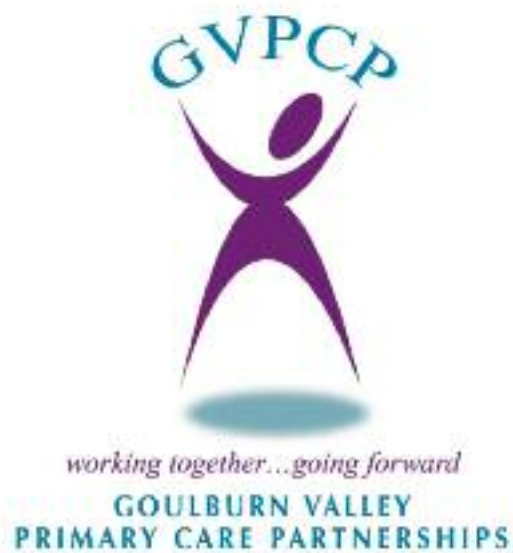


GOULBURN VALLEY PRIMARY CARE PARTNERSHIPS



Better Rural Health Community Health Plan 2004-2006

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GVPCP Chairs Report

It is with much pleasure that I commend the Goulburn Valley Primary Care Partnership *Better Rural Health Community Health Plan 2004-2006* to you.

Primary Care Partnerships are relatively new organizations. Prior to April 2000, the Department of Human Services had no corporate position for consistent cross-program approaches for service coordination and health promotion. The *Better Rural Health Community Health Plan 2004-2006* document outlines how the Department will utilize PCP's to inform and coordinate all initiatives that require partnerships across primary health care services, or between these services and other health and community services, and across other sectors. That is a significant shift in just over four years.

During the 2004/2005 and 2005/2006 financial years, the Goulburn Valley Primary Care Partnership (GVPCP) will focus its program of activities on Service Coordination, Integrated Health Promotion, Mental Health and Social Connectedness, Healthy Weight, Reducing Alcohol, Tobacco and Other Drug Abuse, Healthy Ageing and Capacity Building. These areas are consistent with the priorities of the Department of Human Services and those identified by our GVPCP membership. There are also programs such as the General Practice Small Grants, Chronic Physical and Mental Illnesses Pilot project and the Falls Risk Audit for Workplaces that will be carried over from last year and finalized during the life of this plan.

At the inaugural Health Promotion Forum by members, held earlier this year, I read out an extract from a 1989 article in the American Journal of Health Promotion that states:

“Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change.”

A large number of the activities that the GVPCP members undertake are done so to facilitate lifestyle changes for our target groups. Such activities are made easier by combined efforts through partnership programs and integrated linkages with other like minded organizations. I trust that the Goulburn Valley Primary Care Partnership *Better Rural Health Community Health Plan 2004-2006* will act as the supportive environmental framework that will underpin the efforts of the GVPCP members, and in doing so, produce the best possible outcome for our community.

I look forward to working with the GVPCP Executive and staff, the Department of Human Services and GVPCP members to implement the plan over the next two years.

Debra Cottrell
Chair
Goulburn Valley Primary Care Partnership

Service Coordination

Introduction

The PCP Strategy 2004-2006 Implementation Plan update, distributed by DHS sets out some clear objectives in regard to Service Coordination, based on three major areas of activity, to be undertaken over two years. The three major areas of activity are as follows

1. to **support priority human services agencies, which are new to service coordination**, implement the Better Access to Services operational framework; (significant PCP service coordination effort and resources should be applied to this task)
2. to **support priority General Practice(s)** improve the quality of referral and care planning and in particular **implement the General Practice Statewide Referral form**
3. to continue to **support agencies that have already successfully implemented** the Better Access to Services operational framework for initial contact and initial needs identification, and to support those agencies to move on to **implement the Better Access to Services operational framework for assessment and care planning**

Better Access to Services

Through its Better Access to Services Strategy, Goulburn Valley Primary Care Partnership has sought to achieve the following outcomes:-

- A better and more comprehensive understanding of our community and its experiences in accessing primary care services in order to inform quality improvement and service system development.
- Improved communication between consumers, primary care providers and other key stakeholders to enhance continuity of care and improved transition of care and care information between providers.
- Development of a process to streamline entry to and navigation of the service system to ensure access to the right service, in the right place, at the right time.
- Active involvement of member agencies in the development and adoption of agreed practice, policies, protocols and systems to support implementation of the service co-ordination model.
- Active involvement of member agencies in the implementation, evaluation and further refinement of the Service Co-ordination tool templates.

Adopt an Agency Program

The DHS Strategic Directions update indicated that

“As resources are limited, PCP member agencies need to strategically focus their efforts, particularly when considering which agencies new to Service Coordination they are going to work with. This approach recognises that in an environment of limited resources, Primary Care Partnership resources are best directed to those agencies and General Practice(s) that will deliver the greatest returns for consumers and carers from that investment.”

To achieve both the broad aims of the Service Coordination strategy and focus limited PCP resources in the most appropriate manner, GVPCP promoted an “Adopt an Agency Program”. This program was based on the concept that agencies seeking assistance would be “adopted” by the PCP office and supported through the various implementation/Service Coordination issues.

Agencies “adopted” under this plan are:

Agency	Program Area
Goulburn Valley Community Health	Drug and Alcohol program (better integration of SCTT within SWITCH)
Mental Illness Fellowship (Shepparton)	Mental Illness (supporting Statewide rollout of SCTT via Care Manager)
Numurkah Hospital	Three distinct projects: <i>Acute Referrals</i> <ul style="list-style-type: none"> Enabling printing of SCTT forms directly from VITAL Long term goal: Expansion of usage to other hospitals <i>GP Referrals</i> <ul style="list-style-type: none"> Local Medical Service sending referrals to Community Health using SCTT printed from Medical Director Long Term Goal: Expansion of usage to other medical services <i>BDNH</i> <ul style="list-style-type: none"> Expanded use of existing software within Community health to complete/print SCTT
Goulburn Valley Hospice (new member)	<i>Palliative Care Service</i> Introduction of SCTT tools via BDNH software
Euroa Health (Gilburn Planned Activity Group) (“Amaroo” Highcare facility)	Introduction of SCTT tools into Residential Aged Care in conjunction

Outline of the project plans are in contained in the Service Coordination planning grid.

Review of PPPS

Another key undertaking will be a review of the current PPPS manual, initially produced by City of Greater Shepparton on behalf of the GVPCP. The review will examine:

1. Current usage of the manual
2. Issues regarding protocols
3. Improvements in content and presentation of manual (especially for new users)

Review of Best Practice

The Service Coordination working group are keen to ensure that Best Practice models are available within the GVPCP catchment. This will involve:

- Identification of Best Practice Models within the catchment
- Review of Communications Strategy to include Agency highlights (including Staff Exchange program); Service Coordination News other information of importance to members

E-Referral

The long term goal of Service Coordination is to enable effective E-Referrals to be made between agencies, eliminating unnecessary manual processes currently in place. Whilst other PCP’s are further advanced in this process development, GVPCP have agreed to work with the other PCP’s in the Hume region to further explore the relevant issues regarding E-Referral in the Hume Region. To achieve that, an initial information forum for all agencies will be held in February 2005. At that forum, current E-Referral solutions will be showcased to allow agencies to be better informed in regard to the available options.

Key questions that will be examined at this forum will be:

1. Referral process for agencies *within* HumeNET
2. Referral process from agencies *within* HumeNET to agencies *outside* HumeNET
3. Referral process from agencies *outside* HumeNET to agencies *inside* HumeNET
4. Referral process from agencies *outside* HumeNET to agencies *outside* HumeNET

Technology options to be explored will be:

- Connectingcare.com
- HumeNET
- PKI
- Other solutions being currently trialled

GP Engagement

GVPCP has a significant commitment to GP Engagement over the next two years. Within the “Adopt an Agency” program significant work is being done on widening the use of the Statewide Referral form from within Medical Director. Previous pilot studies as shown strong resistance amongst GP’s with the primary reasons given for not utilising the forms as:

- Time taken to print the form
- Number of unnecessary pages printed
- Inappropriate, unnecessary information printed

The projects being undertaken with Numurkah Hospital involves a trial by Numurkah Medical Clinic with the Practice Nurse providing referrals to Numurkah Community Health service via Medical Director and the Statewide referral forms. If successful, it is proposed to attempt to widen the usage through this methodology to other practices with a Practice Nurse.

Service Coordination Planning Template

Goulburn Valley PCP

MAJOR AREA OF SERVICE COORDINATION ACTIVITY	GOAL <i>(What is the projected outcome over 2 years?)</i>	STRATEGIES <i>(How will the projected outcomes be achieved and by whom?)</i>	TIMELINES <i>(When will each of the key tasks be completed?)</i>	MEASURES <i>(How will the PCP decide whether it has achieved its goal?)</i>
Support Hospital based agencies which are existing users of SCTT to widen usage within acute sector of the hospital	Numurkah Hospital introduce usage of SCTT forms in acute wards of the hospital	<p>Goulburn Valley Health, Information Technology Department (GVH IT) to develop an intranet based report which is identical to current SCTT form, that auto-populates patient information from VITAL (PMI) and can be exported to Word for editing, printing & emailing.</p> <p>Numurkah Hospital to trial form by one worker in acute setting for three months with GVH IT providing support & modifications to the form as required</p> <p>Numurkah Hospital to evaluate trial and provide implementation plan for remainder of acute wards</p> <p>VITAL/SCTT form & procedures rolled out across acute ward</p> <p>Project report completed & disseminated to all GVPCP members</p>	<p>October 2004</p> <p>November 04 to January 05</p> <p>February 05</p> <p>March 05 to June 05</p> <p>July 05</p>	<p>Form has been developed & tested & ready for trial</p> <p>Form has been utilized by selected staff member in trial & report provided</p> <p>Implementation Plan developed & agreed upon</p> <p>Form implemented across acute wards</p> <p>Report completed & sent to members</p>

MAJOR AREA OF SERVICE COORDINATION ACTIVITY	GOAL <i>(What is the projected outcome over 2 years?)</i>	STRATEGIES <i>(How will the projected outcomes be achieved and by whom?)</i>	TIMELINES <i>(When will each of the key tasks be completed?)</i>	MEASURES <i>(How will the PCP decide whether it has achieved its goal?)</i>
	Following successful trial & implementation of VITAL/SCTT solution, at least 2 other hospitals take up usage of the process within the catchment	<p>Identify other hospitals to participate eg Nathalia, Cobram, Yarrawonga, Tatura, Euroa, and Violet Town. Proviso is that the hospital uses VITAL as its PMI</p> <p>Implementation plan prepared which includes manual, training & technology requirements for each participating hospital</p> <p>Hospital 1 Rollout</p> <p>Hospital 2 Rollout</p> <p>Project report completed & disseminated to all GVPCP members</p>	<p>July 05</p> <p>September 05</p> <p>October to November 05</p> <p>February to March 06</p> <p>June 06</p>	<p>Hospitals identified and agree to participate</p> <p>Implementation Plan written</p> <p>VITAL/SCTT solution rolled out to hospital</p> <p>VITAL/SCTT solution rolled out to hospital</p> <p>Report completed & sent to members</p>

MAJOR AREA OF SERVICE COORDINATION ACTIVITY	GOAL <i>(What is the projected outcome over 2 years?)</i>	STRATEGIES <i>(How will the projected outcomes be achieved and by whom?)</i>	TIMELINES <i>(When will each of the key tasks be completed?)</i>	MEASURES <i>(How will the PCP decide whether it has achieved its goal?)</i>
Support local GP Clinic to implement the General Practice Statewide Referral form	Numurkah Medical Clinic to implement use of General Practice Statewide Referral form via Medical Director	<p>Meeting with key stakeholders & agreement on outcomes (Numurkah Medical Clinic, Numurkah Hospital, GVGP's, GVPCP)</p> <p>Commence trial by Numurkah Medical Clinic in use of General Practice Statewide Referral form via Medical Director with <i>Practice Nurse</i> providing referrals to Numurkah Community Health service</p> <p>Trial report provided and disseminated to participants</p> <p>Numurkah Medical Clinic agree to widen usage to include all agencies they refer to and produce implementation plan with support from participating agencies</p> <p>Extended rollout of usage to all referrals by <i>practice nurse</i></p> <p>Presentation of results to regional <i>Practice Nurse</i> forum</p> <p>Presentation of results to regional GP's</p> <p>Final Project report completed & disseminated</p>	<p>November 04</p> <p>November 04 to February 05</p> <p>March 05</p> <p>March 05</p> <p>From April 05</p> <p>From May 05</p> <p>From May 05</p> <p>June 05</p>	<p>Meeting held & outcomes agreed</p> <p>Trial held with support of participating agencies</p> <p>Report provided</p> <p>Agreement & Implementation plan provided and plan endorsed by GPs , Division and practice manager</p> <p>Rollout completed</p> <p>Presentations conducted</p> <p>Presentations conducted</p> <p>Final report completed</p>
	Other Medical clinics within GVPCP Catchment implement use of General Practice Statewide Referral form via Medical Director (Depends on success of Numurkah trial)	<p>Identify other medical clinics to participate</p> <p>Implementation plan prepared which includes manual, training & technology requirements for each participating service</p> <p>Clinic 1 Rollout</p> <p>Clinic 2 Rollout</p> <p>Project report completed & disseminated to all GVPCP members</p>	<p>July 05</p> <p>September 05</p> <p>October to November 05</p> <p>February to March 06</p> <p>June 06</p>	<p>Medical clinics identified and agree to participate</p> <p>Agreement & Implementation plan provided and plan endorsed by GPs , Division and practice manager</p> <p>Successful use of General Practice Statewide Referral form via Medical Director</p> <p>Successful use of General Practice Statewide Referral form via Medical Director</p> <p>Report completed & sent to members</p>

MAJOR AREA OF SERVICE COORDINATION ACTIVITY	GOAL <i>(What is the projected outcome over 2 years?)</i>	STRATEGIES <i>(How will the projected outcomes be achieved and by whom?)</i>	TIMELINES <i>(When will each of the key tasks be completed?)</i>	MEASURES <i>(How will the PCP decide whether it has achieved its goal?)</i>
Improve access of agencies to software utilising SCTT	Numurkah Community Health to improve access to software utilising SCTT	<p>Audit of PC's, rooms, network points at Community Health & staff needs to BDNH software (utilising SCTT)</p> <p>Implementation Plan provided</p> <p>Numurkah Hospital to provide additional PC's to allow all service providers at</p> <p>District Nursing staff have access to laptop to enable off line completion of SCTT forms on the laptop which can be later synced with BDNH on the server</p> <p>Project report completed & distributed</p>	<p>May 04</p> <p>July 04</p> <p>September 04</p> <p>September 04</p> <p>October 04</p>	<p>Audit completed</p> <p>Implementation plan completed</p> <p>PC's installed, connected to network & training of staff completed</p> <p>Laptop provided & offline/online synchronization successful</p> <p>Report completed & disseminated to members</p>
Continued support for agencies that have already successfully implemented the Better Access to Services operational framework for initial contact and initial needs identification, and to support those agencies to move on to implement the Better Access to Services operational framework for assessment and care planning.	Facilitate cooperative agency planning and implementation of improved care planning between agencies within the GVPCP catchment	<p>Identify appropriate forum for networking:</p> <ol style="list-style-type: none"> 1. HACC Best Practice meeting 2. Other non HACC agency forums <p>Survey agencies for best option</p> <p>Meetings with all users of SCTT form & BATS framework</p> <p>DHS Train the Trainer Sessions conducted & 10 GVPCP agencies represented</p> <p>PCP agencies to assist District Nursing Service, CHS and Local Government to redraft the GVPCP PPPS to improve content on care planning</p> <p>Revised Manual released</p>	<p>October 04</p> <p>Quarterly</p> <p>October 12 & 19</p> <p>October 04 to February 05</p> <p>June 05</p>	<p>Forum identified & meetings commence</p> <p>Quarterly meetings held</p> <p>10 Agencies participate</p> <p>Planning/revision occurs</p> <p>Revised PPPS Manual released</p>
	Support practitioners in agencies with advanced implementation with ongoing practice issues related to service coordination from across Region	<p>GVPCP setup regional Service Coordination planning group with other PCP's in region: Upper Hume, Central Hume, Lower Hume</p> <p>Hume PCP Service coordination group convene an e referral forum to outline e-referral options to member agencies with follow up sessions looking at implementation issues</p>	<p>Bi-monthly meeting</p> <p>Feb 2005 & August 2005</p>	<p>Meetings well attended</p> <p>Regional forum well attended and attendees report an increase in knowledge (workshop evaluation)</p>

MAJOR AREA OF SERVICE COORDINATION ACTIVITY	GOAL <i>(What is the projected outcome over 2 years?)</i>	STRATEGIES <i>(How will the projected outcomes be achieved and by whom?)</i>	TIMELINES <i>(When will each of the key tasks be completed?)</i>	MEASURES <i>(How will the PCP decide whether it has achieved its goal?)</i>
Support new agencies in implementation of BATS and use of SCTT forms	Support implementation of use of BATS & SCTT forms to Mental Illness Fellowship, Shepparton	Setup planning meeting with MIFV (Shepparton) Implementation & support plan agreed upon Implementation of Software (via DCA) & training Training in BATS principles & use of SCTT forms Review conducted Final project report provided	November 04 January 04 To be decided Following installation 3 months after implementation Following review	Meeting conducted Plan completed & published Software installed & implemented Training sessions conducted Review conducted & report provided Final report completed & disseminated to members
	Support implementation of use of BATS & SCTT forms to Goulburn Valley Community Health (Drug & Alcohol) – GVCHS have already implemented SCTT forms using SWITCH. Review required of business processes.	Setup planning meeting with GVCHS Implementation & support plan agreed upon Process review conducted Training in BATS principles & use of SCTT forms Review conducted Final project report provided	November 04 November 04 December 04 February 05 May 05 June 05	Meeting conducted Plan completed & published Review plan conducted Training sessions conducted Review conducted & report provided Final report completed & disseminated to members

MAJOR AREA OF SERVICE COORDINATION ACTIVITY	GOAL <i>(What is the projected outcome over 2 years?)</i>	STRATEGIES <i>(How will the projected outcomes be achieved and by whom?)</i>	TIMELINES <i>(When will each of the key tasks be completed?)</i>	MEASURES <i>(How will the PCP decide whether it has achieved its goal?)</i>
	Support implementation and use of BATS & SCTT forms to Goulburn Valley Hospice (Palliative Care)	Setup planning meeting with GV Hospice Implementation & support plan agreed upon Training in BATS principles & use of SCTT forms Review conducted Final project report provided	January 05 February 05 To be decided Following training 3 months after implementation	Meeting conducted Plan completed & published Training sessions conducted Review conducted & report provided Final report completed & disseminated to members
	Support implementation and use of BATS & SCTT forms to Euroa Health – Residential Aged Care	Setup planning meeting with Euroa Health Implementation & support plan agreed upon Training in BATS principles & use of SCTT forms Review conducted Final project report provided	November 04 January 05 To be decided Following training 3 months after implementation	Meeting conducted Plan completed & published Training sessions conducted Review conducted & report provided Final report completed & disseminated to members

Integrated Health Promotion

Introduction

Vision

The Vision of the GVPCP is to provide an integrated and planned approach to health and well-being, based on the social model of health, in the local government areas of Moira, Greater Shepparton and Strathbogie

Principles

- Effective communication with members and within member agencies
- Ensuring a range of opportunities for participation for members and community; and enabling equity in participation
- Building on existing strengths of members and the wider community
- Gaining a better understanding of our community and its health needs, and of initiatives and services planned or in place to address these needs.

Objectives

To build effective and sustainable partnerships for integrated planning and collaborative action aimed at:

- Improving access and co-ordination of services.
- Improving community health and reducing health inequality.

Understanding Our Community

One of the key principles underpinning GVPCP is to better understand our community and its needs, in order to inform service co-ordination, service development and health promotion. The GVPCP Community and Service Profile demonstrates the following general features:-

- The area serviced by GVPCP is characterized by a rapidly growing and ageing population. As with most regions, a greater proportion of the community is living longer. The consequences of this are increasingly being seen through greater demands on health service providers across acute health, community health, mental health and aged care services, and upon older people, their families and carers.
- The immediate catchment has experienced significant population growth of 8.29% since 1996, with an estimated current residential population of 92,976. This is drawn from the three local government areas of the City of Greater Shepparton (57, 202) and the Shires of Moira (26, 436) and Strathbogie (9,338). Population numbers swell by an estimated 10,000 during the fruit harvest from December to March, when itinerant workers from throughout Australia and overseas converge on the region.
- The GVPCP catchment covers a large geographical area of 10,433 square kilometers, with the greatest population concentration occurring in the Shepparton urban area, surrounded by smaller townships and more isolated dairy, grain, sheep and irrigated fruit growing areas, where the population is more thinly spread. Travel time, distance, and transport options across the catchment can present barriers to accessing services and community supports.
- The GVPCP catchment is also home to some 6000 indigenous Australians, the largest Aboriginal population in regional Victoria. This is an important consideration for GVPCP given the proportionally higher rate of chronic illness and disability of chronologically younger indigenous persons. An Aboriginal Health profile has recently been drafted for inclusion in the GVPCP Knowledge Exchange – Community and Service Profiles. This will be built upon during 2003-2005 through further analysis of service utilization data through Rumbalara Aboriginal Co-operative, and Goulburn Valley Health.
- The region's pronounced cultural and linguistic diversity is characterized by established communities primarily as a result of Southern European post-war migration, and more recently

arrived communities from countries such as Turkey, Iraq, Iran and the former Yugoslavia. This includes approximately 2000 Arabic speaking refugees who have arrived in the area over the last two years and who have settled primarily in Shepparton and Cobram.

Partnership Development

One of the key goals in regard to the PCP strategy is in regard to Partnership Development. At the beginning of July 2003, GVPCP had 25 members. At the end of September 2004, the partnership membership had increased to 32 with discussions with another two agencies to join the partnership. One of the issues identified was the need to have a very wide base of knowledge and experience within the partnership. This has been achieved by recruiting agencies that do not receive direct funding from Primary Care, but provide services to a common client group.

A further structural change in approach by GVPCP was the initiation of working groups focussed on the priority areas within the Community Health plan. In 2003-2004, those working groups were focussed on the following key areas:

- Social Emotional Health and Wellbeing
- Injury Prevention
- Chronic Illness
- Healthy Ageing
- Building Healthy Families
- Service Coordination.

The success of this strategy can be shown in the following table which outlines the member agency involvement over the past year:

All Working Groups			
Participating Agencies		21	Note: No's are a unique count, agencies & staff counted only once.
Participating Agency Staff		40	

Working Group	Agencies	Agency Staff
Social Emotional Health & Wellbeing and Building Health Families	10	12
Injury Prevention	4	5
Chronic Illness	6	9
Healthy Ageing	10	10
Service Coordination	9	9

Planning

DHS Implementation Plan

The PCP Strategy 2004-2006 Implementation Plan update distributed by DHS sets out some clear objectives in regard to Integrated Health Promotion. In that update DHS stated:

To support IHP the Department is keen to work in partnership with PCP member agencies and organisations to implement catchment planning for key priority topics and population groups, using the IHP common planning framework. Catchment planning, that addresses priority health & wellbeing topics, aims to:

- Move towards a population health approach to health promotion program delivery.
- Strengthen collaborative partnerships.
- Improve the quality of integrated approaches to health promotion planning, implementation and evaluation.

Integrated Health Promotion Network

To support the DHS objectives, GVPCP initiated a series of planning meetings that culminated in a Health Promotion forum and a facilitated planning session. The result of those meetings was agreement by the Primary Care Health Promotion funded agencies to focus on three Statewide priorities.

- Mental Health and Social Connectedness
- Healthy Weight
- Reducing alcohol, tobacco and other drug abuse

In addition GVPCP have chosen to continue to focus on another local Health Priority issue:

- Healthy Ageing

The operational plan sets out the activities to be undertaken by GVPCP members over the next two years to address these priority areas. This plan will require further detailing through the development of specific action plans and implementation teams will be established to drive the achievement of plans.

Summary of Primary Care Funded Agencies – Statewide Priorities

Agency	Statewide Priority
Yarrawonga District Health Service	Mental Health & Social Connectedness
Goulburn Valley Community Health	Healthy Weight
Goulburn Valley Health	Neighbourhood Renewal
Numurkah Hospital	Healthy Weight
Cobram Hospital	Healthy Weight

Summary of local Shires/Council with similar alignments to – Statewide Priorities

Agency	Statewide Priority
City of Greater Shepparton	Mental Health & Social Connectedness
Moira Shire	Mental Health & Social Connectedness
Strathbogie Shire	Mental Health & Social Connectedness

See *Appendix A* for a summary of the three Shires Municipal Public Health plan.

Mental Health and Social Connectedness

Introduction

The selection of Mental Health and Social Connectedness as a priority issue follows on from the previous work regarding Social Emotional Health and Wellbeing. The previous plan had identified two population groups, drought affected farmers and Arabic speaking refugees.

In the planning and development of strategies for this priority issue, the current Social Emotional Health and Wellbeing working group (made up of 10 service providers from member agencies), identified a series of strategies to be incorporated into the 04-06 Community Health Plan:

1. Mapping of social connectedness issues and research current programs (what has worked well, definitions/meanings for different client groups) in the three shires
2. Evaluate the current Stress Management program at its conclusion in July 2005 and assess needs for 2005-06 and beyond
3. Develop *My Town, Your Town* festival to be held on or near Mental Health Week (October 2005)
4. Mapping of current *Parenting* programs:
 - a. Identify agencies / programs & opportunities for collaboration/cooperation/integration (including programs to Arabic community)
 - b. Identify what existing programs GVPCP should support (eg Dads make a Difference from Relationships Australia, GVFC, GVCHS & others)
5. Capacity Building:
 - a. Identify capacity building needs & resources from within agencies
 - b. Identify capacity building resources available from within Primary Mental Health & Early Intervention Team
6. Complete outstanding projects from 03-04 CHP
 - a. Conversion of Arabic translated booklet on parenting into three-fold pamphlets
 - b. Arabic Translated Documents register
 - c. Multicultural website
 - d. External training

Strategy 1: Mapping of Social Connectedness Issues

Problem Definition

The working group identified that there was insufficient clear awareness of the issues surrounding social connectedness within the three shires. Up to date data resources will be available with the completion of the Region/PCP wide data analysis carried out by PLEXUS.

Another issue was the lack of knowledge of evidenced based Best Practice.

This strategy will conduct research of current available data and programs within the catchment, other PCP's and throughout Australia (and worldwide if necessary) and prepare a report for the Mental Health and Social Connectedness working group.

The mapping / research project will take particular notice of agencies working with Aboriginal Torres/Strait Islander, Youth and CALD groups in the community.

Goals

Ensure up to date community profile and Best Practice information is made available to GVPCP members across the three shires that identifies the Social Connectedness issues in each LGA.

Objectives

1. Conduct research of Social Connectedness programs
 - a. Identify appropriate definitions and meanings
 - b. Identify Best Practice programs
2. Identify and review available data sources regarding Social Connectedness
3. Provide a mapping / needs analysis report for each shire on Social Connectedness
4. Provide recommendations to the Mental Health Social Connectedness working group on possible future strategies

Evaluation and dissemination planning

Process:

Review current research materials and identify short falls in current data

Impact:

Mapping and Needs Analysis report is completed for the three shires by June 2005
The report is disseminated to 100% of member agencies

Outcome:

That current mapping study is made available to GVPCP member agencies

Strategy 2: Evaluation of current Stress Management training

Problem Definition

As part of the 03-04 Community Health Plan, Yarrawonga District Health Service piloted and is now rolling out a Stress Management Training Day (SMART-RP) for GVPCP member agencies. Sessions have been booked through to June 2005.

Initial evidence has suggested that this course has been well received and of benefit to service providers. However, to ensure that Best Practice is being achieved in this area, it is proposed to survey participants with a suitable evaluation and collate the results to determine the next steps once the current round of training has been completed.

Goals

Ensure that Best Practice in the delivery of Stress Management training programs is provided within the GVPCP catchment.

Objectives

1. Survey participants with suitable evaluation
2. Collate results of evaluation
3. Provide a report and recommendations to the Mental Health and Social connectedness working group

Evaluation and dissemination planning

Process:

Review evaluation form and communication protocols to ensure all participants are surveyed and evaluation achieves the result required.

Impact:

Evaluation commenced in June 2005

100% of participants have opportunity to complete an evaluation form

75% of participants complete evaluation form

Results are collated and report is completed by August 2005

Outcome:

Best Practice in Stress Management training is identified and provided to member agencies

Strategy 3: Develop *My Town, Your Town* festival

Problem Definition

As part of a wider campaign to promote Social Connectedness across the catchment, the Mental Health and Social Connectedness working group supported a proposal to develop a new initiative *My Town Your Town Festival*. The Festival would be held in conjunction with Mental Health Week (October 2005)

The festival would be aimed at promoting existing social/hobby/sporting/cultural groups within a local community as part of a festival that would enable local people to be recruited and participate in those groups.

Goals

Improved opportunities for Social Connectedness within the communities of the GVPCP catchment.

Objectives

1. Develop *My Town Your Town* community development toolkit
2. Identify appropriate agency within each town/community to become the "Lead Agency" in the promotion of this festival. Survey participants with suitable evaluation
3. Provide training/capacity building for agencies/groups acting as coordinators for this program
4. Provide support for social marketing for the festival
5. Collate results of evaluation
6. Provide a report of results to the Mental Health and Social connectedness working group

Evaluation and dissemination planning

Process:

Review process for toolkit development, agency recruitment and community group participation.
Review training and social marketing plan

Impact:

10 Local towns, communities participate in the festival program
75% of community groups within those towns participate in the festival
Results are collated and report is completed by December 2005

Outcome:

Opportunities for Social Connectedness amongst the rural communities within the GVPCP catchment have increased.

Strategy 4: Mapping of current Family, Youth and Parenting programs

Problem Definition

One of the issues raised by the Mental Health and Social Connectedness working group was the lack of knowledge of evidence based best practice in *Family, Youth and Parenting* programs. This strategy will conduct research of parenting programs within the catchment, other PCP's and throughout Australia (and worldwide if necessary).

This will include agencies working with men, women, parents and the youth as well as to the various CALD groups within the catchment, especially Arabic speaking refugees.

Goals

Ensure that GVPCP have the most current best practice in Family, Youth and Parenting programs available.

Objectives

1. Conduct research of Parenting programs
 - a. Identify agencies / programs & opportunities for collaboration/cooperation/integration
 - b. Identify what existing programs GVPCP should support (e.g. Dads make a Difference from Relationships Australia, GVFC, GVCHS & others)
2. Provide a report on research results with recommendations regarding parenting programs that can/maybe able to be adapted within the GVPCP catchment

Evaluation and dissemination planning

Process:

Review research process adopted

Review criteria adopted to identify Best Practice and definitions

Review timelines

Impact:

Research is available to 100% of member agencies

Final report is completed by June 2005

Outcome:

Best Practice models in Family, Youth and Parenting have been identified and member agencies have been fully informed of the results and have incorporated them into their own programs.

Strategy 5: Capacity Building

Problem Definition

One of the primary issues raised by the Mental Health and Social Connectedness working group was the need for service providers to be supported by appropriate Capacity Building / Workforce development programs.

Goals

Improve knowledge and ability of service providers within GVPCP member agencies in regard to Mental Health and Social Connectedness.

Objectives

1. Identify capacity building needs & resources from within agencies
2. Identify capacity building resources available from within Primary Mental Health & Early Intervention Team
3. Collate results and report to Mental Health and Social Connectedness working group
4. Develop an appropriate Capacity Building / Workforce development program

Evaluation and dissemination planning

Process:

Review research process adopted

Review criteria adopted to identify Best Practice in Capacity Building / Workforce development

Review timelines

Impact:

100% of member agencies participate in research

Skills map of service provider capacity completed

Final report is completed by June 2005

Outcome:

Sustainability capacity building program developed that will improve knowledge and ability of service providers within the GVPCP's member agencies in regard to Mental Health and Social Connectedness.

Mental Health and Social Connectedness: Strategy 1: Mapping of Social Connectedness Issues

Priority Goal:	Ensure up to date community profile and Best Practice information is made available to GVPCP members across the three shires that identifies the Social Connectedness issues in each LGA
Objective 1:	Conduct research and mapping exercise regarding Mental Health and Social connectedness and Needs analysis within the three shires
Est. Impacts² (Qual/Quant) for Objective 1	100% of member agencies participate in research Skills map of service provider capacity completed Final report is completed by June 2005

PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per key stakeholder for Obj1⁶
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					

PCP key stakeholders ³	Summary of mix of Interventions & CB strategies ⁴	Population Target Group/s:	Estimated timelines	Estimated Reach ⁵	Resources per key stakeholder for Obj1 ⁶
PCP HP capacity building	<ol style="list-style-type: none"> 1. Conduct research of Social Connectedness programs <ol style="list-style-type: none"> a. Identify appropriate definitions and meanings b. Identify Best Practice programs 2. Identify and review available data sources regarding Social Connectedness 3. Provide a mapping / needs analysis report for each shire on Social Connectedness 4. Provide recommendations to the Mental Health Social Connectedness working group on possible future strategies that agencies may be able to take up 	Member Agencies	June 2005	100% of member agencies	\$2174.27
Estimated Total Budget per Objective⁶:		\$2174.27			
ESTIMATED TOTAL BUDGET PER GOAL⁶ (SEE BELOW)					

Mental Health and Social Connectedness: Strategy 2 - Evaluation of current Stress Management Training

Priority Goal:	Ensure up to date community profile information is made available to GVPCP members across the three shires that identifies the Social Connectedness issues in each LGA
Objective 1:	Complete evaluation survey of all participants and collate results with recommendations for the Mental Health and Social Connectedness working group
Est. Impacts² (Qual/Quant) for Objective 1	Evaluation commenced in June 2005 100% of participants have opportunity to complete an evaluation form 75% of participants complete evaluation form Results are collated and report is completed by August 2005

PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per key stakeholder for Obj1⁶
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					

PCP key stakeholders ³	Summary of mix of Interventions & CB strategies ⁴	Population Target Group/s:	Estimated timelines	Estimated Reach ⁵	Resources per key stakeholder for Obj1 ⁶
PCP HP capacity building	<ol style="list-style-type: none"> 1. Survey participants with suitable evaluation 2. Collate results of evaluation 3. Provide a report and recommendations to the Mental Health and Social connectedness working group 	Member Agencies	August 2005	100% of participants have opportunity to complete an evaluation form 75% of participants complete evaluation form 100% of member agencies	\$1146.37
Estimated Total Budget per Objective⁶:		\$1146.37			
ESTIMATED TOTAL BUDGET PER GOAL⁶: (SEE BELOW)					

Mental Health and Social Connectedness: Strategy 3: My Town your Town Festival

Priority Goal:	Improved opportunities for Social Connectedness within the communities of the GVPCP catchment.
Objective 1:	Facilitate the development <i>My Town Your Town</i> community development toolkit and rollout across the catchment for use by identified lead agencies within local towns and communities to organize the festival within Mental health Week, October 2005
Est. Impacts² (Qual/Quant) for Objective 1	10 Local towns, communities participate in the festival program 75% of community groups within those towns participate in the festival Results are collated and report is completed by December 2005

PCP key stakeholders ³	Summary of mix of Interventions & CB strategies ⁴	Population Target Group/s:	Estimated timelines	Estimated Reach ⁵	Resources per key stakeholder for Obj1 ⁶
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					

PCP key stakeholders ³	Summary of mix of Interventions & CB strategies ⁴	Population Target Group/s:	Estimated timelines	Estimated Reach ⁵	Resources per key stakeholder for Obj1 ⁶
PCP HP capacity building ⁷	<ol style="list-style-type: none"> 1. Develop <i>My Town Your Town</i> community development toolkit 2. Identify appropriate agency within each town/community to become the "Lead Agency" in the promotion of this festival. Survey participants with suitable evaluation 3. Provide training/capacity building for agencies/groups acting as coordinators for this program 4. Provide support for social marketing for the festival 5. Collate results of evaluation 6. Provide a report of results to the Mental Health and Social connectedness working group 	Member Agencies Local Communities	December 2005	10 Local towns, communities participate in the festival program 75% of community groups within those towns participate in the festival	\$10663.03
Estimated Total Budget per Objective⁶:		\$10663.03			
ESTIMATED TOTAL BUDGET PER GOAL⁶: (SEE BELOW)					

Mental Health and Social Connectedness: Strategy 4: Mapping of Current Family, Youth and Parenting programs

Priority Goal:	Ensure that GVPCP have the most current Best Practice in Family, Youth and Parenting programs available.
Objective 1:	Conduct research of Family, Youth and Parenting programs which will identify agencies / programs & opportunities for collaboration/cooperation/integration and identify what existing programs GVPCP should support
Est. Impacts² (Qual/Quant) for Objective 1	Research is available to 100% of member agencies Final report is completed by June 2005

PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per key stakeholder for Obj1⁶
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					

PCP key stakeholders ³	Summary of mix of Interventions & CB strategies ⁴	Population Target Group/s:	Estimated timelines	Estimated Reach ⁵	Resources per key stakeholder for Obj1 ⁶
PCP HP capacity building	<ol style="list-style-type: none"> 1. Conduct research of Family, Youth and Parenting programs <ol style="list-style-type: none"> a. Identify agencies / programs & opportunities for collaboration/cooperation/integration (including programs to Arabic community) b. Identify what existing programs GVPCP should support (eg Dads make a Difference from Relationships Australia, GVFC, GVCHS & others) 2. Provide a report on research results with recommendations regarding parenting programs that can/maybe able to be adapted within the GVPCP catchment 	Member Agencies	June 2005	100% member agencies	\$2747.45
Estimated Total Budget per Objective⁶:		\$2747.45			
ESTIMATED TOTAL BUDGET PER GOAL⁶: (SEE BELOW)					

Mental Health and Social Connectedness: Strategy 5: Capacity Building

Priority Goal:	Improve knowledge and ability of service providers within GVPCP member agencies in regard to Mental Health and Social Connectedness.
Objective 1:	Identify capacity building needs & resources from within agencies and the Primary Mental Health & Early Intervention Team and develop an appropriate Capacity Building / Workforce development program to be rollout out across the catchment in 2004-2006
Est. Impacts² (Qual/Quant) for Objective 1	Research is available to 100% of member agencies Final report is completed by June 2005

PCP key stakeholders ³	Summary of mix of Interventions & CB strategies ⁴	Population Target Group/s:	Estimated timelines	Estimated Reach ⁵	Resources per key stakeholder for Obj1 ⁶
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					

PCP key stakeholders ³	Summary of mix of Interventions & CB strategies ⁴	Population Target Group/s:	Estimated timelines	Estimated Reach ⁵	Resources per key stakeholder for Obj1 ⁶
PCP HP capacity building 7	<ol style="list-style-type: none"> 1. Identify capacity building needs & resources from within agencies 2. Identify capacity building resources available from within Primary Mental Health & Early Intervention Team 3. Collate results and report to Mental Health and Social Connectedness working group 4. Develop an appropriate Capacity Building / Workforce development program 	Member Agencies	June 2005	100% member agencies	\$5549.63
Estimated Total Budget per Objective⁶:		\$5549.63			

ESTIMATED TOTAL BUDGET PER GOAL⁶:	\$2174.27	
	\$1146.37	
	\$10663.03	
	\$2747.45	
	\$5549.63	
	TOTAL \$22280.75	

Healthy Weight

Introduction:

Healthy Weight has been chosen by GVPCP as a health priority because of the escalating rate of the obesity pandemic. Obesity currently contributes significantly to morbidity and mortality rates across this catchment. Healthy Weight was also chosen because strategies applied to this issue will also address the issues of sedentary lifestyles and poor nutrition.

Other GVPCP member agencies who have addressed Healthy Weight as a priority issues in their Community Health Plan are: Goulburn Valley Community Health Service, Numurkah Community Health and Yarrowonga Community Health Service.

All the processes and outcomes of this strategy will be overseen by the GVPCP's Healthy Weight working group and this will be recorded in the meeting minutes. All minutes, reports and relevant research findings will be circulated to all members via GVPCP communication strategy.

The following strategies detail how GVPCP will address these issues for its member agencies.

Strategy 1: Needs Assessment

Problem Definition:

To build the capacity of its members for issues related healthy weight, a needs assessment will be carried out by the GVPCP. The needs assessment will identify gaps in service providers' knowledge and skills about nutrition physical activity/exercise and healthy weight, as well opportunities for capacity building and resource sharing.

Goal:

To reduce the incidence of obesity across the GVPCP catchment.

Objective:

To identify opportunities for capacity building for GVPCP member agencies on healthy weight, physical activity/exercise and nutrition.

Evaluation and dissemination planning

Process:

Process evaluation will focus on:

- Training needs analysis – how many agencies were involved, was sufficient information collected
- Relevant best practice identified and matched to member agencies needs
- Feedback on content and delivery of each training session

Impact:

The expected impact of this strategy is that GVPCP members will have an increased understanding of the opportunities for capacity building on health promotion practice relating to healthy weight, physical activity/exercise and nutrition , and that this will guide any further capacity building activities.

Outcome:

The expected outcome of this strategy is that Health Promotion projects targeting Healthy Weight will be underpinned by appropriate knowledge and skills.

Strategy 2: Training in ANGELO model

Problem Definition:

GVPCP recognises the need for service providers to be well equipped to plan, implement and evaluate health promotion projects. With regard to the issues related to Healthy Weight this would entail being able to access current best practice and research, and to be able to transpose that information into local practice. Current best practice suggests that broad population-based approaches are required. It is also suggested that the priority population for obesity prevention should be children and adolescents.

Children and adolescents are being targeted instead of adults for a variety of reasons:

- There are more interventions and settings
- Childhood overweight and obesity is more environmentally dependant
- There are strong societal requirements to protect children and promote their health, and
- There is greater public support for action in children versus adults.

GVPCP intends to build the capacity of its members to apply the *Analysis Grid for Environments Linked to Obesity* (ANGELO) framework with priority populations in the catchment. The ANGELO model provides both a conceptual and a practical framework for service providers to work with schools and communities to analyse their needs and identify problems of obesogenic (fat causing) environments. The model is being developed by Deakin University's Centre for Physical Activity and Nutrition Research, in response to the understanding that *environments* contribute to the prevalence of overweight and obesity. It is currently being applied in community based interventions in Greater Geelong, Colac and East Geelong, as well as to projects in Auckland, Fiji and Tonga.

Strategy 2 will focus on expanding the knowledge base within the GVPCP about the ANGELO model. This will be done firstly by enrolling the Health Promotion worker to attend Deakin University's Obesity Prevention Short Course (October 2004). Member agencies will then have the opportunity to participate in workshops on the ANGELO model and its application to priority population groups.

Goal:

To reduce the incidence of obesity across the GVPCP catchment.

Objective:

To facilitate the delivery of quality capacity building on the Analysis Grid for Environments Linked to Obesity (ANGELO) model to GVPCP service providers

Evaluation and dissemination planning

Process:

Process evaluation will focus on:

- Health Promotion project worker attendance at Obesity Prevention Short Course
- Relevant best practice identified and matched to member agencies needs
- Feedback on content and delivery of each training session

Impact:

The expected impact of this strategy is that service providers will have increased access to quality capacity building training on health promotion practice and research relating to obesity prevention.

Outcome:

The expected outcome of this strategy is that Health Promotion projects using the ANGELO model to target Healthy Weight will be incorporated into member agency's Community Health Plans.

Healthy Weight: Strategy 1 – Needs Assessment

Priority Goal:	To improve the quality of integrated approaches to health promotion across the GVPCP catchment				
Objective 1:	To identify opportunities for capacity building for GVPCP member agencies on healthy weight, physical activity/exercise and nutrition.				
Est. Impacts² (Qual/Quant) for Objective 1	The expected impact of this strategy is that the GVPCP members will have an increased understanding of the opportunities for capacity building on health promotion practice relating to healthy weight, physical activity/exercise and nutrition, and that this will guide any further capacity building activities..				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per stakeholder for Obj1⁶ key
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building	1. members will be engaged in a needs assessment to identify opportunities to build capacity on healthy weight, physical activity/exercise and nutrition 2. results of the assessment will be presented to Healthy Weight working group 3. any further capacity building will be driven by this information and associated costs	Staff involved in all levels of Health Promotion from planning to implementation and report writing/marketing	Ongoing 2004 - 2005	33 member agencies	\$1023.55
Estimated Total Budget per Objective⁶: \$1023.55					
ESTIMATED TOTAL BUDGET PER GOAL⁶: (SEE BELOW)					

Healthy Weight: Strategy 2 – Training on ANGELO model

Priority Goal:	To improve the quality of integrated approaches to health promotion across the GVPCP catchment				
Objective 1:	To facilitate the delivery of quality capacity building on the Analysis Grid for Environments Linked to Obesity (ANGELO) model to GVPCP service providers				
Est. Impacts² (Qual/Quant) for Objective 1	Service providers will have increased access to quality capacity building training on health promotion practice and research relating to obesity prevention				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per stakeholder for Obj1⁶
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building	<ol style="list-style-type: none"> support GVPCP HP worker's attendance at Deakin University's Obesity Prevention Short Course facilitate delivery of workshops on ANGELO model to service providers actively evaluate workshops to ensure they met the participants needs and expectations disseminate information about the ANGELO model to service providers via GVPCP communication strategy 	Staff involved in all levels of Health Promotion from planning to implementation and report writing/marketing	Ongoing 2004 - 2005	33 member agencies – two staff from every member agency = 66 staff	\$8219.18
Estimated Total Budget per Objective⁶: \$8219.18					

ESTIMATED TOTAL BUDGET PER GOAL⁶:	\$1023.55	
	\$8219.18	
	TOTAL \$9242.73	

Reducing alcohol, tobacco and other drug abuse

Introduction:

Reducing alcohol, tobacco and other drug abuse has been identified by GVPCP member agencies as a major health priority area because of the consistent prevalence of consumers for whom this is either a presenting issue, or a complicating feature. This has occurred in the context of GVPCP having identified reducing tobacco related harm in previous Community Health Plans, and that the legacies of these Plans are either ongoing or ready to roll-out.

All the processes and outcomes of this strategy will be overseen by the GVPCP's Reducing Alcohol, Tobacco and Other Drug Abuse (RATODA) working group and this will be recorded in the meeting minutes. All the minutes, reports and relevant research findings will be circulated to members via the GVPCP communication strategy.

Specific focus will also be on the needs of Aboriginal and Torres Strait Islander, Youth and CALD groups in the community.

The following strategy describes how GVPCP intends to build the capacity of its members to address this and other related issues.

Strategy 1: Drug & Alcohol Training

Problem Definition:

What has been flagged for attention by member agencies is the apparent lack of ongoing generic drug and alcohol training for staff. This lack of knowledge results in inappropriate referrals to service providers and has the potential to place staff under significant duress – by not knowing who to refer to or by receiving inappropriate referrals.

This strategy will focus on the provision of a series of generic training sessions on drug and alcohol abuse. Staff not usually associated with this type of counselling will be actively recruited to attend this training – for example - reception/triage staff and counsellors from a non-drug and alcohol background.

Specific focus will also be on the needs of Aboriginal and Torres Strait Islander, Youth and CALD groups in the community.

Goal:

To improve the quality of integrated approaches to health promotion across the GVPCP catchment to reduce the incidence of alcohol, tobacco and other drug abuse.

Objective:

To facilitate the delivery of quality capacity building training to GVPCP service providers relating to alcohol, tobacco and other drug abuse

Evaluation and dissemination planning

Process:

Process evaluation will focus on:

- the numbers of staff attending the training
- those staff members' positions in member agencies, and
- did the participants think the training met their needs

Impact:

The expected impacts of this strategy are:

- 80% of staff attending will have an increased confidence to assess consumer's needs
- 80% of staff attending will have an increased confidence to accurately refer consumers to D&A services

Outcome:

The anticipated outcome of this strategy is that D&A services within the catchment will receive less inappropriate referrals

Strategy 2: Clean Air Resource Worker Network

Problem Definition:

The Clean Air Resource Worker (CARW) Network is an ongoing legacy of previous Community Health Plans. Members of the Network continue to meet on a regular basis to share resources and maintain their enthusiasm for tobacco related issues. The Network was reviewed recently and this process confirmed that its members want it to continue. A revised structure was called for by the members and this was instigated. The Network now meets quarterly and has an increased emphasis on education. For example the most recent meeting saw a presentation by a member of Quit Victoria on latest research and restructuring of smoking cessation services, and a presentation by one of the CARW on tobacco reduction activities in her workplace.

GVPCP recognises the need for service providers to be well equipped to plan, implement and evaluate health promotion projects. The following strategy details the on-going support and development of the CARW Network to ensure that member agencies are well equipped to deliver strategies to reduce tobacco related harm.

Goal:

To improve the quality of integrated approaches to health promotion across the GVPCP catchment to reduce the incidence of alcohol, tobacco and other drug abuse.

Objective:

Continue to support and strengthen the existing CARW network

Evaluation and dissemination planning**Process:**

Process evaluation will focus on:

- Attendance at the Network meetings
- Feedback on content and delivery of each meeting
- Reporting back to members on the outcomes of each meeting

Impact:

The expected impact of this strategy is that 80% of CARW participate in the Network.

Outcome:

The anticipated outcome of this strategy will be that Clean Air Resource Workers continue to have access to best practice on reducing tobacco harm

Strategy 3: Smoking Cessation Training

Problem Definition:

GVPCP recognises the need for service providers to be well equipped to plan, implement and evaluate health promotion projects. With regard to the issue of tobacco abuse this would entail access to best practice smoking cessation training. The continued need for access to smoking cessation training has been flagged by a number of GVPCP member agencies. When training sessions are provided within our catchment member agencies are able to support greater numbers of staff to attend - the costs associated with travel, accommodation and family disruption are minimised. GVPCP acknowledges this and the following strategy details how it will support local delivery of relevant training.

The mapping / research project will take particular notice of agencies working with Aboriginal / Torres Strait islanders and other youth and how these programs can be introduced into that population group.

Goal:

To improve the quality of integrated approaches to health promotion across the GVPCP catchment to reduce the incidence of alcohol, tobacco and other drug abuse.

Objective:

Provision of smoking cessation training to service providers within GVPCP member agencies

Evaluation and dissemination planning

Process:

Process evaluation will focus on:

- engagement of member agencies in training needs analysis
- delivery of *FreshStart* training – how many participants, from how many agencies

Impact:

The expected impacts of this strategy will be:

- a 20% increase in the number of *FreshStart* facilitators in the catchment, and
- a 50% increase in availability of *FreshStart* facilitators in under-served parts of the catchment

Outcome:

The anticipated outcome from this strategy will be that consumers will have better access to smoking cessation services.

Strategy 4: Reducing Tobacco Harm Tool Kit

Problem Definition:

The Reducing Tobacco Harm Tool Kit is another legacy of previous GVPCP Community Health Plans. The components of the tool kit have been trialled and are now ready to be rolled out to member agencies. The tool kit is comprised of:

- Smokefree Home Visiting Workplace Policy & Procedure
- Smokefree Workplace Policy & Procedure, and
- Project reports (detailing processes used to develop these generic templates).

This strategy details how GVPCP will build the capacity of its members to address tobacco abuse with the tool kit.

Agencies to be encouraged to participate in this rollout will be those specifically working with youth.

Goal:

To improve the quality of integrated approaches to health promotion across the GVPCP catchment to reduce the incidence of alcohol, tobacco and other drug abuse.

Objective:

Rollout of the Reducing Tobacco Harm Tool Kit to member agencies across the catchment

Evaluation and dissemination planning

Process:

Process evaluation will focus on:

- the number of member agencies engaging in the project
- feedback on the quality and content of the tool kit

Impact:

The expected impacts of this strategy will be:

- 80% of member agencies will integrate the policies and procedures contained in the tool kit
- Percentages of member agencies with relevant policies and procedures before the project started, just after the roll out and six months after the roll out will steadily increase

Outcome:

The anticipated outcome of this strategy will be that that all GVPCP member agencies will have appropriate policies and procedures to address tobacco related harm

Reduce alcohol, tobacco & other drug abuse: Strategy 1 - Drug & Alcohol Training

Priority Goal:	To improve the quality of integrated approaches to health promotion across the GVPCP catchment				
Objective 1:	To facilitate the delivery of quality capacity building training to GVPCP service providers related to alcohol, tobacco or other drug abuse				
Est. Impacts ² (Qual/Quant) for Objective 1	80% of staff attending will have an increased confidence to assess consumer's needs knowledge on D&A services in the catchment 80% of staff attending will have an increased confidence to accurately knowledge on D&A issues, and that refer consumers to D&A services				
PCP key stakeholders ³	Summary of mix of Interventions & CB strategies ⁴	Population Target Group/s:	Estimated timelines	Estimated Reach ⁵	Resources per key stakeholder for Obj1 6
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building	Provide a series of generic training sessions for GVPCP member agency staff on issues relating to Drug & Alcohol abuse	Staff of GVPCP member agencies – specifically reception and counselling staff (not D&A counsellors)	Training sessions offered once every six months x 4, completed by June 2006	Staff of 32 member agencies	\$7229.38
Estimated Total Budget per Objective 6: \$7229.38					
Estimated Total Budget per Goal : ⁶ (See below)					

Reduce alcohol, tobacco & other drug abuse: Strategy 2 - Clean Air Resource Worker Network

Priority Goal:	To improve the quality of integrated approaches to health promotion across the GVPCP catchment				
Objective 1:	Continue to support and strengthen the existing CARW network				
Est. Impacts² (Qual/Quant) for Objective 1	80% of CARW participate in the Network.				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per stakeholder for Obj1⁶ key
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building ⁷	<p>Support and maintain Clean Air Resource Workers' Network</p> <p>Disseminate outcomes from the Network to GVPCP member agencies via the Communication Strategy</p>	Member agencies of Goulburn Valley Primary Care Partnerships	Health Promotion Worker, ongoing	<p>Clean Air Resource Workers</p> <p>GVPCP member agency staff with an interested in tobacco control</p> <p>31 member agencies</p>	\$2137.68
Estimated Total Budget per Objective⁶: \$2137.68					
ESTIMATED TOTAL BUDGET PER GOAL^{6, 6} (SEE BELOW)					

Reduce alcohol, tobacco & other drug abuse: Strategy 3 - Smoking Cessation Training

Priority Goal:	To improve the quality of integrated approaches to health promotion across the GVPCP catchment				
Objective 1:	Provision of smoking cessation training to service providers within GVPCP member agencies				
Est. Impacts² (Qual/Quant) for Objective 1	20% increase in the number of <i>FreshStart</i> facilitators in the catchment, and 50% increase in availability of <i>FreshStart</i> facilitators in under-served parts of the catchment				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per stakeholder for Obj1⁶ key
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building⁷	<ol style="list-style-type: none"> 1. conduct training needs analysis for service providers on smoking cessation programmes 2. liaise with Quit Victoria to provide <i>FreshStart</i> facilitator training 3. facilitate delivery of training 4. recruit new facilitators into Clean Air Resource Workers Network 5. disseminate information about the training to service providers via GVPCP communication strategy 	GVPCP service providers dealing with consumers who smoke Other service providers outside GVPCP catchment will be able to participate if training places are available	By end 2005	33 member agencies Training will not take place unless a minimum of 14 staff enroll	\$3439.12
Estimated Total Budget per Objective⁶: \$3439.12					
ESTIMATED TOTAL BUDGET PER GOAL⁶: (SEE BELOW)					

Reduce alcohol, tobacco & other drug abuse: Strategy 4 - Reducing Tobacco Harm Tool Kit

Priority Goal:	To improve the quality of integrated approaches to health promotion across the GVPCP catchment				
Objective 1:	Rollout of the Reducing Tobacco Harm Tool Kit to member agencies across the catchment				
Est. Impacts ² (Qual/Quant) for Objective 1	80% of member agencies will integrate the policies and procedures contained in the tool kit Percentages of member agencies with relevant policies and procedures before the project started, just after the roll out and six months after the roll out will steadily increase				
PCP key stakeholders ³	Summary of mix of Interventions & CB strategies ⁴	Population Target Group/s:	Estimated timelines	Estimated Reach ⁵	Resources per key stakeholder for Obj1 ⁶
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building ⁷	Disseminate Smoke Free Workplace Policy Tool Kit to GVPCP member agencies Provide in-service education on the use and application of the Tool Kit to all GVPCP member agencies	Member agencies of Goulburn Valley Primary Care Partnerships	Health Promotion Worker, by June 2005	31 member agencies	\$7637.66
Estimated Total Budget per Objective 6: \$7637.66					

ESTIMATED TOTAL BUDGET PER GOAL⁶:	\$7229.38
	\$2137.68
	\$3439.12
	\$7637.66
	TOTAL \$20443.84

Promoting Healthy Ageing

Introduction:

Healthy Ageing was identified as a priority area in previous GVPCP Community Health Plans. This was in response to projected population distributions which indicated that the proportion of older people in the catchment is expected to be higher than the Victorian estimates. The GVPCP's catchment also holds a significant population of ageing people for whom English is a second language, significantly from Italian and Greek speaking backgrounds. GVPCP has been successful in attracting funding for a number of projects targeted at *healthy ageing*, specifically:

- Well for Life
- Health & Active Living for Seniors, and
- Community Based Falls Prevention Project

GVPCP has therefore chosen to continue to address issues relating to Healthy Ageing in its 04-06 CHP. All the work and outcomes of these projects will be overseen by GVPCP's Healthy Ageing Working group and this will be recorded in the meeting minutes. All the minutes, reports and relevant research findings will be circulated to members via the GVPCP communication strategy.

The following strategies describe how GVPCP will address issues identified by member agencies.

Strategy 1: Navigating the Aged Care Service System

Problem Definition:

GVPCP Healthy Ageing Working group has identified that navigating the aged care service system can be difficult for older consumers, their carers and service providers. The Working group is also aware of the Commonwealth Government's review of community care programs, and that this review process is being aligned to occur with *review and redeveloping the Home and Community Care (HACC) Agreement with States and Territories*. GVPCP wishes to engage with this review process as much as is possible and to ensure that it's members are kept abreast of the changes that result. The following strategy details how GVPCP will address this issue.

Goal:

To improve the quality of integrated approaches to health promotion across the GVPCP catchment

Objective

To assist consumers, their carers and service providers navigate the aged care service delivery through cooperation and consultation with the *review and redeveloping the Home and Community Care (HACC) Agreement with States and Territories*.

Evaluation and dissemination planning

Process:

Process evaluation will focus on:

- Evidence of reporting back to the members on the progress of the review
- Engagement with the Commonwealth review process by GVPCP and/or member agencies

Impact:

The expected impact of this strategy will be that GVPCP member agencies will have constant, up-to-date information about the Commonwealth review.

Outcome:

The anticipated outcome of this strategy is that GVPCP member agencies will be ready to accept changes to the aged care service system resulting from the Commonwealth review

Strategy 2: Translated *Active for Life* videos

Problem Definition:

A joint project between the Foothold on Safety 2 – Falls Prevention Project, Central Health Interpreting Service and the Quality Languages Service Provision Project was to translate the *Active for Life – Getting Better with Age* video into two community languages – Italian and Greek. GVPCP office has taken on the responsibility for disseminating and marketing this resource. The following strategy outlines how GVPCP intends to do this.

Goal:

To improve the quality of integrated approaches to health promotion across the GVPCP catchment

Objective

Continue the promotion and dissemination of the Active for Life videos across agencies within the GVPCP catchment.

Evaluation and dissemination planning

Process:

Process evaluation will focus on:

- feedback obtained from purchasers
- the number of videos distributed
- geographic distribution of the videos

Impact:

The expected impacts of this strategy will be:

- 50% increase in the number of member agencies who have a copy of the video
- the number of non-GVPCP members outside the catchment who have a copy the video will increase

Outcome:

The anticipated outcome of this strategy will be that member agencies are able to provide quality motivational material to older adults from an Italian or Greek speaking background.

Healthy Ageing: Strategy 1 - Navigating the Aged Care Service System

Priority Goal:	To improve the quality of integrated approaches to health promotion across the GVPCP catchment				
Objective 1:	To assist consumers, their carers and service providers navigate the aged care service delivery through cooperation and consultation with the <i>review and redeveloping the Home and Community Care (HACC) Agreement with States and Territories</i> .				
Est. Impacts² (Qual/Quant) for Objective 1	GVPCP member agencies will have constant, up-to-date information about the Commonwealth review				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per key stakeholder for Obj1⁶
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building⁷	Monitor progress of Commonwealth Community Care review process and it's implications for GVPCP member agencies Assist and support GVPCP member agencies to engage in the review process Disseminate information about the review to GVPCP members via the communication strategy	GVPCP member agencies whose consumers require aged care	Ongoing 2004-06	33 GVPCP member agencies	\$2997.50
Estimated Total Budget per Objective⁶: \$2997.50\$2997.50					
ESTIMATED TOTAL BUDGET PER GOAL^{6,6} (SEE BELOW)					

Healthy Ageing: Strategy 2 - Translated Active for Life video

Priority Goal:	To improve the quality of integrated approaches to health promotion across the GVPCP catchment				
Objective 1:	Continue the promotion and dissemination of the Active for Life videos across agencies within the GVPCP catchment.				
Est. Impacts² (Qual/Quant) for Objective 1	50% increase in the number of member agencies who have a copy of the video the number of non-GVPCP members outside the catchment who have a copy the video will increase				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per key stakeholder for Obj1⁶
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building⁷	<u>Strategy 1</u> Develop and implement a dissemination strategy for the translated video <i>Active for Life: Getting Better With Age</i>	Member agencies of Goulburn Valley Primary Care Partnerships	Project By end 2003, Health Promotion Project worker and Languages Service Project worker	31 member agencies	\$647.19
Estimated Total Budget per Objective⁶: \$647.19					

ESTIMATED TOTAL BUDGET PER GOAL⁶:	\$2997.50
	\$647.19
	TOTAL \$3644.69

Other Capacity Building Activities

Introduction

GVPCP recognises the need for service providers to be well equipped to plan, implement and evaluate health promotion projects. Building the capacity of members to do this involves both training and the smart use of resources. GVPCP is in a prime position to facilitate the delivery of capacity building training, and to oversee the development of a sustainable service provider network designed to identify partnership opportunities. The following plans detail how GVPCP intends to deliver these strategies.

Strategy 1 – GVPCP Health Promotion Network

Problem Definition:

GVPCP recognises the need for service providers engaged in health promotion to meet on a regular basis purely and simply to discuss common project issues, current best practice and funding opportunities. For this Network to be sustainable and relevant it should also include all service providers engaged in health promotion, not just PCP members and/or DHS funded agencies. GVPCP intends to facilitate and support a forum in which this networking can occur.

Goal:

To build a framework of cooperation, collaboration and resource sharing across the Health Promoting agencies within the GVPCP catchment.

Objectives:

To facilitate the delivery of quality capacity building training to service providers to improve the quality of integrated approaches to health promotion

Evaluation and dissemination planning

Process:

Process evaluation will focus on:

- Number of member agencies engaging in the Health Promotion Network
- Number of non-member agencies engaging in the HP Network
- Feedback on venue and catering

Impact:

The expected impacts of this strategy are principally qualitative in nature. As such impact evaluation will be evidenced by regular feedback from the members attending the Network meetings.

Outcome:

The anticipated outcome of this strategy is that the Health Promotion Network will become sustainable beyond the life of the PCP project.

Strategy 2: Capacity Building Training

Problem Definition:

Access to training for service providers in rural areas is problematic. Sending just one staff member minimises the costs but it also means that the agency has invested all their resources with this one individual. Dissemination of information from the training rests with just one staff member. When that individual moves on, they take their training qualifications with them. Local training sessions enable service providers to send more staff, which increases the exposure of the whole agency - which in turn increases the likelihood that the information will be successfully integrated.

Goal:

To build a framework of cooperation, collaboration and resource sharing across the Health Promoting agencies within the GVPCP catchment.

Objectives:

Over the coming two years GVPCP will endeavour to work with member agencies to facilitate a number of training initiatives that will build on members' capacity to address health promotion issues. Initial training will be delivered (subject to availability and participation) on the following topics:

- Continued involvement in the PHCRED training forums with Melbourne University
- Chronic condition self management models (Flinders and Lorig)
- Gender & equity
- DHS Health Promotion Short Course
- Motivational interviewing
- Parenting program for fathers
- Project management
- Staff safety
- Writing effective recommendations
- Writing effective submissions

Training needs assessments will be undertaken in the latter half of 2005 to determine other training needs.

Evaluation and dissemination planning

Process:

Process evaluation will focus on standard process evaluation themes for training sessions (eg - number of participants, number of agencies represented, and satisfaction with catering /venue)

Impact:

The expected impact of this strategy is a measurable change in both quality and quantity of information about each training topic pre and post training

Outcome:

Outcome evaluation will focus on specific outcomes from each individual training session

Strategy 3: Analysing Data Training

Problem Definition:

Currently GVPCP in partnership with the other PCP's in the Hume region have commissioned a major data/research project from PLEXUS. This data will be available sometime in November, 2004. In addition to this data, the Aboriginal Health Status report and FERRET report will also be available to members. Of primary concern to the Executive of GVPCP is the need for agencies to be able to analyse and interpret these and other available data sources to enable them to focus their limited resources toward the appropriate needs within the community.

The proposed training will allow service providers, health promotion workers and managers to analyse this data and apply them appropriately to their own service.

Goal:

To build capacity of member agencies of GVPCP to analyze and interpret available data sources and apply them to the planning process within the agency.

Objectives:

Provide training to service providers, health promotion workers and managers to enable them to analyse data sources appropriately. Topics to be considered in this training will be:

- Using Excel
- Interpretative process
- The Apples and Pears comparison process
- Using data in reports, submissions and other documents

Evaluation and dissemination planning

Process:

Process evaluation will focus on standard process evaluation themes for training sessions (eg - number of participants, number of agencies represented, and satisfaction with catering /venue)

Impact:

The expected impact of this strategy is a measurable change in both quality and quantity of information about each training topic pre and post training

Outcome:

Increased capacity within agencies to analyse data sources.

Integrated Health Promotion: Strategy 1 - GVPCP Health Promotion Network

Priority Goal:	To build a framework of cooperation, collaboration and resource sharing across the Health Promoting agencies within the GVPCP catchment.				
Objective 1:	To facilitate the delivery of quality capacity building training to service providers to improve the quality of integrated approaches to health promotion				
Est. Impacts² (Qual/Quant) for Objective 1	The expected impacts of this strategy are principally qualitative in nature. As such impact evaluation will be evidenced by regular feedback from the members attending the Network meetings				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per stakeholder for Obj1⁶
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building⁷	Facilitate and support GVPCP member agencies to engage in the GVPCP Health Promotion Network Disseminate Network proceedings and outcomes via GVPCP Communication Strategy	GVPCP member agencies	Staff involved in all levels of Health Promotion from planning to implementation and report writing/marketing	33 member agencies other agencies delivering health promotion within the catchment	\$3430.00
Estimated Total Budget per Objective⁶: \$3430.00					
ESTIMATED TOTAL BUDGET PER GOAL^{6, 6} (SEE BELOW)					

Integrated Health Promotion: Strategy 2 – Capacity Building Training

Priority Goal:	To build a framework of cooperation, collaboration and resource sharing across the Health Promoting agencies within the GVPCP catchment.				
Objective 1:	Over the coming two years GVPCP will endeavour to work with member agencies to facilitate a number of training initiatives that will build on members' capacity to address health promotion issues.				
Est. Impacts² (Qual/Quant) for Objective 1	The expected impact of this strategy is a measurable change in both quality and quantity of information about each training topic pre and post training				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per stakeholder for Obj1⁶
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building⁷	<ol style="list-style-type: none"> 1. conduct needs analysis with service providers on best practice models of self-management training for consumers 2. facilitate delivery of training according to findings 3. disseminate information about the training to service providers via GVPCP communication strategy 	GVPCP service providers dealing with consumers who have chronic illnesses Other service providers outside GVPCP catchment will be able to participate if training places are available	by June 2006	33 member agencies	\$13,191.66
Estimated Total Budget per Objective⁶: \$13,191.66					

Integrated Health Promotion: Strategy 3 – Data Analysis Training

Priority Goal:	To build capacity of member agencies of GVPCP to analyze and interpret available data sources and apply them to the planning process within the agency.				
Objective 1:	Provide training to service providers, health promotion workers and managers to enable them to analyse data sources appropriately.				
Est. Impacts² (Qual/Quant) for Objective 1	The expected impact of this strategy is a measurable change in both quality and quantity of information about each training topic pre and post training				
PCP stakeholders³ key	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per stakeholder for Obj1⁶ key
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building⁷	Provide training to service providers, health promotion workers and managers to enable them to analyse data sources appropriately. Topics to be considered in this training will be: <ul style="list-style-type: none"> a. Using Excel b. Interpretative process c. The Apples and Pears comparison process d. Using data in reports, submissions and other documents 	GVPCP management and service providers who are responsible for the provision of reports, submissions and Health Promotion plans	by June 2006	33 member agencies	\$2976.73
Estimated Total Budget per Objective⁶: \$2976.73					

ESTIMATED TOTAL BUDGET PER GOAL⁶:	\$3430.00	
	\$13,191.66	
	\$2976.73	
	TOTAL \$19,598.39	

2003-04 Projects for Completion

Strategy 1 General Practice Small Grants Project

Goulburn Valley Division of General Practice was successful in securing funding for a project to improve referral and feedback processes between General Practices and other service providers. This project has been specifically targeted to increase the use of the SCTT by General Practitioners to refer to the Diabetes Centre at Goulburn Valley Health.

GVPCP will play a part in the project by assisting with the pre and post intervention data collection, collation of results and dissemination of the final report. All learnings from this project will be circulated to GVPCP members via the communication strategy.

Strategy 2 Chronic Physical and Mental Illnesses Pilot Project

The Chronic Physical and Mental Illnesses Pilot project is another ongoing legacy of previous the previous CHP. The pilot project seeks to trial a model of delivering an exercise program to consumers with both a chronic mental and a chronic physical illness. There is also an education component, for both staff and consumers in the programme. The pilot project partners are the Complex Care Program, Goulburn Valley Health and Mental Illness Fellowship of Victoria, Shepparton.

For a variety of reasons this project has been dormant for much of 2004, this situation is about to change and GVPCP expects that the pilot project will be run in the very near future.

Goal:

To improve the quality of integrated approaches to health promotion

Objective:

To facilitate the delivery of quality capacity building training to service providers

Evaluation and dissemination planning

Process:

Process evaluation of the pilot project will be carried out by the project partners, and will focus on the number of consumers enrolled in the pilot, and their feedback about the logistics involved.

Impact:

The expected impact of this strategy is that GVPCP service providers will have increased access to a quality health promotion programme for consumers with a chronic illness.

Outcome:

The expected outcome of this strategy is that the programme will be replicated across the region by service providers who provide for consumers with both chronic mental and physical illnesses.

Strategy 3 Falls Risk Audit for Workplaces

In the 03-04 CHP, GVPCP completed a successful trial of the Falls Risk Audit toolkit. To complete the project, the toolkit needs to be disseminated to all member agencies within the GVPCP.

Goal:

To reduce the risk of falls by clients and/or staff attending primary care facilities

Objective:

To build on the capacity of GVPCP member agencies in the identification of falls risks with workplaces

Evaluation and dissemination planning

Process:

Review dissemination & training strategy.

Impact:

At least 30% of GVPCP member agencies will integrate the Tool Kit

Outcome:

GVPCP member agencies will have an increased capacity to reduce the risks and hazards of falls, of both staff and consumers, in their buildings and premises.

Strategy 4: Arabic Parenting Booklet Conversion

Problem Definition

Lack of Translated Documentation

What has been identified by agencies within GVPCP who service this community is the lack of adequate translated materials, especially in regard to parenting and stress management.

In 2003-2004 significant work was carried on a research project to identify what Arabic translated material exists and to identify what should be translated. This resulted in the "Arabic Translated Documents Register" being released in 2004. This easy to access resource enables Service providers to easily identify and locate appropriate translated documentation.

The second important tool discovered during this research phase was a Parenting booklet produced by the Migrant Resource Centre in Preston. This booklet was produced to meet two specific goals, to be culturally sensitive to the Arabic speaking community and to provide an appropriate education platform for parents, both male and female in bringing up their children in an appropriate manner in an Australian setting. This booklet was translated into both English and Arabic and has been significantly tested within the Arabic speaking communities within the northern suburbs of Melbourne and Shepparton.

When this document was identified, the GVPCP met with Dr Khairy Majeed, of the Migrant Resource Centre, where agreement was provided for the GVPCP to have access to both the parenting booklet (in English and Arabic) and to modify it to our requirements.

Goals

Provide access to up-to-date health resources in Arabic to service providers within the GVPCP catchment who provide a service to consumers from an Arabic speaking background.

Objectives

Make available the Parenting booklet in three-fold pamphlet format to member agencies and consumers within the GVPCP catchment area.

This will be achieved by the following strategies:

Parenting Booklet

1. Convert each chapter of the Parenting booklet developed by the Migrant Resource Centre into three-fold pamphlets
2. Convert the finished product into PDF files for distribution
3. Disseminate the finished product to member agencies and make available on, for access from, the GVPCP Website.

Stress Management

4. Ensure chapter on Stress Management is adapted as a generic document and converted to a three-fold pamphlet

Evaluation and dissemination planning

Process:

The project worker will report each month to the GVPCP Mental Health and Social Connectedness working group. The progress report will enable monitoring of the agreed strategies and their effectiveness to achieve the objectives. The project worker will be able to find support both from the working group and from the Team Leader of the GVPCP.

Impact:

The objectives are clearly outlined and the measurement of success will be:

1. Parenting booklet has been converted
2. Parenting booklet has been distributed to GVPCP member agencies
3. Parenting booklet is available for access by Arabic speaking consumers

Outcome:

This booklet is only one part of the overall goal to achieve wider access to Arabic translated materials within the GVPCP catchment. A review of the overall goal should be taken at the end of the June 2006 to measure the amount of available translated materials compared to when the initial research was conducted in November 2003.

Strategy 5: Arabic Translated Register

Problem Definition

One of the objects of the 03-04 CHP was to identify what health promotion documents require translation into Arabic. As part of the research component, an Arabic Translated Documents register was developed.

Goals

Provide access to up-to-date health resources in Arabic to service providers within the GVPCP catchment who provide a service to consumers from an Arabic speaking background.

Objectives

1. Complete identification of suitable documents
2. Complete final edits to register
3. Disseminate register to member agencies and make available on GVPCP website

Evaluation and dissemination planning

Process:

Review research process adopted
Review register design

Impact:

Register available for 100% of member agencies
75% of member agency translated materials included in register
Final report is completed by June 2005

Outcome:

Current register of up-to-date health resources in Arabic to Service providers within the Goulburn Valley Primary Care Partnerships catchment is available.

Strategy 6: Multicultural Website

Problem Definition

This project was completed initially in 2002 through a cooperative venture between GVPCP, DHS, CHIS, Hume Alliance and a web design contractor. The result was a modest multi-cultural website designed to provide an online resource of current translated materials. Due to the lack of a sustainable maintenance program, the site was not updated once the project was completed and subsequently became disused with out-of-date information.

GVPCP Executive agreed that the GVPCP office should take responsibility for the upgrade and maintenance of this site.

Goals

Provide a web based resource of multicultural and translated materials for use by GVPCP member agencies and their clients.

Objectives

1. Form a partnership with local ethno specific agencies within the GVPCP
2. Complete needs analysis and business plan to update and maintain the site
3. Update the site & include latest translated materials
4. Complete final report and disseminate to member agencies

Evaluation and dissemination planning

Process:

Review partnership and needs analysis process

Review technology / web design process adopted to update / maintain site

Measure site usage after modifications have been completed

Impact:

Partnership exists between GVPCP and ethno specific agencies and agencies providing services to CALD clients

Needs Analysis completed by March 2005

Upgrade completed by July 2005

Final report with evaluation of site usage completed by June 2006

Outcome:

A web based resource of multicultural and translated materials for use by GVPCP member agencies and their clients has been made available.

Acknowledgements

GVPCP Executive Committee:

Amanda Challis – Mental Illness Fellowship of Victoria, Shepparton
Deb Cottrell (Chair) – Goulburn Valley Division of General Practice
Ian Martin – City of Greater Shepparton
Justin Mohamed – Rumbalara Aboriginal Cooperative
Kim McRae – Regional Information & Advocacy Council
Leigh Gibson – Goulburn Valley Health
Morrie Ramadan – Ethnic Council of Shepparton & District
Sandra Walker – Goulburn Valley Community Health Service
Sue Medson – Goulburn Valley Family Care
Terry Welch – Yarrawonga District Health Service
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Maree Welsh – Vision Australia
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Donna Richards – Moira Healthcare Alliance
Helen Davis – Numurkah District Health Service
Julyan Howard - Goulburn Valley Health
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Diana Chomley – Hume Corridor Community & Outreach Community Health Service

Fiona James - Yarrawonga District Health Service

Freida Andrews – Primary Mental Health & Early Intervention Team

Kaye Thomson – Moira Shire

Kellie Lehman - Goulburn Valley Community Health Service

Kerry Foyster - Vision Australia

Rachel Willis - Yarrawonga District Health Service

Sue Medson (Chair) - Goulburn Valley Family Care

Tanya Holt – Nathalia District Hospital

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