



# Central West Gippsland Primary Care Partnership

## Community Health Plan 2004 – 2006



**Attachment 1**

**Central West Gippsland Primary Care Partnership**

**SERVICE COORDINATION PLANNING TEMPLATE**

The Central West Gippsland PCP has committed to a region wide service coordination work program, as outlined in the operational plans for the Better Health Care in Gippsland Project. In line with this, the PCP is not required to submit separate reports on service coordination achievements in the Central West Gippsland catchment area, but will contribute to the documentation of achievements through the Better Health Care in Gippsland project

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**Attachment 2:**

**Central West Gippsland Primary Care Partnership**

**INTEGRATED HEALTH PROMOTION CATCHMENT PLANNING TEMPLATE 2004-2006**

**Part 1 PCP vision and Priority setting process**

The CWGPCP vision is that all people within the shires of Baw Baw and Latrobe will have access to services that will promote and enhance their health and well-being.

- 1.1** The CWGPCP alliance rates itself as medium-high on the continuum of integration, working now in cooperation but with strategies about to be implemented to move to collaboration across the sector.

The CWGPCP catchment priority topics for health promotion activity for 2004/06 are Physical Activity (early years and older people) and Nutrition

Both the Commonwealth and State governments have included obesity, nutrition and physical activity as priority areas in various policy and strategy documents. Obesity has been identified as a priority area in the National Food and Nutrition Policy, the National Health Goals and Targets and the Healthy Weight for all Australians document.

**1.2. Physical activity** was chosen due to the Burden of disease risk factors in Gippsland attributed to lack of physical activity is over 7%. Crossover to other identified health issues - diabetes, obesity, and other associated burden of disease risk factor high blood pressure. Obesity, particularly in children is being identified as one of Australia's most serious health problems. Rates of overweight and obesity in Australia are rising rapidly, with 60% of Australians aged 25 years and over being overweight or obese and 21% of these being obese (Aust.Inst. of Health and Welfare 2002)<sup>1</sup>. This puts us the second "fattest" nation next to the USA. The most recent data (AIHW, 2000) shows that a significant proportion (60.7%) of Victorians were overweight (38.4%) or obese (22.3%). It was reported in a recent unpublished paper that, one-in-five Victorian children aged 5 to 6 were overweight or obese and 23% of 10 – 12 year olds were overweight or obese with 10% being classified as obese (Deakin University: 2001).

Overweight and obesity are of concern, as it has been established that they are risk factors in the development of many diseases, including coronary heart disease, type 2 diabetes, sleep apnoea, endometrial, colon, postmenopausal breast and other cancers and certain musculoskeletal disorders such as osteoarthritis (DHS: 2002a). Furthermore, they are key risk indicators of *preventable* morbidity and mortality. As well as the physical consequences, overweight and obesity have considerable negative psychological and social effects (Hill: 2000).

Childhood overweight and obesity presents a further concern, as obese children have a 25-50% chance of becoming obese adults, while obese adolescents have a 78% chance, increasing their risk of lifestyle related disease and morbidity (DHS: 2002b). Therefore it is important that this problem is addressed early in life. Obese children may show early signs of metabolic consequences such as hypertriglyceridaemia and hyperinsulinaemia, typically seen in adulthood (Court: 1979). A particular concern, is that Type 2 diabetes (commonly known as "maturity-onset" diabetes) is now being seen in adolescents and is rapidly increasing in this group (DHS: 2002a). This type of diabetes has a strong association with lifestyle factors such as obesity and inactivity.

The financial cost of obesity and associated disease has been conservatively estimated at \$840 million dollars per year in 1992-93, 63% of which were direct healthcare costs. It has also been estimated that consumers spend a further \$500 million on weight –control programs (NHMRC: 1997). More recently, the costs of obesity to the Australian government and community have been estimated at approximately \$1200 million (DHS: 2002b). These costs do not account for the individuals' psychological and social burden.

The aetiology of overweight and obesity involves a complex interaction of a range of factors. An increase in consumption of high fat convenience foods and a decrease in incidental activity and exercise are two main lifestyle factors contributing to overweight and obesity (NHMRC: 1997).

The National Health and Medical Research Council has produced a national strategy addressing this policy issue titled; *"Acting on Australia's weight: a strategic plan for the prevention of overweight and obesity"*. The goal of this strategy is to "prevent further weight gain in adults and eventually reduce the proportion of the adult population that is overweight or obese; and to ensure the healthy growth of children" (NHMRC: 1997). The strategy employs a public health approach with a focus on providing a supportive macro-environment to make it easier for people to undertake physical activity and make healthier food choices in combination with an individual behavioural approach.

There is evidence that obese children are less active than leaner children and that inactivity is associated with an increased prevalence of obesity (See Lloyd & Wolff: 1980 and NHMRC: 1995). Also, activity levels that develop in childhood carry over to later life and affect adult morbidity and longevity. Physical activity not only plays a role in the "fitness" or "fatness" of children, but can also affect susceptibility to chronic disease in adulthood (NHMRC: 1995).

The Walk21-V Conference concluded that people who live in walkable neighbourhoods walk one hour per week more than those who live in less walkable neighbourhoods. There are a number of settings that are relevant to the promotion of physical activity. Some of these include: communities, workplaces, schools, healthcare settings and the consumer market place. LCHS will seek to work closely with these communities to advance the cause of "active living" daily physical movement, the easier and more natural, the better.

1. 1999 – 2000 data

**1.3. Nutrition early years through primary school and families** was chosen because 3% of the burden of disease in Gippsland is attributed to the risk factor of low fruit and vegetable intake. High blood cholesterol and high blood pressure account for almost 3% and 6.5% respectively. Both of these can be positively effected by improved nutrition. Nutrition also significantly impacts other identified health issues - diabetes, obesity, oral health. Nutrition provides multiple intervention points in terms of age and programs, and provides particular scope for early intervention with children.

Physical inactivity is a major determinant of risk factors such as obesity, high blood pressure, and high blood cholesterol, with the Victorian Burden of Disease Study estimating that 6.6% of total DALYs being attributable to physical inactivity. The Victorian Population Health Survey 2001, reports that more than half of Victorian adults were found not to be sufficiently active for health benefits (Victorian Population Health Survey: 2001). The Australian Bureau of Statistics reports that 49% of Australian children aged between 5 and 11 were involved in club organised sport. Children's walking and cycling to school has declined from 31% to 26% and 6% to 3% respectively. Only 42% of those who lived within a 10 minute walk from school travelled to school by foot. In 1999, 81% of all trips made by children aged 5-9 years and 62% of those made by children aged 10-14 years were by car.

A recent national strategy, Eat Well Australia aims to improve the health of all Australians through better food. This strategy has set an agenda for public health nutrition for the 10 years and makes links to other related national strategies such as Acting on Australia's Weight and the National Diabetes Strategy.

The 1995 National Nutrition survey revealed that the mean intakes of fruit and vegetables (excluding fruit juice and potato) for children across all age groups was well below half of the recommended serves per day (except mean daily fruit intake of 4-7 year old females). This has important health implications, as there is good epidemiological evidence that people who consume diets high in fruit and vegetables have lower risks of coronary heart disease, stroke, some cancers, and possibly hypertension and Type 2 Diabetes<sup>8</sup>. Epidemiological research has also found an association between increased consumption of plant foods and lower incidence of obesity (NHMRC: 1995).

On a state level, VicHealth has identified healthy eating as one of it's five key priority action areas (VicHealth: 199-200). The Victorian Government's *Healthy Eating, Healthy Victoria* provides a strategic framework to improving the nutrition and health of Victorians. Promoting a healthy weight and investment in women and children are two of the priority areas of this strategy (Vic Health Website). Furthermore, last year, a public childhood obesity prevention forum was held to enable the Victorian government to consult with the community in devising a Healthy Kids Strategy. Again recommendations from this forum were for a multi-sectorial, environmental approach (DHS: 2002b)

In response to this and consistent with national and state policy, The Central West Gippsland PCP have included obesity in children as a priority area in the 2004-2005 Health Promotion Plan. A multifactorial approach will be taken, combining educational and environmental strategies to increase knowledge and awareness of and access to healthy eating.

## **Part 2 Program outline for each priority issue identified in part 1**

### **2.1 Nutrition – Early Years through primary school and families**

Program Goal: Take an early intervention approach to the growing problem of Diabetes and Cardiovascular Disease within our catchment area by focussing on nutrition.

#### **Program Objectives:**

- To work collaboratively with pre school and primary schools to improve young children's awareness of healthy eating
- To provide information and resources to families to improve healthy eating practices.

#### **Population Target Group –**

- Early Years through primary school and their families.
- Neighbourhood renewal areas
- Pre schools in both Baw Baw and Latrobe

#### **Solution Generation.**

Objective 1. To educate parents of children aged 0-5 in regards to healthy eating.

- Participate in the Baw Baw Shire Kids Stuff Winter Festival promoting healthy eating.
- To actively seek sponsorship from local organisations for public forums

Objective 2. To provide information and resources to families to improve healthy eating practices.

- To upskill/educate pre-school teachers in regards to healthy eating
- Dieticians talk sessions
- Increased accessibility to dieticians
- Distribute resource packs
- Support the development /implementation of a food policy

#### **Key Stakeholders**

- Pre-schools in Baw Baw Shire
- Neighbour Renewal areas
- Glendonald preschool,
- Elizabeth Wilmont preschool
- Moe Heights preschool
- Cameron Street Preschool

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- Elizabeth St Moe
- Liddiard Rd Traralgon
- Churchill Primary school
- Morwell Park /Crinnigan Rd Morwell

**Roles and Responsibilities**

The identified key stakeholders will actively participate in the planning and implementation of the outlined interventions.

<b>Priority Goal:</b>	Take an early intervention approach to the growing problem of Diabetes and Cardiovascular Disease within our catchment area by focussing on nutrition.				
<b>Objective 1:</b>	To work collaboratively with pre school and primary schools to improve young children's awareness of healthy eating				
<b>Est. Impacts<sup>2</sup> (Qual/ Quant) for Objective 1</b>	<i>Over the long term a reduction of diabetes and cardiac vascular disease within the catchment</i>				
<b>PCP key stakeholders<sup>3</sup></b>	<b>Summary of mix of Interventions &amp; CB strategies<sup>4</sup></b>	<b>Population Target Group/s:</b>	<b>Estimated timelines</b>	<b>Estimated Reach<sup>5</sup></b>	<b>Resources per key stakeholder for Obj1<sup>6</sup></b>
<b>Community Health</b>	<b>Health education and skill development</b> Pilot budget health cooking program in low SES population, including Koori.	Low income families	July 2005	Two pilot programs with 10 people each	
	<b>Health education and skill development</b> To pilot a healthy lifestyle program in primary schools and the wider community incorporating the promotion and development of physical activity and nutrition	Whole School Community	By July 2005	Reach all teachers 20 parents each school 2 classes each school	
	<b>Health education and skill development</b> Revisit schools who participated in Munchies program 2003/04 to reinforce healthy eating and water message.	Primary school children and their families	July 2004 to June 2005	210	\$11,885
	<b>Health education and skill development</b> Assist Toongabbie Primary School plan and implement a Vegetable Carnival.	Primary school children and their families	July 2004 to June 2005	60	\$8,489

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PCP key stakeholders <sup>3</sup>	Summary of mix of Interventions & CB strategies <sup>4</sup>	Population Target Group/s:	Estimated timelines	Estimated Reach <sup>5</sup>	Resources per key stakeholder for Obj1 <sup>6</sup>
	<b>Health education and skill development</b> Deliver presentation of lunch box ideas and food label reading to focus groups with Koori parents.	Primary school children and their families	July 2004 to June 2005	5	\$2,122
	<b>Health education and skill development</b> Deliver presentation of lunch box ideas and food label reading to focus groups with parents from Churchill PS and Elizabeth Street PS.	Primary school children and their families	July 2004 to June 2005	60	\$2,122
	<b>Settings and Supportive Environments</b> Continue to provide support to schools in environmental change and capacity building with further working group and canteen meetings.	Primary school children and their families	July 2004 to June 2005	30	\$28,101
	<b>Resources</b> Sustain and support schools with vegetable gardens by providing resources and activities such as the Yates Mates Club visits.	Primary school children and their families	July 2004 to June 2005	200	\$12,734
	<b>Resources</b> Provide schools with information on the Federal government's nutrition funding for school vegetable gardens, and offer support with submissions.	Primary school children and their families	July 2004 to June 2005	10	\$2,122
	<b>Community action</b> Convene a meeting to investigate interest in coordination of a garden group to share information and resources.	Primary school children and their families	July 2004 to June 2005	20	\$2,122
	<b>Resources</b> Develop breakfast tip sheets for workers to give to clients	Primary school children and their families	July 2004 to June 2005	500	\$1,061
	<b>Health education and skill development</b> Participate in a personal development forum for teachers and canteen workers	Primary school children and their families	July 2004 to June 2005	20	\$4,244
<b>Hospital</b>	<b>Settings and supportive environment</b> In April 2003, Latrobe Regional Hospital was awarded WHO/UNICEF Baby Friendly Hospital Accreditation for three years. The Accreditation recognises LRH's commitment to support new mothers who choose to breastfeed their babies.	New mothers and families	Ongoing	Approximate 1000 birth mothers at LRH each year	<b>Budget – Nil.</b> No PCP resources

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PCP key stakeholders <sup>3</sup>	Summary of mix of Interventions & CB strategies <sup>4</sup>	Population Target Group/s:	Estimated timelines	Estimated Reach <sup>5</sup>	Resources per key stakeholder for Obj1 <sup>6</sup>
PCP HP capacity building <sup>7</sup>	<p>To educate parents of children aged 0-5 in regards to healthy eating.</p> <ul style="list-style-type: none"> <li>• Participate in the Baw Baw Shire Kids Stuff Winter Festival promoting healthy eating.</li> <li>• To actively seek sponsorship from local organisations for public forums</li> </ul> <p><b>Social marketing and health information</b></p> <ul style="list-style-type: none"> <li>• Promotion of event</li> <li>• Nutrition Display</li> <li>• Show Bags</li> <li>• Promote local businesses support of healthy lifestyle</li> </ul> <p><b>Community Action</b></p> <ul style="list-style-type: none"> <li>• Feedback from Community provided via evaluation survey to identify needs and planning for future festivals</li> </ul> <p><b>Health education and skill development</b></p> <ul style="list-style-type: none"> <li>• Dietician talk sessions and cooking demonstrations at festival sessions</li> <li>• Demonstrations by local businesses/sporting agencies</li> </ul>	Families	July 2005	Baw Baw Shire Latrobe Shire LCHS West Gippsland Arts Centre WGAC WGHC Sporting Associations/ clubs	Resource packs
	<p>To upskill/educate pre-school teachers in regards to healthy eating</p> <ul style="list-style-type: none"> <li>• Dietician talk sessions</li> <li>• Increased accessibility to dietitians</li> <li>• Distribute resource packs</li> </ul> <p>Support the development /implementation of a food policy</p>	Pre-school staff Parents	August 2004 – June 2005	22 Preschool teachers.	
<b>Estimated Total Budget per Objective<sup>6</sup>:</b>					
<b>Estimated Total Budget per Goal<sup>6</sup>:</b>					

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<b>Priority Goal:</b>	Take an early intervention approach to the growing problem of Diabetes and Cardiovascular Disease within our catchment area by focussing on nutrition.				
<b>Objective 2:</b>	To provide information and resources to families to improve healthy eating practices.				
<b>Est. Impacts<sup>2</sup> (Qual/ Quant) for Objective 1</b>	<i>Over the long term a reduction of diabetes and cardiac vascular disease within the catchment</i>				
<b>PCP key stakeholders<sup>3</sup></b>	<b>Summary of mix of Interventions &amp; CB strategies<sup>4</sup></b>	<b>Population Target Group/s:</b>	<b>Estimated timelines</b>	<b>Estimated Reach<sup>5</sup></b>	<b>Resources per key stakeholder for Obj1<sup>6</sup></b>
<b>Hospital</b>	<b>Social marketing and health information</b> LRH regularly conducts "Kinder Kids tours" as part of a socialisation program for kindergarten-aged children (and their parents). Children are provided with a showbag as a reminder of their visit with the contents reflecting sound nutrition practices including DHS developed information sheets on sweet drinks, health eating and physical activity.	4-5 y-o children and families	Ongoing	270 children in 2004 to date	<b>Budget - \$400pa.</b> Material resources only. Volunteers are utilised to run the program. No PCP resources
<b>Local Government</b>	<b>Social marketing and health information</b> To run a series of physical activity and healthy lifestyle forums across the Shire, promoting affordable and easy ways to be active	Low Income Community	By March 2005	3 forums across Baw Baw (30 people each session)	
<b>Community Health</b>	<b>Social marketing and health information</b> Write monthly WGHG articles to be included in the Gazette/Trader	Baw Baw Community	July 2005		
	<b>Resources</b> To conduct a baseline survey of target population to obtain information on fruit and vegetable consumption	Low income community	By December 2004	150 people	
	<b>Social marketing and health information</b> Provide updated and relevant resources and information on nutrition and fruit and vegetables in places where target group known to frequent	Low Income families	By December 2004	Community accessing community events and org. where target group likely to frequent	

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PCP key stakeholders <sup>3</sup>	Summary of mix of Interventions & CB strategies <sup>4</sup>	Population Target Group/s:	Estimated timelines	Estimated Reach <sup>5</sup>	Resources per key stakeholder for Obj1 <sup>6</sup>
	<b>Social marketing and health information</b> Promotion of fruit and vegetable guidelines to the target group and distribution of fruit and vegetable samples to places where target group frequent.	Low Income families	By December 2004	Community accessing organisations and events where target group likely to frequent	
	<b>Resources</b> To establish a fruit and vegetable delivery service to site frequented by target group.	Low Income families	Ongoing		
	<b>Social marketing/Health Information</b> Work with Latrobe City, LV Bus Lines and Youth Focused School Support Service to develop signage for bus stops and community barbecues promoting increased fruit and vegetable consumption.	Children at primary school and their families	July 2004 to June 2005	500	\$12,489
	<b>Social marketing/Health Information</b> Explore possibility of using Munchies program logo in local fruit markets to advertise weekly specials.	Children at primary school and their families	July 2004 to June 2005	1000	\$15,612
	<b>Social marketing/Health Information</b> Organise a canteen forum for canteen managers, workers and teachers	Children at primary school and their families	July 2004 to June 2005	30	\$4,244
PCP	To upskill/educate pre-school teachers in regards to healthy eating <ul style="list-style-type: none"> <li>• Dietician talk sessions</li> <li>• Increased accessibility to dietitians</li> <li>• Distribute resource packs</li> </ul> Support the development /implementation of a food policy	Pre-school staff Parents	August 2004 – June 2005	Pre-schools in Baw Baw Shire NHR areas- Glendonald preschool Elizabeth Wilmont preschool Moe Heights preschool Cameron Street Preschool	
<b>Estimated Total Budget per Objective<sup>6</sup>:</b>					

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PCP stakeholders 3	key Summary of mix of Interventions & CB strategies 4	Population Target Group/s:	Estimated timelines	Estimated Reach 5	Resources per key stakeholder for Obj1 6
Estimated Total Budget per Goal 6:					

## 2.2 Physical activity– Early years and Older people

**Program Goal:** Increase the levels of physical activities of older people and younger children to improve health outcomes

**Program Objectives:**

- To increase awareness of and access to physical activities for older people.
- To increase awareness of and access to physical activities for younger children.

**Population Target Group -**

- Older People (65 years plus), Residential Aged Care Facilities
- Early Years through primary school and their families.

### Solution Generation

**Objective 1.** To increase awareness of and access to physical activities for older people

- Tai Chi for Balance Program
- Awareness raising (Physical Activity as part of Falls Prevention) through: Media articles/ press releases and advertisements.
- Brochure/ written resource distribution.
- Special events Launches and Falls prevention Road show.
- Involvement/partnership with Baw Baw Active Communities project
- Implementation of Well for Life and additional physical activities for older people (\* Part of the new Community Based Falls Prevention Project which is yet to commence)

**Objective 2.** To increase awareness of and access to physical activities for younger children

- To engage children in new active play by offering a Music and Movement Program
- Involve parents/kindergarten teachers/neighbourhood house in running Music and Movement Program
- Use the Rokeby Coordinator as a mentor for additional sites
- Use the Rokeby Coordinator as a mentor for the Churchill parents
- Pilot the program in Drouin and at the NHR area Preschool
- Expansion of program, driven by community volunteers
- Workshop to train facilitators
- Work with the Neighbourhood Renewal Project, Neighbourhood House and local community to implanted the Music and Movement program
- Form a working group
- Form a steering committee of teachers/parents and key stakeholders
- Peer train the trainer
- Develop facilitators manual for the Music and Movement program

- Purchase the manual available from the Music and movement program operating in Rokeby

#### **Key Stakeholders: Older People**

Latrobe Community Health Service – includes Healthy Lifestyles Diabetes Management and Prevention Initiative (Feel Great Activate)

West Gippsland Healthcare Group – includes Foothold on Safety Falls Prevention Program (Tai Chi and strength and balance training for older people).

Shire of Baw Baw – includes Active Communities Project

Latrobe City – includes Foothold on Safety Falls Prevention Program and Well for Life

Morwell Leisure Centre - includes Choices and Change Project

Warragul Leisure Centre - includes Active Communities Project

Central Gippsland Sports Assembly (Gippsport) – PICSAR Project

Vision Australia Foundation - includes Active Living (Tai Chi, strength and endurance training).

Central West Gippsland Division of General Practice - includes Active Script program

Central Gippsland Older Adults Network

24 Residential Aged Care services in CWGPCP catchment

5 Community Houses across Baw Baw and Latrobe – includes PATCH Project (Physical Activity Through Neighbourhood Houses)

#### **Key Stakeholders: Early Years through primary school and their families**

- Pre-schools in Baw Baw Shire
- Neighbour Renewal areas
- Glendonald preschool,
- Elizabeth Wilmont preschool
- Moe Heights preschool
- Cameron Street Preschool
- Primary schools Baw Baw
- Primary schools Latrobe

#### **Roles and Responsibilities**

The identified key stakeholders will actively participate in the planning and implementation of the outlined interventions

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<b>Priority Goal:</b>	Increase the levels of physical activities of older people and younger children to improve health outcomes				
<b>Objective 1:</b>	To increase awareness of and access to physical activities for older people				
<b>Est. Impacts<sup>2</sup> (Qual/Quant) for Objective 1</b>	<i>An increase in the number of older people across the catchment participating in physical activity</i>				
<b>PCP key stakeholders<sup>3</sup></b>	<b>Summary of mix of Interventions &amp; CB strategies<sup>4</sup></b>	<b>Population Target Group/s:</b>	<b>Estimated timelines</b>	<b>Estimated Reach<sup>5</sup></b>	<b>Resources per key stakeholder for Obj1<sup>6</sup></b>
<b>Community Reps</b>	<b>Health education and skill development</b> Two walking groups	Aged Ethnic people (HACC target group)	September 2004-August 2005	25 people	\$5,000 funding \$5,00 in kind from agency.
<b>Community Health</b>	<b>Health education and skill development</b> Provide exercise program with falls prevention focus in Neighbourhood Renewal area.	Older people	July 2004 to June 2005	30	\$48,548
	<b>Health education and skill development</b> Physical activity awareness raising month by all health workers in contact with consumers aged over 65	Older people	July 2004 to June 2005	500	\$31,831
	<b>Health education and skill development</b> Offer "Keep Fit Don't Sit" program	Older people	July 2004 to June 2005	40	\$10,489
	<b>Health education and skill development</b> Provide exercise programs in two small communities.	Older people	July 2004 to June 2005	30	\$5,918
	<b>Health education and skill development</b> Provide a range of community based exercise classes to meet the range of needs of older adults.	Older people	July 2004 to June 2005	80	\$16,918
	<b>Health education and skill development</b> Implement the Well for Life program within the existing ADASS program.	Older people	July 2004 to June 2005	140	\$15,000
<b>GPs and Divisions</b>	<b>Screening, individual risk factor assessment and immunisation</b> Promotion of Active Script. <b>Health education and skill development</b> Physical activity resource guide	Older people	July 2004-June 2007	80 GPs	\$10,000

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PCP key stakeholders <sup>3</sup>	Summary of mix of Interventions & CB strategies <sup>4</sup>	Population Target Group/s:	Estimated timelines	Estimated Reach <sup>5</sup>	Resources per key stakeholder for Obj1 <sup>6</sup>
Hospital	<p><b>Health education and skill development</b>                      Latrobe Regional Hospital conducts a range of programs of a rehabilitative nature, including pulmonary, cardiac, chronic heart failure and injury. These programs are time limited and, on completion of the rehabilitation, clients are referred to community-based and personal PA programs.                      A functional maintenance program for in-patients identified as high-risk is to commence shortly.</p>	Rehabilitation clients	Ongoing		Referrals – no cost
	<p><b>Health education and skill development</b>                      Nursing home residents participate in regular diversional therapy activities that involve PA.</p>	Nursing home residents	Ongoing		Part of multi-stimulatory Divisional Therapy program. No separate budget for PA
	<p><b>Health education and skill development</b>                      A weekly session of "free swim group" at the LRH hydrotherapy pool is available to those people who have been rehabilitation clients at LRH and are unable to access a suitable facility to continue their PA.</p>	Former rehab clients	Ongoing	6 each week	Nil. No PCP resources.
	<p><b>Health education and skill development</b>                      In 2003-04, a partnership with Morwell Leisure Centre, funded by VicHealth's Active participation funding, allowed for a PA program to be introduced to the nursing homes residents at LRH. Initial evaluation indicates that this program provided benefits for the client group and further funding for a longer, evaluable program may be sought.</p>	Nursing home residents	N/A	N/A	\$8000 03-04 Funded by VicHealth. No PCP resources.
PCP	<p><b>Health education and skill development</b>                      Tai Chi for Balance Program</p>	Older adults/adults	2004-2005	500	\$14,300
	<p><b>Social marketing and health information</b>                      Awareness raising (Physical Activity as part of Falls Prevention) through: Media articles/ press releases and advertisements. Brochure/ written resource distribution. Special events Launches and Falls prevention Road show.</p>	Older adults/adults	2004-2006	35000	\$11,500

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PCP key stakeholders <sup>3</sup>	Summary of mix of Interventions & CB strategies <sup>4</sup>	Population Target Group/s:	Estimated timelines	Estimated Reach <sup>5</sup>	Resources per key stakeholder for Obj1 <sup>6</sup>
	<b>Setting and Supportive Environments</b> Involvement/partnership with Baw Baw Active Communities project	Older adults/adults (and teenagers)	2004-2006	10000est	Unclear
	<b>Health education and skill development</b> Implementation of Well for Life and additional physical activities for older people (* Part of the new Community Based Falls Prevention Project which is yet to commence)	Older adults/adults in the Community and in Residential Aged Care Facilities	2005-2006	5000est	\$23,000
PCP HP capacity building <sup>7</sup>					
Estimated Total Budget per Objective <sup>6</sup> :					
Estimated Total Budget per Goal <sup>6</sup> :					

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<b>Priority Goal:</b>	Increase the levels of physical activities of older people and younger children to improve health outcomes				
<b>Objective 2:</b>	To increase awareness of and access to physical activities for younger children				
<b>Est. Impacts<sup>2</sup> (Qual/Quant) for Objective 1</b>	<i>Increased level of physical activity amongst younger children.</i>				
<b>PCP key stakeholders<sup>3</sup></b>	<b>Summary of mix of Interventions &amp; CB strategies<sup>4</sup></b>	<b>Population Target Group/s:</b>	<b>Estimated timelines</b>	<b>Estimated Reach<sup>5</sup></b>	<b>Resources per key stakeholder for Obj1<sup>6</sup></b>
Community Health	<b>Settings and Supportive Environments</b> Work with Gippsland Pacers to promote physical activity in primary schools			600	\$4,244
Local Government	<b>Health education and skill development</b> Walking School Bus Program	5 – 12years Primary target group	2 years	2 years	.4
GPs and Divisions	<b>Screening, individual risk factor assessment and immunisation</b> Promotion of Active Script. <b>Health education and skill development</b> Physical activity resource guide	Younger children and families	July 2004-June 2007	80 GPs	\$10,000

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PCP key stakeholders <sup>3</sup>	Summary of mix of Interventions & CB strategies <sup>4</sup>	Population Target Group/s:	Estimated timelines	Estimated Reach <sup>5</sup>	Resources per key stakeholder for Obj1 <sup>6</sup>
PCP	<p>To engage children in new active play by offering a Music and Movement Program</p> <p>Involve parents/kindergarten teachers/neighbourhood house in running Music and Movement Program</p> <p><b>Community action</b></p> <ul style="list-style-type: none"> <li>• Use the Rokeby Coordinator as a mentor for additional sites</li> <li>• Use the Rokeby Coordinator as a mentor for the Churchill parents</li> <li>• Pilot the program in Drouin and at the NHR are Preschool</li> <li>• Expansion of program, driven by community volunteers</li> <li>• Workshop to train facilitators</li> </ul> <p><b>Setting and Supportive Environments</b></p> <ul style="list-style-type: none"> <li>• Work with the Neighbourhood Renewal Project, Neighbourhood House and local community to implanted the Music and Movement program</li> <li>• Form a working group</li> <li>• Form a steering committee of teachers/parents and key stakeholders</li> </ul> <p><b>Workforce Development</b></p> <ul style="list-style-type: none"> <li>• Peer train the trainer</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Develop facilitators manual for the Music and Movement program</li> </ul> <p>Purchase the manual available from the Music and movement program operating in Rokeby</p> <p><b>Resources</b></p> <p>Form a steering committee Contact key stakeholders Link in with Smile for a Mile oral health project steering committee</p>	<p>Preschool children Parents Teachers Neighbourhood House</p> <p>Local council, NHR project staff Pre-school teachers Community Health Reps</p>	<p>August 2004- June 2005</p> <p>October 2004</p>	<p>Baw Baw Shire Kindergartens Neighbourhood Houses Glendonald preschool Elizabeth Wilmont preschool Moe Height preschool Cameron Street preschool</p>	<p>25,000.00</p>

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PCP key stakeholders <sup>3</sup>	Summary of mix of Interventions & CB strategies <sup>4</sup>	Population Target Group/s:	Estimated timelines	Estimated Reach <sup>5</sup>	Resources per key stakeholder for Obj1 <sup>6</sup>
	<p>To educate parents of children aged 0-5 in regards to active play</p> <ul style="list-style-type: none"> <li>• Participate in the Baw Baw Shire Kids Stuff Winter Festival promoting healthy active play</li> <li>• To actively seek sponsorship from local organisations for public forums</li> </ul> <p><b>Social marketing and health information</b></p> <ul style="list-style-type: none"> <li>• Promotion of event</li> <li>• Active Play Display</li> <li>• Show Bags</li> <li>• Physical Activity Demonstrations</li> <li>• Health and Physical Activity information</li> <li>• Promote local businesses support of healthy lifestyle</li> </ul> <p><b>Community Action</b></p> <ul style="list-style-type: none"> <li>• Feedback from Community provided via evaluation survey to identify needs and planning for future festivals</li> </ul> <p><b>Health education and skill development</b></p> <ul style="list-style-type: none"> <li>• Demonstrations by local businesses/sporting agencies</li> </ul>	Families	July 2005	Baw Baw Shire Latrobe Shire LCHS West Gippsland Arts Centre WGAC WGHC Sporting Associations/c lubs	\$25,000
	<p><b>Health education and skill development</b></p> <p>To upskill/educate pre-school teachers in regards to active play</p> <ul style="list-style-type: none"> <li>• Distribute resource packs</li> </ul> <p>Support the development /implementation of a food policy</p>	Pre-school staff Parents	August 2004 – June 2005	22 Preschool teachers.	
PCP HP capacity building <sup>7</sup>					
Estimated Total Budget per Objective <sup>6</sup> :					
Estimated Total Budget per Goal <sup>6</sup> :					

