captures continuous improvement, quality assurance and process evaluation</p>	<ul style="list-style-type: none"> ▪ Successful integration of Diversity Audit Tool into 4 member agencies 				
<p>6. Capacity Building Build the capacity of the sector and continue to enhance the relationships that shape the sector's ability to plan and respond to identified community need.</p>	<ul style="list-style-type: none"> ▪ Development of Aged Care Strategy ▪ Information collected from A&D Working Group members fed up to Australian Drug Foundation ▪ A&D Working Group participate in development of LMR A&D Plan ▪ Demonstrated increase capacity of agencies for health promotion and prevention activities targeted at people with chronic illness ▪ Loddon Shire has a framework for delivery of services to improve the health and wellbeing of children and families ▪ Successful take up of mental health education packages amongst service providers (PMHT) ▪ Demonstrated increased knowledge and confidence of staff in A&E departments in identifying and managing clients with suicidal and self harming behaviours ▪ Increased opportunities for promoting women's art and community cultural development and maximizing linkages with other PCP planning activities ▪ Mainstream services and Indigenous community learn from the group experience (Indigenous Youth Project) ▪ Agencies using the Diversity Audit Tool able to demonstrate actions taken in response to identified issues ▪ Increased number of staff undertake service coordination training ▪ Collaboration with A&D working Group and Sexual Health Network ▪ Increased knowledge of sexual health issues among health and community workers ▪ Development of MPHP's as a result of collaborative planning ▪ Comprehensive representation and coordinated approach to public health planning ▪ Evidence in council planning of impacts all areas have on health and wellbeing ▪ Implementation of HP short course in 4 agencies ▪ Health Promoting Organisation Project replicated in 4 member agencies 				

Strategic Direction	Impacts	Progress Sept 2003	Progress Dec 2003	Progress March 2004	Progress June 2004
<p>7. Access to Services/ Alternative Models of Service Delivery Explore alternative models of service delivery that appraises the multiplicity of influencing factors, such as rurality, diversity and socioeconomic disadvantage and considers the capacity of service system response</p>	<p>Development of a strategic framework for Aged Care Services which:</p> <ul style="list-style-type: none"> ▪ Examines and reflects best practice models ▪ Addresses future care needs for Older Persons without compromising service standards ▪ Develops alternative models of service delivery ▪ Identifies barriers to accessing services ▪ Hepatitis C service needs identified and appropriate response determined and implemented ▪ Coordinated service system response to sexual health issues for people from diverse backgrounds ▪ Indigenous youth linked to wider range of responsive mainstream and Aboriginal services 				
<p>8. Service Coordination Continue to develop a service coordination model that strengthens functional integration and promotes a consistent approach to intake, assessment and referral practices. Continue to develop and information management strategy that:</p> <ul style="list-style-type: none"> ▪ Maximises the return on investment in ICT ▪ Strengthens the information exchange amongst member agencies ▪ Works towards consistency in data collection, collation and analysis ▪ Is congruent with regional strategic directions 	<p>Service providers have access to:</p> <ul style="list-style-type: none"> ▪ a consistent and informed model of service delivery ▪ a delivery system that is responsive to the needs of clients ▪ a system based on identified and developed models of best practice ▪ Service providers collect and share information about clients in an appropriate manner. ▪ Improved consumer outcomes facilitated by the implementation of consistent, standards based practice across the primary health care sector ▪ Accurate and specific information about local services and support networks is available throughout the catchment ▪ Service information is available in range of accessible formats to consumers and service providers ▪ Service directory has the capacity to transfer client information in a secure electronic environment ▪ Improved usability of CCC for GPs ▪ Provision of an effective follow up program for clients who are suicidal or self harming 				

Strategic Direction	Impacts	Progress Sept 2003	Progress Dec 2003	Progress March 2004	Progress June 2004
<p>9. Demand Management Increase the coordination of service system response to preventable disease management and prevention through the development of local knowledge about pathways, processes and practices and the interrelationship of the roles undertaken by the acute, sub-acute and primary care service providers in the management of demand.</p>	<p>An improved regional approach to identifying, assessing, managing and following up of clients with suicidal and self harming behaviours.</p> <p>Participation in HARP projects</p>				

Planning Relationship Framework



The Community Health Plan is consistent with the directions and priorities at a range of levels. It is part of a broader, dynamic planning process as it has been informed by other plans and is a resource for the development of new plans.

ABBREVIATIONS & GLOSSARY OF TERMS

ACAS

Aged Care Assessment Service

ACSC

Ambulatory Care Sensitive Conditions

Alcohol

A colourless volatile inflammable liquid forming the intoxicating element in wine, beer, and spirits. Any liquor containing this

A&D

Alcohol and Drug

BCHS

Bendigo Community Health Services

Best practice

The way leading edge organisations manage the delivery of world class standards of performance in all aspects of their operations. The concept of continuous improvement is integral to the achievement of international best practice

BHCG

Bendigo Health Care Group

BoD

Burden of Disease

BRECC

Bendigo Regional Ethic Communities Council

BRIT

Bendigo Regional Institute of TAFE

CAN

Country AIDS Network

Capacity Building

Carer

'A person whose life is affected by virtue of a close relationship and a caring role with a consumer'
(Australian Health Ministers, 1998, p.25)

CASA

Centre Against Sexual Assault

ABBREVIATIONS & GLOSSARY OF TERMS

CCC

ConnectingCare.Com

Chronic

Of lengthy duration or recurring frequently, often with serious progression

CHF

Chronic Heart Failure

CHP

Community Health Plan

CLD/CALD

Cultural and Linguistic Diversity

Clearinghouse

A centralised repository of information, such as research papers and guidelines, on a particular topic which can be accessed by interested stakeholders

CMHP

Community Mental Health Plan

COGB

City of Greater Bendigo

Community participation

Process that enables individuals and groups in the community to contribute to debate and decision-making about a particular activity. This means opportunities for community members to participate in:

- Planning, implementation, managing and evaluating services
- Identifying issues and ways of addressing them

Community capacity

The characteristics of communities that affect their ability to identify, mobilise, and address social and health problems and the cultivation and use of transferable knowledge, skills, systems and resources that affect community and individual level changes consistent with population health-related goals and objectives (Goodman et al, 1998)

Community education

An organised campaign designed to increase awareness of an issue

Connectedness

A person's sense of belonging with others. A sense of connectedness can be with family, school or community

Consultation

The process of asking advice or seeking counsel from another person or community who has expertise in a particular area or has a stake in the issues

Consumer

A person who receives the services or who attends programs run by the service. Client, user, and more recently, customer, are also used to describe those who receive services

ABBREVIATIONS & GLOSSARY OF TERMS

COPD

Congestive obstructive pulmonary disease

DEET

Department of Education Employment & Training

Demand Management

Is organisation of services to ensure that the most cost efficient, appropriate and equitable health system possible considering social, cultural and economic features of the population

Demand reduction

Reducing the desire for or preparedness to obtain and use drugs

DHS

Department of Human Services

Diversity

Diversity includes the wide range of groups that make up our community with regard to gender, language, culture, religion, sexuality, ability, age, socio economic status, social isolation and isolation by geographic location. It is important to note that diversity is not static; people have different and developing relations with their culture.

DNS

District Nursing Service

Drug

A substance producing a psychoactive effect. Within the context of the A&D Action Plan, “drug” is used generically to include tobacco, alcohol, pharmaceutical drugs and illicit drugs

Drug-related harm

Any adverse social, physical, psychological, legal or other consequence of drug use that is experienced by a person using drugs or by people living with or otherwise affected by the actions of a person using drugs

DGP

Division of General Practice

EASE

Emergency Accommodation Support Enterprise

ED

Emergency Department – is a hospital department that specialises in providing emergency care for those who are in need of urgent care and those who choose to seek treatment in an emergency department

EPC

Enhance Primary Care

Evaluation

The process used to describe the process of measuring the value or worth of a program or service

ABBREVIATIONS & GLOSSARY OF TERMS

Evidence based

Based on valid empirical information

GCSS

Golden City Support Services

GLBTI

Gay, Lesbian, Bisexual, Transgender and Intersex

GP

General Practitioner

HACC

Home and Community Care

Harm minimisation

Harm minimisations aims to improve the health, social and economic outcomes for both the community and the individual, and encompasses a wide range of approaches, including abstinence-oriented strategies

HARP

Hospital Admission Risk Program

HDMS

Hospital Demand Management Strategy

Health Promotion

Health Promotion is the process of enabling people to increase control over, and improve, their health and the factors that influence their health. Health promotion activities address the individual's lifestyle and the particular physical, social, economic and political environments in which the person lives

ICT

Information Communication Technology

IDHS

Inglewood & Districts Health Service

Illicit drug

A drug whose production, sale or possession is prohibited. "Illegal drug" is an alternative term

IM/IT

Information Management Information Technology

Inhalants

Substances inhaled for psychoactive effects – for example, glues, aerosol sprays, paints, industrial solvents, thinners, petrol and cleaning fluids

IPP

Information Privacy Principles

ABBREVIATIONS & GLOSSARY OF TERMS

Licit drug

A drug whose production, sale, or possession is not prohibited. “Legal drug” is an alternative term

LMHS

Loddon Mallee Housing Service

LMWH

Loddon Mallee Women’s Health

MCHS

Mclvor Community Health Service

Mental Health

‘The capacity of individuals within groups and the environment to interact with one another in ways that promote subjective wellbeing, optimal development and use of mental abilities (cognitive, affective and relational) and achievement of individual and collective goals consistent with justice (Australian Health Ministers, 1991)

MPHP

Municipal Public Health Plan

NDCHS

Northern District Community Health Service

PKI

Public Key Infrastructure

PMHT

Primary Mental Health Team

Policy

A framework of principles that guides decision-making and activity

Prescription drugs

Drugs available through a pharmacy over the counter and prescription medicines

Protective factors

Those factors that ‘produce a resiliency to the development of psychological difficulties in the face of adverse risk factors’ (Spence, 1996, p.5)

PPPS

Practice, Process, Protocols & Systems

RACD

Rural Access Disability Plan

Resilience

Capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk of adverse health outcomes

ABBREVIATIONS & GLOSSARY OF TERMS

RIM

Regional Information Management

Risk

The probability of harmful consequences arising from a hazard

Risk factor

An aspect of personal behaviour or lifestyle, an environmental exposure, or an inborn or inherited characteristic, that is associated with an increased risk of a person developing a disease

SCTT

Service Coordination Tool Templates

SFYS

School Focused Youth Service

SIM

Service Information Management

Stakeholder

A person, group or agency with a legitimate interest. Stakeholders could include consumers, the community of interest, other services providing related services, funders or purchasers

VACSCS

Victorian Ambulatory Care Sensitive Conditions Study

WHO

World Health Organisation

YSAS

Youth Substance Abuse Service

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