
EAST GIPPSLAND PRIMARY CARE PARTNERSHIP



COMMUNITY HEALTH PLAN 2003 – 2004

Prepared by Peter Muldoon
On behalf of the
East Gippsland Primary Care Partnership

Introduction:

The East Gippsland Primary Care Partnership welcomes the opportunity to present the Community Health Plan for 2003-2004. The report covers both progress to date and future directions.

East Gippsland PCP Profile

The East Gippsland Primary Care Partnership (EGPCP) is a voluntary alliance of 23 agencies providing primary health care in East Gippsland. The East Gippsland Primary Care Partnership formed in July 2000 and is funded by the Victorian Government to develop new ways of improving the delivery of health services within our community. The alliance focuses primarily on improving services delivered within the community rather than health services in hospitals.

Our Vision

'Every resident and visitor to East Gippsland, regardless of their age, geographic, social or economic situation, will have easy access to a quality health service which is: appropriate to their needs; well coordinated; and provides seamless integration from initial contact to exit of the system.'

How we expect to get there

This vision drives the East Gippsland Primary Care Partnership. PCP member agencies remain committed to:

- **Improving** the experience of the consumer in their contact with the service system
- **Breaking** down the barriers for those who have the greatest difficulty accessing services
- **Enhancing** the capacity of agencies to achieve better health outcomes for their communities and better meet their needs
- **Promoting** a team approach to health service delivery across East Gippsland
- **Enhancing** good practice that already exists within the catchment
- **Ensuring** that the service system changes are appropriate and relevant to agencies and communities

We believe by progressing work based on these objectives we will in the long term ensure that our communities can access services when and how they need and improve their health and wellbeing.

The shared values that guide our work

Our alliance is committed to a shared set of values that further guide the way we work together and with our communities. These values include a commitment to:

- ◆ Equity for vulnerable population groups and small and remote services
- ◆ Transparency in our management and administration systems
- ◆ Respect for the differences and similarities of our members as well as the different communities that use our services
- ◆ Trust that is built on doing things together and taking risks
- ◆ Building capacity at a community, agency, staff and individual level in the development and implementation of projects

East Gippsland Catchment profile

Other factors that guide our work include an increased understanding of the socio-demographics and health indicators for our catchment.

Geographic Profile

East Gippsland is located in far eastern Victoria, between 280 and 550kms from Melbourne. The catchment covers 20,931 sq.km and is the second largest single local government area in rural Victoria. East Gippsland's population of 37,792 and a ratio of persons per square kilometre of 1.9:1 km highlight the significant geographic isolation of many of our residents.

Socio demographic Profile

Research undertaken by the EGPCP further illustrates some of the challenges facing East Gippsland now and in 20 years time.

- ◆ A lower than Victorian average growth rate is expected over the next 20 years
- ◆ Inconsistent population growth across the catchment
- ◆ More remote areas expecting a significant decline while others experiencing continued increases
- ◆ Changes to the size of different population groups are also expected to continue and accelerate over the next 20 year period
- ◆ Estimated increase in the aged population (65+ years) by almost 100% to approximately 13,000. This equates to an increase of 2000 every five years
- ◆ Large reduction in the 0-4 and 5-14 population over the next twenty years by 26% and 36% respectively
- ◆ 10% of residents born overseas (Gippsland 12%)
- ◆ 3% of residents speak language other than english at home (Gippsland 4%)

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- ◆ High level of indigenous residents 2.7% (Gippsland 1.1%)

These will have a significant impact not only on demand for services but also the level of access to primary and acute health services that are needed to support the health and wellbeing of our communities.

Health and wellbeing profile

East Gippsland residents live longer and live healthier lives than they did 100 years ago. Improvements in sanitation, food and water quality, education, work safety, medicines, increased accesses to immunization and advances in medical technology have combined to improve our overall health. Fewer children die at birth and in early childhood. Fewer people die from heart disease or infectious diseases.

However closer analysis of health and wellbeing data indicates that not all East Gippslanders are as healthy or live as long as other people in their community. Some people die earlier, or suffer more illness than others.

The *'Burden of Disease'* report released in 2001 by the Victorian Government identified that for East Gippsland the major causes of ill health and death were in order:

- ◆ **cardio-vascular diseases** (diseases of the heart or blood vessels such as heart attacks, angina, stroke)
- ◆ **cancer** (bowel cancer, pancreatic cancer, lung cancer, melanoma, leukaemia, prostate cancer and cervical cancer)
- ◆ **injuries** (particularly road accidents and suicides for both sexes and falls in females)
- ◆ **mental health illness** (including depression and dementia)

For many of these health issues East Gippsland is above the Victorian average.

Life expectancy data from this report indicated a significantly lower life expectancy for East Gippsland males at 74.2 yrs compared to the Victorian average 75.59 yrs. Life expectancy for females at 81.06 yrs is the same as Victorian average.

The health report *'Victorian Ambulatory Care Sensitive Conditions Study'* released in 2002 identified that the top 5 reasons for hospital admissions in East Gippsland were in order:

- ◆ Diabetes
- ◆ Angina
- ◆ COPD
- ◆ Asthma
- ◆ Dental conditions

The 'Burden of Disease' report also listed the highest risk factors impacting upon early death and disease were in order:

- ◆ Tobacco
- ◆ physical inactivity
- ◆ high blood pressure
- ◆ obesity

Our approach

The EGPCP based solely on this evidence could have taken a disease or injury specific focus in its partnership, service coordination and health promotion strategies. The weakness of such an approach is that it does not give full weight to the fact that there are sub-groups within the community who bear the highest burden of disease.

Instead using the social model of health framework and the *Ottawa Charter* the EGPCP focussed its activity on specific population groups (aged, koori, men) effected more severely by a range of social determinants (including gender, culture, isolation, education etc) with an emphasis on building capacity at community, agency and individual level.

The bottom line - is it working?

The EGPCP remains an effective and successful platform for developing and implementing joined up approaches to issues impacting upon our communities.

This is not to say that progress is consistent across the board but we are heading in the direction we need to achieve our vision and goals.

The following section highlights our achievements to date and the challenges ahead.

Highlights - what's worked well

Integrated Health Promotion

Two projects were undertaken in 2002/2003 using a capacity building model and supported by a common capacity building evaluation framework.

Koori Health Promotion project highlights:

The Koori Health promotion project works across three local koori communities and aims to increase the capacity of indigenous communities to identify priority health and wellbeing issues and develop strategies to address these.

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An additional aim is to build the capacity of local mainstream services to work effectively with the local koori communities in addressing these priorities needs.

Highlights include:

- ◆ Successful establishment of joint indigenous communities reference group (Lake Tyers Aboriginal Trust, Moogji Aboriginal Council and Lakes Entrance Kurnai Gunai Council) to steer the project
- ◆ Development of Principles of Engagement with indigenous communities with subsequent endorsement and commitment by EGPCP member agencies
- ◆ Successful negotiation with VACCHO for the delivery of Koori Health Worker Certificate training in East Gippsland starting in July 2003
- ◆ In principle agreement of agencies to establish indigenous employment strategy
- ◆ In principle agreement to the development of Memorandums of Understanding between mainstream agencies and indigenous organisations
- ◆ Delivery of Cross Cultural Awareness training to EGPCP agency CEO's, Senior Managers, Boards of Management and GP's
- ◆ Delivery of First Aid training to indigenous workers
- ◆ Delivery of an ongoing school holiday recreation program for local indigenous communities by local koori workers

Mens Health promotion projects

The project was established in 2001 and aims to increase the capacity of individuals, agencies and communities to improve the health and wellbeing of men in East Gippsland.

Highlights include:

- ◆ 10 community based health screening and health information sessions, known as PI TSTOP, run across East Gippsland. Over 400 people have received free health checks at these community events
- ◆ The PI TSTOP events used a multi agency team and included GP's, allied and community health workers
- ◆ Successful education and training forum held as part of East Gippsland Primary Care Conference
- ◆ Establishment by July 2003 of 5 mens health reference groups based at Mallacoota, Omeo, Orbost, Buchan and Bruthen townships
- ◆ Implementation of train the trainer initiative to support local agencies implementing PI TSTOP events
- ◆ Resourcing of Activity Circuit in remote township - multi agency community project

Falls Prevention project

The Footholds on Safety project a multi-agency East Gippsland falls prevention project began in 2001 and will be completed in 2003.



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Highlights include:

- ◆ Development and implementation of Foothold on Safety falls risk identification tool – this is used to identify women over 65 years that are assessed as at risk of falls. The assessment is then used to refer people to the Assessment, Balance Strength & Education program (ABS& E)
- ◆ Implementation of ongoing sustainable nine-week program ABS&E Program in Bairnsdale, Lakes Entrance and Orbost. (Home safety audits are also included in this program)
- ◆ Development of a falls prevention practice manual
- ◆ Successful implementation of a community education activity in several East Gippsland towns – *'Challenge Games'*
- ◆ Successful running of Falls Prevention professional education forum in East Gippsland
- ◆ Publication of a Healthy Activity Recreation Guide for East Gippsland
- ◆ Development of linkages between local GP Clinic and health service with EPC Health Assessments generating referrals to ABS&E program
- ◆ Extension of physio services (group gym sessions) at local community health service for 'graduates' of program

Service Coordination Highlights

The EGPCP implemented four service coordination projects over 2002. The projects operated in a major township; aboriginal community and a remote area and developed protocols and practice guidelines on the use of the state-wide SCoTT's. In addition a number of innovations were developed including a care pathways referral directory, referral fax cover and acknowledgment proforma's, indigenous care planning processes and a whole of health assessment model.

Other activities completed in 2002 include a SCoTT Train the Trainer module for EGPCP member agency staff and the GP Key Contact poster to be used as quick referral guide for GPs and their practice staff.

Information Technology and Information Management

The EGPCP along with three other Gippsland PCP's in 2001 formed a strategic partnership with Gippsland Health Alliance. The alliance of primary health care providers has developed a regional strategic IT plan, which will provide a shared IT platform across Gippsland.

Successful funding submissions in 2001 and 2002 will mean in the short and long term access by agencies within our rural and remote catchment to IT infrastructure that will support increase innovation in health care delivery and management.



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Highlights include:

- ◆ Establishment of video conferencing facilities at Lakes Entrance, Nowa Nowa, Cann River, Buchan and Mallacoota health services. These facilities combined with existing units at Omeo, Bairnsdale and Orbost Acute sites provide an extended video conferencing capacity to support administration/meeting, education and training and clinical care uses by health services
- ◆ Establishment of IT link between Lakes Entrance Community Health and Lakes Tyers Aboriginal Trust has provided medical director access by GPs and practice staff for the first time
- ◆ A number of other projects are about to be launched including the Knowledge Portal project, which will provide a regional link for agencies to the state-wide electronic Service Directory. The project will provide the platform for electronic referral capacity
- ◆ In principle agreement by agencies to a Gross Operating Revenue funding model for access to the GHA Network will provide equity for smaller agencies

Partnership highlights

A major impact of the PCP strategy in East Gippsland has been the effective platform it has created for continued collaboration between agencies.

The recent bushfires in East Gippsland and the subsequent multi agency primary care service response provides an excellent example of the impact the PCP has had on agencies increased capacity for working together for the benefit of the community.

Other highlights include:

- ◆ Establishment of a consumer reference group who as part of the EGPCP consumer participation project have developed a consumer and carer charter and an agency good practice manual for engaging consumers
- ◆ 'Now and in 20 years time' Primary Care conference held in June 2003. The conference was coordinated and sponsored by the EGPCP and attended by over 120 agency staff and consumers representing more than 30 organisations

The way forward

The EGPCP remains committed to working together to support the health and wellbeing of the East Gippsland community. Section 2 describes the approach and strategies the EGPCP will implement in 2003/2004.

The EGPCP is cognisant of the need to work within the available resources and has developed the Community Health Plan as a 'working document' with the intention to continually review the workplan throughout the next 12 months.



Operational Plan 2003-2004

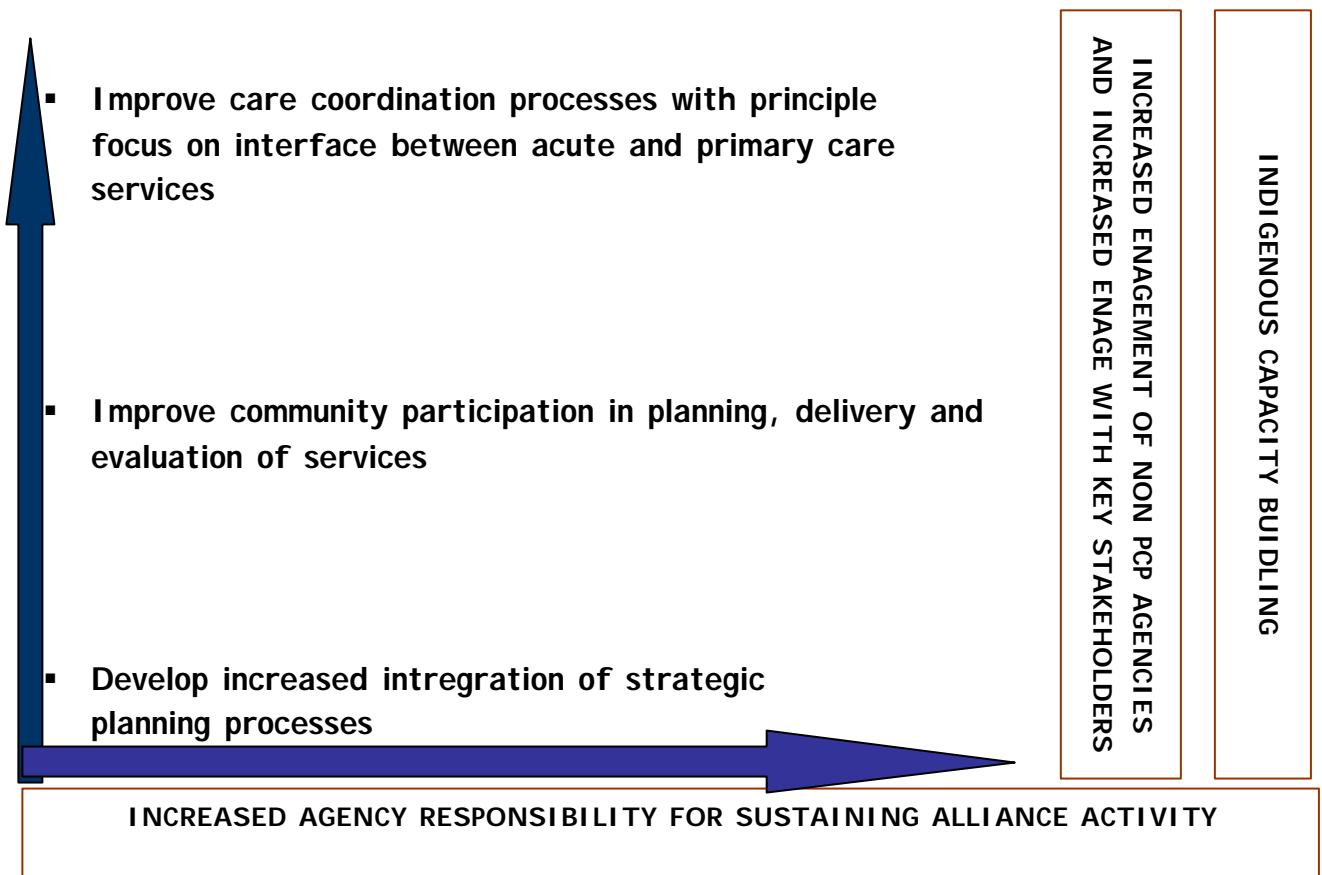
Key strategic priorities

The East Gippsland PCP has identified three key strategic priorities as critical drivers of work for the 2003/2004 financial year and beyond.

- Improved care coordination processes with principle focus on interface between acute and primary care services
- Improved community participation in planning, delivery and evaluation of services
- Increased integration of strategic planning processes

A number of outcomes fit beneath and across these drivers.

- Increased sustainability, responsibility and learnings of EGPCP at agency level - beyond the PCP strategy resourcing and timeframe
- Increased indigenous capacity building
- Increased engagement of non PCP agencies and key stakeholders



Planning context

In developing the operational plan the EGPCP has been cognisant of several factors:

- The level of resourcing available
- The need to build on existing work and projects

In this context the operational plan has limited its scope to two flagship priorities – **aged and koori population health**. It is expected that work beyond these population group priorities will naturally occur during this next financial year due to emerging partnership and external funding opportunities. This work will principally occur outside of the PCP Alliance structure and resourcing budget and as such is not included in the operational plan.

In addition the EGPCP will consider and implement a range of strategies aimed principally at service coordination systems improvements. These have application to the flagship priority population groups but are more generally whole of population approaches. These are described at the *beginning* of the next section.

Flagship priorities

The two flagship priorities for 2003 – 2004 are improving the health and wellbeing of the aged and koori populations of East Gippsland.

Both flagships will have a combination of integrated health promotion interventions and service coordination processes implemented to improve the health outcomes of these population groups.

The approach

The PCP will continue to work with the community of East Gippsland in developing and implementing health promotion and service coordination strategies that address racial, cultural and socio-economic health disparities and lead to extending the years and quality of life in the East Gippsland community.

The strategies will:

- ◆ Address the broader social determinants of health in East Gippsland, including the issue of rurality.
- ◆ Be based upon the best available data and evidence.
- ◆ Act to reduce social inequities and injustice.
- ◆ Emphasise active consumer and community participation.
- ◆ Empower individuals.
- ◆ Consider differences in gender and culture.
- ◆ Facilitate inter-sectoral cooperation.

WHOLE OF POPULATION STRATEGIES (NOT SPECIFIC TO KOORI POPULATION)				
Strategies (with Intervention Levels)	Improved care coordination processes	Improved community participation in planning, delivery and evaluation of services	Increased integration of strategic planning services	Responsibility
Development of discharge planning protocol BRHS and PCP member agencies (Organisational Development)	✓	✓		BRHS PCP Steering committee PCP Practitioners Network EGDGP
Review of after hours intake processes of member agencies (Organisational Development)	✓		✓	PCP Steering committee PCP Practitioners Network EGDGP
Development of shared client case management model (Organisational Development)	✓	✓	✓	PCP Steering committee PCP Practitioners Network EGDGP
Implement EGPCP Coordinated Intake and Referral Protocols and Review (organisational Development)	✓	✓		Practitioner Reference group PCP Steering Committee EGDGP Acute Health services

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Strategies (with Intervention Levels)	Improved care coordination processes	Improved community participation in planning, delivery and evaluation of services	Increased integration of strategic planning services	Responsibility
Publish and market Local Services Directory consistent with Electronic Services Directory being developed regionally though GHA (Resources)			✓	GHA Practitioner reference group
Information technology - Support roll out of the GHA broadband network	✓		✓	PCP Steering Committee Members GHA
Information technology - Trial and evaluate with GHA video conferencing project	✓		✓	PCP Steering Committee Members GHA
Information technology - Establish with GHA Knowledge portal project			✓	EGPCP Steering Committee Members GHA

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Information technology - Support the development of compatible client information software with common UR number used across acute and primary health settings	✓		✓	GHA EGPCP Steering committee members
Resource and support of manager/practitioner advisory group	✓			EGPCP steering committee
Resourcing and support of CEO/Senior Managers Forums			✓	EGPCP steering committee
Resource and support the roll out of the consumer charter and manual across PCP agencies		✓		EGPCP Steering Committee KUC
Review of oral health issues impacting upon the East Gippsland Community and development of social marketing integrated oral health promotion interventions			✓	EGPCP Steering Committee

FLAGSHIP 1: Indigenous Health

Community and Service Profile - what the research tells us:

Population:

- According to the ABS 2001 Census, East Gippsland has a total of 1008 Aboriginal and Torres Strait Islander people, or 2.7% of the East Gippsland population
- This rate is over five times the rate of ATSI people at a State level (0.5%)
- 50% of the East Gippsland indigenous population is under the age of 19 years

Life Expectancy:

- Indigenous males have 9-17 years less life expectancy than non indigenous males (59.1 yrs : 75.6yrs)
- Indigenous females have 10-18 years less life expectancy than non indigenous females (63yr: 81.3 yrs)
- The greatest disparity exists at ages 35-54 for indigenous males where the death rate is 5-6 times higher non indigenous males
- The greatest disparity for indigenous females is between 24-34 years and again at 55-64 years where death rates are 3-5 times non indigenous females.

Indigenous Population Growth:

- The annual rate of growth of the Australian Indigenous population (2.0% per year) exceeds that of the non indigenous population (1.2%)
- Increased rate of identification combined with higher birth rates, is predicted to create an annual population increase rate of 5.3% by 2006
- 22% of indigenous births in Victoria are to women under 20 years of age, with 50% of all indigenous births being to women under 24years
- According to VAED data and Koori Liaison Officer 2001 Reports, East Gippsland has almost three times the annual number of indigenous births compared to Latrobe Regional and other Gippsland hospitals

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Perinatal Health:

- Indigenous perinatal death statistics have not however shown significant improvement over time at almost double the rate of non indigenous (17.7 per 1000:10.5 per1000)
- Higher numbers of indigenous babies have low birth weights compared to non-indigenous babies (premature babies 15% compared to 6.6%, full term babies 6% compared to 2%)
- Premature indigenous births are almost double the rate of non indigenous births (12.5% compared to 7.6%)

Employment & Income:

- The East Gippsland Unemployment rate was 9% for the general population in 2001
- Indigenous Unemployment rate in East Gippsland was double that at 19% in 2001
- A further 20% of indigenous people in East Gippsland are on CDEP (work for the dole), making the effective unemployment rate 39%
- 52% of the East Gippsland Indigenous population suffer low incomes (<\$400 per week) and only 5% earn more than \$800 per week, compared with 16% of the non indigenous population

Education:

- In East Gippsland only 37% of 15 -19 year olds are attending education, compared with 73% of non indigenous young people
- 64% of the indigenous population have an educational attainment level of Year 10, compared to 47% of the non indigenous population
- In East Gippsland only 37% of 15 -19 year olds are attending education, compared with 73% of non indigenous young people
- 64% of the indigenous population have an educational attainment level of Year 10, compared to 47% of the non indigenous population
- Only 19% of the indigenous population have Year 11 or 12 compared to 40% of the non indigenous population

Health Status

- Hospitalisation rates for indigenous East Gippslanders are the second highest in the State (following Mildura) at 8.4% of all admissions at BRHS and 10% at Orbost (Koori Health Counts 2001)Reasons for Admission (KHLO Report 2001) include:
 - Chest & throat disease
 - mental health problems, including alcohol and drug use



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- injuries and accidents
 - heart and blood vessel diseases
 - disease of the digestive system, liver and pancreas
 - conditions related to pregnancy
 - symptoms, signs and ill-defined conditions
 - disease of sex organs, kidney and bladder
 - renal dialysis and chemotherapy
- 25% of indigenous males and 29% of indigenous females were found to be obese by the NATSI Survey 1994
 - Whilst indigenous people consume less alcohol than non-indigenous, those who do, may do so at hazardous level. 20% of indigenous male drinkers were in the high risk category compared to 8% of non-indigenous males. (Nation Health Survey 1995)
 - Smoking has been put at twice the rate for indigenous populations compared to non indigenous (AI HW 2001)The Australian Institute of Health & Welfare state that indigenous people suffer higher burdens of emotional stress and possible mental illness than that experienced by the non indigenous population
 - In 2001, 3318/100000 indigenous males compared to only 280/100000 non indigenous males were imprisoned
 - incarceration of indigenous males and juveniles 'permanently alienated them from their communities' resulting in substance abuse and violence upon release (AI HW 2001)

Priorities - what are the key issues identified and prioritised

Priority Target Group:

Local koori community groups, Lakes Tyers Aboriginal Trust and Moogji Co-operative, mainstream primary health agencies and acute health services

Solution Generation - developing strategies

- **Evidence based practice** around the approaches taken in this project are drawn from the work of Hawe et al for the NSW Health Department in developing *Indicators for Capacity Building in Health Promotion*, Green and Krueger (1991) *Health promotion Planning: An Educational and Environmental Approach*, and Telfair et al (1999) *Evaluating Health and Human Service programs in Community Settings*.



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In addition evidence about the nature of the issues to be addressed in promoting the health of a community is drawn from WHO publications, Marmot & Wilkinson (1998), Kawachi et al (1996, 1998,1999), Israel et al (1985,1990,1994) and Health Canada (1999,2000) in identifying the need to recognise and work with the full range of determinants of health in a social model of health approach.

Research evidence in relation to Koori specific engagement and best practice health promotion is not at present available, however will be sought to guide development.

▪ **Relevant statewide action:**

The most pertinent statewide action in health promotion relevant to this project is in the areas of Mental Health, Nutrition, Diabetes, CVD, Alcohol & Drug and Domestic Violence. Future local initiatives including the Gippsland Regional Services Plan, Vulnerable Families and Aboriginal Best Start will also be relevant to the project. Organisations such as VACCHO and Monash University will continue to be engaged in the project.

Strategies - for 2003/2004

The PCP will continue to work with the community of East Gippsland in developing and implementing health promotion and service coordination strategies that address racial, cultural and socio-economic health disparities and lead to extending the years and quality of life in the East Gippsland community.

The strategies will:

- ◆ Address the broader social determinants of health in East Gippsland, including the issue of rurality.
- ◆ Be based upon the best available data and evidence.
- ◆ Act to reduce social inequities and injustice.
- ◆ Emphasise active consumer and community participation.
- ◆ Empower individuals



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- ◆ Consider differences in gender and culture
- ◆ Facilitate inter-sectoral cooperation.

Particular focus for 2003-2004 will be:

- Development of MOUs with community and mainstream services
- Positive employment policies and practices by mainstream organisations
- Permanent access to and delivery of accredited Health Worker training with the local community
- Facilitation of relationships between staff from a variety of disciplines and organisations working together to promote health for the koori community
- Linkages with other catchment projects such as the Vulnerable Families and Aboriginal Best Start
- Improved interface between acute and primary health services including improved discharge planning processes
- Improved service coordination between primary health services

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Template

KOORI POPULATION HEALTH: Strategies for 2003/2004				
Strategies (with Intervention Levels)	Improved care coordination processes	Improved community participation in planning, delivery and evaluation of services	Increased integration of strategic planning processes	Responsibility
Implementation of IT link between NNCH and LECH and LTAT (Organisational Development)	✓		✓	LECH NNCH LTAT GHA
Implementation of Indigenous employment and traineeship strategy (Workforce Development)		✓	✓	Koori HP Project Reference group East Gippsland Shire GEGAC
Implementation of cultural awareness training for all primary care staff (Workforce Development)		✓		EGPCP Steering Committee member agencies Koori HP project
Increased recreation and sport activities for indigenous communities (Community action Settings and Supportive Environments)		✓	✓	Koori HP Project Reference group PCP Steering Committee agencies

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Delivery and support of VACCHO ATSI Health Worker Certificate training (Workforce Development)		✓	✓	Koori HP project Reference group
Establishment of Koori Advisory Council to support East Gippsland Shire Council decision making processes (Organisational Development)		✓	✓	Koori HP project Reference group East Gippsland Shire Council GEGAC
Establishment of Memorandums of Understanding between local indigenous communities and shire and mainstream services (Organisational development)		✓	✓	Koori HP project Reference group East Gippsland Shire Council GEGAC EGPCP agencies Moogji Aboriginal Council LTAT

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Support of koori community agencies uptake of SCOTT and Referral processes (Screening, individual risk assessment and immunisation)	✓			PCP Practitioners Network
External projects - Establish links with Aboriginal Best Start project (Organisational Development)		✓	✓	PCP Steering Committee agencies
Development of reconciliation activity (Community Action)		✓		PCP Steering committee Koori HP Reference group GEGAC
External projects - Establish links with Vulnerable Families project (Organisational Development)		✓	✓	PCP Steering Committee agencies

FLAGSHIP 2: AGED POPULATION HEALTH

Community and Service Profile - what the research tells us:

Population

In 2001, East Gippsland Aged Population (65+yrs) totalled 6931 people. As a population percentage this is equal to 18.22%, where this age group in the State of Victoria is only 12.9%. Within Gippsland, the East Gippsland aged population percentage is second only to that of Bass Coast (23.1%)

Life expectancy

East Gippsland Life Expectancy for males is 74.2 years and females 81.6 years ranking 47th and 32nd in the State respectively. The Disability Adjusted Life Expectancy (deduct the years of life lost to disability) reduces those figures to only 68.15 yrs for men and 74.62 yrs for women

Population growth

- ◆ The aged population is expected to increase by almost 100% by 2021. The population numbers increase during that period from just under 7000 currently to over 13000 within 15 years. In real terms this means an increase of around 2000 additional 65+yr olds every five years.
- ◆ The increase will not be consistent across the catchment. The larger towns and city of Bairnsdale and Lakes Entrance and surrounding districts will experience the greatest growth. Areas such as Paynesville already have an aged population of 28%, Metung 23%, Lakes Entrance 19% and Bairnsdale 17% (1996 figures).
- ◆ The distribution of this population group clusters around Bairnsdale SLA, which takes in Bairnsdale, Paynesville, Bruthen, and Lakes

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Entrance areas. Orbost carries the bulk of the remaining aged population, with South West (Lindenow) and Balance (Omeo/Swifts) areas equal at around 300+each.

Increased life expectancy has the effect of maintaining and increasing the higher age group numbers.

Socio demographic factors

In addition to clinical risk factors, socio-demographic and environmental factors affect the health of any population group.

In particular the following have adverse effect on the health of the aged population in East Gippsland:

- ◆ East Gippsland has the highest proportion of couples without children (47%) and persons living alone (11.3%) across all areas of Gippsland
- ◆ Over 30% of aged people live on their own in East Gippsland
- ◆ East Gippsland has high levels of disadvantage (by IRSED measure*) and least accessibility in terms of some goods, services and opportunities for social interaction (ARIA measure**), and
- ◆ East Gippsland has low levels of income (Aged pension 19.3%, Carers Allowance 17%, Disability Support Pension 17.6% - share of Gippsland total)

Lack of access through income barriers, lack of services and isolation all combine to make issues such as Transport, Housing and Social Support, of vital importance to the Aged.

*IRSED - Index of Relative socio-economic disadvantage - standardised to 1000 average score. East Gippsland 971-952 for three SLAs, South West has the only score above average at 1028














**ARIA - Accessibility/Remoteness Index for Australia - East Gippsland (>3.51-5.80) - significant restricted accessibility of goods, services and opportunities of social interaction.

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Health Status

The following tables show the top ten Disease Conditions causing Disability and Loss of Life for the general population in Victoria compared over a 15 year period. The 2011 columns also indicate where increases or decreases of disease types are indicated.

Table One: All cause East Gippsland Disability Adjusted Life Years top ten diseases 1996/2011: source Burden of Disease 2000 (DHS Southern metro region)

Rank	Men 1996	Men 2011	Women 1996	Women 2011
1	Cardiovascular Disease	Cancer 	Cardiovascular Disease 	Cancer
2	Cancer	Cardiovascular Disease 	Cancer 	Neurological and sense disorders
3	Chronic Respiratory disease	Mental Disorders 	Mental Disorders 	Cardiovascular Disease
4	Mental Disorders	Neurological and sense disorders 	Neurological and sense disorders	Mental Disorders 
5	Neurological and sense disorders	Diabetes 	Chronic Respiratory disease	Chronic Respiratory disease
6	Unintentional injuries	Chronic Respiratory disease 	Musculo-skeletal disease	Musculo-skeletal disease
7	Diabetes	Unintentional injuries 	Diabetes	Diabetes
8	Genito-urinary disorders	Intentional Injuries 	Unintentional injuries 	Genito-urinary disorders

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9	Musculo-skeletal disease	Genito-urinary disorders	Digestive Disorders	Digestive Disorders
10	Digestive Disorders	Musculo-skeletal disease	Genito-urinary disorders	Unintentional injuries

As can be seen CVD diseases to be replaced by Cancer and Mental Disorders, Neurological disorders and diabetes are on the rise for men. Neurological disorders, genito-urinary disorders and unintentional injuries increase for women.

For the Aged Population the information varies only slightly.

Table Two: East Gippsland 65+yrs Age group top ten DALYs 1996/2011

Rank	Men 65+yrs 1996	Men 65+yrs 2011	Women 65+yrs 1996	Women 65+yrs 2011
1	Cardiovascular disease	Cancer	Cardiovascular disease	Cancer
2	Cancer	Cardiovascular disease	Cancer	Cardiovascular disease
3	Neurological and sense disorder	Neurological and sense disorder	Neurological and sense disorder	Neurological and sense disorder
4	Chronic respiratory disease	Diabetes	Chronic respiratory disease	Chronic respiratory disease
5	Genito-urinary disorders	Chronic respiratory disease	Musculo-skeletal diseases	Musculo-skeletal diseases
6	Diabetes	Genito-urinary disorders	Diabetes	Diabetes
7	Digestive Disorder	Musculo-skeletal disease	Digestive Disorder	Mental disorders

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8	Musculo-skeletal disease	Digestive Disorder	Injuries	↑	Genito-urinary disorders
9	Injuries	Injuries	Intentional injuries	↔	Digestive Disorder
10	Intentional injuries	Intentional injuries	Mental disorders	↔	Injuries

While cardiovascular disease is dropping in each gender and this age group – it still ranks second (I schaemic heart disease and Stroke). Cancer therefore moves to the top rank (ca Lung, Prostate, Breast, Colon). The greatest increases happen in the areas of Diabetes for Men up from 6th to 4th and Mental Disorders (Depression and GAD) up from 10th to 7th for Women.

Health risk factors

In addition to the quantifiable information around specific diseases, risk factors have been identified. The highest attributable risks to health at 1996 for the Gippsland area are in order tobacco, physical inactivity, high blood pressure and obesity.

Popular belief would have it that one should expect lesser quality of life through poor health with increasing age. However, research indicates that targeting specific conditions, life style factors and environmental supports has the potential to reduce morbidity and mortality.

In addition a recent study in Victoria highlighted the Ambulatory Care Sensitive Conditions (ACSC's) which need to be targeted to divert the use of acute facilities for conditions which could be treated in the community.

- ◆ The top five conditions for East Gippsland ACSC admissions are Diabetes, Angina, COPD, Asthma and Dental conditions.
- ◆ The number of diabetes admissions was double the next most prevalent condition, in both rural and metropolitan Victoria for 2000/01. The trend for hospital admission rates for most ambulatory care sensitive conditions was higher in the rural areas than metropolitan. And in Gippsland the admission rates for diabetes were higher again than the Victorian average, and all other rural areas.

Priorities – what are the key issues identified and prioritised

Goal

To develop integrated planning, service coordination and health promotion approaches to improve the health and well being of aged residents in East Gippsland

Priority Target Group:

Local aged residents, Primary health care agencies including residential and community based aged health services, East Gippsland Shire Council, Recreational and community services, Acute Health Services

Solution Generation – developing strategies

Good linkages currently exist between primary health care agencies developed through projects undertaken in partnership in recent years. These include PCP auspiced projects (Falls Prevention Project; Chronic Illness Care Plan; Remote Care Plan Project; GP Koori Care Plan Project) as well as projects such as the Bairnsdale Regional Health Service National Hospital Demonstration Project.

These agency partnerships provide a solid basis for integrated interventions across the catchment that can better support the health and wellbeing of our aged population.

Strategies – for 2003/2004

The PCP will continue to work with the community of East Gippsland in developing and implementing health promotion and service coordination strategies that address racial, cultural and socio-economic health disparities and lead to extending the years and quality of life in the East Gippsland community.

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The strategies will:

- ◆ Address the broader social determinants of health in East Gippsland, including the issue of rurality.
- ◆ Be based upon the best available data and evidence.
- ◆ Act to reduce social inequities and injustice.
- ◆ Emphasise active consumer and community participation.
- ◆ Empower individuals.
- ◆ Consider differences in gender and culture
- ◆ Facilitate inter-sectoral cooperation

Service Development focus

The EGPCP taking into account the level of resourcing available in this financial year has identified a range of policy, workforce and organisational development interventions designed to strengthen the service system to support both primary and secondary interventions for the aged population.

Areas for action have been identified through previous agency and consumer evaluations undertaken by the EGPCP through 2001 and 2002 and again reinforced at the recent East Gippsland Primary Care Conference. Issues identified include the need for improved:

- discharge planning
- referral processes between agencies,
- care coordination between providers
- consumer participation in the planning, delivery and evaluation of health services
- access to services

These interventions are principally focussed on service coordination responses. However a number of opportunities currently or will exist in this coming year to develop integrated primary prevention responses.

There is substantial evidence on the effectiveness of increased physical activity and nutrition interventions in improved general health and well being and specifically on diseases such as diabetes and cancer as well as mental health.

The implementation of integrated health promotion plans within community health agencies for instance provides an opportunity for the EGPCP through activities such as the Practitioners Reference group to support evidence based integrated approaches across the catchment.

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AGED POPULATION HEALTH: Strategies for 2003/2004				
Strategies	Improved care coordination processes	Improved community participation in planning, delivery and evaluation of services	Increased integration of strategic planning processes	Responsibility
Development of discharge planning protocol between BRHS and PCP member agencies (Organisational Development)	✓	✓	✓	EGPCP Steering Committee BRHS
Review of after hours intake processes of member agencies (Organisational Development)	✓			Practitioners Reference group EGDGP
Development of shared client case management model (Organisational Development)	✓	✓		EGPCP Steering Committee Practitioners Reference group EGDGP

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Strategies	Improved care coordination processes	Improved community participation in planning, delivery and evaluation of services	Increased integration of strategic planning services	Responsibility
Seek DHS resourcing to implement stage 3 of Falls Prevention Project (Settings and Supportive Environments)	✓			EGPCP member agencies FOS Project Member agencies EGDGP
Implement Workforce development and service planning forums on evidence based physical activity and nutrition interventions (Workforce Development)		✓	✓	Practitioner Reference group EGPCP steering committee member agencies EGDGP
Investigate associated service delivery impacts of increased ageing population including level of dementia sufferers	✓	✓	✓	Practitioner Reference group EGPCP steering committee member agencies EGDGP EGSC

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Investigate current primary mental health service delivery to aged population	✓	✓	✓	Practitioner Reference group EGPCP steering committee member agencies EGDGP EGSC
Improved linkages to and dissemination of learnings from Coordinated Intake project, Chronic Illness Care Planning project, Remote Care Planning project and GP Koori Care Plan project				Practitioner reference group EGPCP steering committee member agencies EGDGP

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Appendix: KOORI POPULATION HEALTH - Integrated Health Promotion Program Summary Grid

Program Goal: To improve the health and wellbeing of the indigenous communities of East Gippsland

Population Target Group/s: Local koori community groups, Lakes Tyers Aboriginal Trust and Moogji Co-operative, mainstream primary health agencies and acute health services

PROGRAM OBJECTIVES:				
<ul style="list-style-type: none"> . Increase the capacity of the three koori communities to identify and address their health needs <u>and</u> . Increase the capacity of local health services to work with their local koori communities in addressing these health needs 				
Health Promotion Interventions and Capacity Building Strategies	Estimated impacts	Estimated reach	Timelines	Estimated Costs
<p>Community action</p> <p>1.1 Resourcing and coordination of Koori health promotion management committee</p> <p>1.2 Reaffirm commitment and facilitate involvement on working party by Lakes Entrance Gunai Kurnai Elders Cooperative</p> <p>1.3 Implement community identified HP activities including recreation and school holiday programs</p>	<ul style="list-style-type: none"> ▪ 100% of participating agencies continue to regularly attend KHP management committee meetings ▪ Min. two members of each of the three indigenous communities and two mainstream agencies continue to attend regularly ▪ 80% of all participants report increase knowledge, skills and confidence in developing and implementing strategies to address identified health priorities out of three 75% of agency members ▪ 80% of KHP working party meeting attended by representatives from Lakes Entrance Gunai Kurnai Elders Cooperative ▪ 100% of all school holiday periods include KHP sponsored HP activities across the 3 sites ▪ KHP sponsored recreational and sporting activities occur across the 3 sites 	<p>Committees of management and senior staff of:</p> <ul style="list-style-type: none"> ▶ Lake Tyers Aboriginal Trust, Health and Children's Services Committee ▶ Moogji Aboriginal Council ▶ Gunai/ Kurnai Elders Cooperative ▶ Orbost Regional Health ▶ Lakes Entrance Community Health 	<p>June 2004</p>	<p>TOTAL budget</p> <p>Sitting fees \$2000</p> <p>Brokerage funds \$20,000</p> <p>Project worker salaries (.8 EFT) \$ 43,018</p> <p>MOU Resourcing and support \$ 9746</p> <p>Business Support Costs \$12,654</p>

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<p>Settings and Supportive Environments - organisational development</p> <p>1.1 Adoption of 'Principles of Engagement of Koori communities' by participating agencies</p> <p>1.2 Implementation of indigenous employment strategy in mainstream and indigenous community organisations in East Gippsland</p> <p>1.3 Development and publication of recreation activity procedure manuals to support local community workers in future activity planning</p> <p>1.4 Development, resourcing and publication of koori newsletter</p>	<ul style="list-style-type: none"> ▪ 100% of participating mainstream agencies integrating the 'Principles of engagement of koori communities' into their agency policies and procedures ▪ 100% of participating agencies and minimum of 2 non participating agencies implement positive employment strategy 	<ul style="list-style-type: none"> ▶ Orbost Regional Health ▶ Lakes Entrance Community Health 	<p>By June 2004</p>	
<p>Organisational Development</p> <p>1.1 Establishment of MOU's between mainstream health services / East Gippsland Shire Council and koori community organisations</p>	<ul style="list-style-type: none"> ▪ Minimum 6 traineeships established within PCP member agencies and non participating agencies ▪ 3 MOU's established by June 2004 	<p>6+ agencies</p>	<p>By June 2004</p>	

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<p>Workforce Development</p> <p>1.1 Facilitation and assistance in the delivery of cross cultural training to primary care staff of agencies in EGPCP</p> <p>1.2 Delivery and support of VACCHO Health Worker training in East Gippsland</p> <p>1.3 Dissemination of project learnings and recommendations to EGPCP steering committee</p>	<ul style="list-style-type: none"> ▪ Implementation by 3 mainstream and community controlled agencies of cross cultural training ▪ 80% of staff attending this training report increased knowledge of the social, political and environmental factors impacting upon the Indigenous communities health and wellbeing ▪ Successful delivery of ATSI Health Worker Certificate training modules in East Gippsland ▪ Final report including recommendations to EGPCP steering committee 	<p>GEGAC LTAT MAC LEKGEC LECH ORH BRHS</p>	<p>By June 2004</p>	
<p>Resources</p> <p>1.1 Employment of project worker</p> <p>1.2 Resourcing of HP activities including recreation and school holiday programs</p> <p>1.3 Resourcing of the development and publication of recreation activity procedure manuals</p> <p>1.4 Resourcing of the development and publication of koori newsletter</p>				
<p>TOTAL BUDGET</p>				<p>\$87,428</p>

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DOCUMENTS SOURCED FOR THIS PUBLICATION:

Gippsland Community Wellbeing Profile

East Gippsland Community Profile

Population group profiles - Lakes Entrance Community Health

East Gippsland Community Health Plans 2001/2002 and 2002/2003 have been used as additional source documents and contain comprehensive bibliographies