



**Inner South East  
Partnership in  
Community and  
Health**

# **Community Health Plan**

**2003-2004**

# ISEPICH Community Health Plan 2003/04

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### **Health Promotion Working Group Members**

### **Service Coordination Implementation Advisory Group Members**

### **Falls Prevention Community Steering Committee**

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### **Please make use of this plan!**

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## For more information ...

A range of documents are available on our website including:

- ❑ Link to Statewide Services Directory
- ❑ Community Health Plan
- ❑ Health Promotion Practice – Project profiles from ISEPICH member agencies
- ❑ ISEPICHs Demographic Profile
- ❑ List of ISEPICH member agencies and links to their websites
- ❑ Links to key health promotion and research sites
- ❑ Our latest newsletter
- ❑ Good Governance Guide and Memorandum of Understanding

**The ISEPICH Website can be found at:**

<http://www.portphillip.vic.gov.au/sepich.html>

Documents outlining details of the Primary Care Partnership Strategy produced by the Department of Human Services are available at:

<http://hnb.dhs.vic.gov.au/acmh/phkb.nsf>

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**Sarah Brown**, the previous Service Coordination Worker, left ISEPICH in March 2003 and we would like to acknowledge her contribution to improvements in service coordination, particularly the successful development of the protocol – One Access System Inner Southeast (OASIS).

## Introduction

The Inner South East Partnership in Community and Health (ISEPICH) is an alliance of primary health and community support service providers covering the municipalities of Stonnington, Glen Eira and Port Phillip. In June 2003 there were 43 member agencies.

The Primary Care Partnership Strategy aims to improve the health and well being of the population by strengthening relationships between primary care providers and implementing improved service coordination, health promotion and planning.

The strategy has two key aims:

1. To improve the experience and outcomes for people who use primary health care services;
2. To reduce the preventable use of hospital, medical and residential services through a greater emphasis on health promotion programs and by responding to the early signs of disease and/or people's need for support.

Founded on the social model of health,<sup>1</sup> ISEPICH's vision is:

“To create and maintain an accessible, responsive and integrated local primary health and community support service system that takes a planned approach to identifying and addressing community need.”

## Demographics

The ISEPICH catchment is a growing population, estimated at 300,000 people in 2001, and characterised by diversity:

- A population that comprises the very rich and the very poor,
- An extreme range of housing types, including significant numbers of people who live in supported residential services, rooming houses and community housing
- A relatively high proportion of people over 75 years of age in some areas
- A projected increase in the number of people aged 50-70 years
- Significant smaller populations with co-morbidities and high needs
- Pockets of youthful populations and ageing populations (Glen Eira)
- The highest proportion of people over 65 years in Victoria who live alone
- Culturally and linguistically diverse communities with high levels of people born overseas including a large Jewish community, and
- Areas that have the highest concentration of gay and lesbian people in Victoria.

## Health Issues

The Victorian Burden of Disease Study published in 1999 provides a comprehensive review of the impact of mortality rates and the disabling effects of ill health. Chronic disease, or conditions that cause the greatest burden to the ISEPICH population, are heart disease, cancer, mental health, social isolation, injuries (especially falls) and drug and alcohol abuse.

Significant health issues for sections of ISEPICH's catchment population include dementia, diabetes and infectious diseases, including HIV/AIDS. Risk factors influencing the health of the population include physical inactivity, poor nutrition, alcohol harm, illicit drug use, and unsafe sex.

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<sup>1</sup> The social model of health recognises that political, environmental, economic and social factors affect an individual's health.

# Key Achievements 2002-2003

## Providing Better Service Coordination

During the past year ISEPICH developed a comprehensive service coordination protocol – *One Access System Inner South East (OASIS)*. The protocol was signed off by the Executive and has been endorsed by all member agencies. It documents the agreed practices that will operate between member agencies, and establishes performance indicators to assist in evaluating the effectiveness of the protocol.

The aim of ISEPICH's Service Co-ordination Model is to improve access, responsiveness and integration of the system to ensure that services are provided in a seamless, co-ordinated way and that consumer and carer outcomes are enhanced.

Two key principles informed the development of OASIS:

- *Consumer focus* – that practices and protocols improve consumer outcomes by increasing responsiveness and flexibility, and
- *Respect for individual agencies* – that practices and protocols are respectful of each participating agency's own purpose, philosophy, mission and obligations.

OASIS documents agreed agency practices in relation to:

- Initial contact
- Initial needs identification
- Intake
- Referral, and
- Feedback loop to referring provider.

A group of workers from seven ISEPICH member agencies worked intensively with the ISEPICH Service Coordination Project Worker between May and September 2002 to develop the draft protocol and to undertake a limited trial of the service coordination model. This trial included the use of the Service Coordination Tool Templates developed by the Department of Human Services (DHS).

As part of this process the tools were 'road tested' with representatives of ISEPICH's Community Advisory Group. This process provided valuable insights into issues related to the practical application of the protocol and use of the tools.

The Service Coordination Implementation Advisory Group includes representatives from key agencies and is responsible for overseeing the implementation of the OASIS protocol and providing regular advice to the ISEPICH Executive. A member of the ISEPICH Executive convenes the group, which meets on a regular basis.

### *Service Directory*

ISEPICH also worked collaboratively with two of the other southern region PCPs to develop a local services directory. This directory, known as the Services Gateway, is nearing completion and will be trialled by Frankston Mornington Peninsula PCP and Kingston Bayside PCP in mid-2003. ISEPICH will consult with member agencies regarding their interest in the Services Gateway once it becomes available.

## Web Site

The ISEPICH website<sup>2</sup> has been continually updated and improved and provides a full range of resources including:

- ISEPICH's Demographic Profile
- Key documents including the community health plan
- A link to the statewide PCP service directory
- Health promotion resources
- Service Coordination Tool Templates
- Links to other key health sites including the Primary Health Knowledge Base

## Promoting the Health of the Community

ISEPICH's Integrated Health Promotion objective is

“To ensure that health promotion is an integral part of all health service provision, and build the capacity of organisations, communities and individuals to improve health and wellbeing in the community.”

In consultation with key stakeholders and community members, the health promotion planning process identifies the health needs and priorities of the inner south east population and proposes ways to address these needs. ISEPICH member agencies work together through the Health Promotion Working Group.

During 2002/03 ISEPICH carried out two health promotion projects. The first, an injury/falls prevention and sustainability project managed by Caulfield Community Health Service, built capacity and strengthened collaboration across ISEPICH to promote falls prevention strategies including strength training. Key achievements include:

- Establishment of a Falls Prevention Community Committee with broad representation from all key stakeholders (including community representatives, community and acute agencies). This committee takes overall responsibility for maintaining the falls prevention strategies across the ISEPICH catchment, including raising awareness about falls prevention using various media sources
- The development of a collaborative, sustainable and multi-strategic approach to falls prevention among service providers within the ISEPICH catchment
- Establishing four PCP-wide strategic committees on training, strength training, supported residential services, and peer education
- Developing a process for the ongoing training and education for health professionals and allied health staff and for the recruitment and training of Falls Prevention Peer Educators
- Developing and implementing screening assessments for falls to pension-only SRS residents and older people in the community
- Establishing a committee to promote strength training classes across the inner south-east
- The integration of falls prevention strategies within organisations throughout the ISEPICH catchment, for example by encouraging the cities of Glen Eira, Stonnington and Port Phillip to promote safer environments and to incorporate falls prevention strategies in their Municipal Health Plans
- The development of a health promotion framework for sustainability that will support future health promotion activities within the region.

The second project, undertaken by the Port Phillip Community Group, implemented a 'settings based' approach to enable rooming house residents to increase control over, and to improve, their health. Outreach workers established links between the residents, relevant local health or housing agencies, the broader community and local

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<sup>2</sup> The ISEPICH website can be found at: [http://www.portphillip.vic.gov.au/primary\\_care\\_partnerships.html](http://www.portphillip.vic.gov.au/primary_care_partnerships.html)

government, to improve aspects of the lives of individual residents and the conditions in the rooming house.

The project enabled rooming house residents to take action to control and improve their health.

The key elements of the approach can be outlined as:

- Using a community development approach to identify the key issues of health and well being and building the capacity of residents, often meeting over a meal.
- Developing and implementing strategies to address issues of concern, involving relevant people so that where necessary action can be ongoing.
- Reflecting and evaluating the impact within the rooming house setting and determining ways to support continuing action.

Led by the needs and interests of residents, tangible and intangible changes to the rooming house environment were achieved. The outcomes fall into three areas:

- Creating new linkages between residents
- Service changes to the rooming house environment
- Strengthening social relationships within the rooming house.

During 2002/03 progress was also made on building capacity in health promotion and increasing community participation. In particular the focus was on:

- Identifying health promotion priorities
- Researching social connectedness and mental illness/depression
- Promotion of physical activity
- Capacity building including the documentation of health promotion practice.

#### *Identifying Health Promotion Priorities*

Throughout the year ISEPICH has collected and analysed data, including the 2001 ABS Census data, and consulted both service providers and community members to identify priority health needs of the population. In September 2002 the forum "Creating Healthy Communities" was held at which priorities and strategic directions were discussed and the Community Health Plan and the Community Mental Health Plan launched.

ISEPICH has also developed an Integrated Services Plan and updated the Demographic and Health Status Profile of the catchment. These documents are available from our web site and have been used by service providers as a resource in developing projects and preparing submissions.

Many of the risk factors associated with people from low socio-economic groups have been shown to be associated with high use of emergency department and inpatient services, and limited quality of life. During 2003 ISEPICH member agencies participated in a series of workshops and planning sessions that led to the development of a proposal for funding under the Hospital Admission Risk Program for people with mental health or complex psychosocial needs who may be socially isolated and/or homeless.

ISEPICH convened three forums to develop a collaborative funding submission for the Hospital Admission Risk Program. Community representatives and agencies that provide services to the homeless, including drug and alcohol and mental health services, were involved.

## *Researching Social Connectedness and Mental Illness/Depression*

Social connectedness emerged as a key issue for ISEPICH during the year. In November 2002 a "Social Connectedness" forum was held to identify current issues for the community, seek opportunities for collaboration and develop potential strategies to improve social connectedness.

A sub-group of the Health Promotion Working Group first met in May 2003 to:

- Research social isolation, including which agencies are doing what;
- Look at practical options for addressing social isolation;
- Identify possible proposals and source funding;
- Consider holding a workshop/forum on social isolation to consult the community.

## *Promotion of Physical Activity*

Consultation with member agencies resulted in ISEPICH establishing a Physical Activity Network of service providers in local governments, community health services and other agencies involved in physical activity. The Network members meet every two or three months at a breakfast forum with a guest speaker.

The ISEPICH Physical Activity Network has focused on exchanging information, networking, improving integration of existing programs, encouraging best practice and promoting physical exercise programs. The network responds to the needs and directions identified by the people who participate in it.

Two breakfast meetings have been held, which focused on projects that promoted physical activity to disadvantaged groups. Approximately 25 people have attended each breakfast and the response to the evaluations was very positive. There has been a particular interest in promoting physical activity among disadvantaged groups including those with mental illnesses.

## *Capacity Building, including the Documentation of Health Promotion Practice*

Capacity building involves the development of sustainable skills, organisational structures, resources and commitment to health improvement.

For ISEPICH the integration of planning and capacity building in health promotion is a core means of improving the health status of the population and reducing health inequities. Capacity building for health promotion acts to enhance the potential of ISEPICH member agencies, the community and other stakeholders to address the underlying risk conditions that adversely impact on health.

During the year the Health Promotion Working Group identified the need to increase agencies' capacity to share knowledge and resources about health promotion projects across the network. The group initiated a project to document health promotion practice, to assist individuals undertaking health promotion projects to build on best practice initiatives, and to eliminate the doubling up of information and inefficient use of resources.

ISEPICH was fortunate to have a Health Promotion student on placement to help develop a standard format and guidelines for documenting the planning and evaluation of projects, in simple language. The project documentation was placed on the ISEPICH web site early in 2003 so that all members of health organisations and the community have access to the information.

## Creating Partnerships

### *Providing Leadership*

The Executive Committee is responsible for setting strategic directions and the evaluation of all ISEPICH's activities. In the past year the Executive conducted a self-assessment of their management of ISEPICH and revised the *Good Governance Guide* which outlines the vision, values and key policy and procedural matters, for the operation of ISEPICH. Due to the significant number of changes to the *Good Governance Guide*, which reflected the growth and maturity of ISEPICH, the Executive invited all member agencies to re-sign the Memorandum of Understanding, indicating their continuing commitment to the Primary Care Partnership Strategy.

The ISEPICH Executive has developed an annual planning process to ensure that outcomes are evaluated and strategic priorities are determined. Key priorities in the coming year include:

- To promote strong partnerships between primary care agencies and facilitate collaborative planning and integrated health promotion strategies
- To implement the ISEPICH Service Coordination Protocol
- To strengthen the strong linkages and partnerships which have been established with the acute sector, in relation to integrated service planning, service coordination and health promotion
- To ensure that ISEPICH's structures and processes are sustainable

The Executive has contributed to the state-wide evaluation of the Primary Care Partnership Strategy, which is being undertaken for the Department of Human Services by the Australian Institute for Primary Care. The Executive will also contribute to the DHS future directions paper, which will set the policy agenda for the PCP strategy after 2004.

### *Involving the Community*

ISEPICH is committed to community participation in all activities. The Community Participation strategy aims to have consumers, carers and the community represented at all levels of the partnership, and in the member agencies, to ensure that:

- Services meet the needs of the community
- The consumer remains at the centre of the service system
- The services are flexible
- The community is valued, and
- Diversity in the community is recognised.

Several ISEPICH member agencies have undertaken significant action in the past year to enhance consumer participation in their services.

In 2002 ISEPICH achieved one of the key aims of the Community Participation strategy when two members of the Community Advisory Group (CAG) were appointed to serve as full voting members of the ISEPICH Executive.

The Community Advisory Group was established in 2002, and aims to facilitate carer, consumer and community representation in all ISEPICH activities. It has played a key role in implementing the Community Participation strategy.

In 2003, the Community Advisory Group developed an action plan, which is further discussed in Section 4.1, and a vision statement, including the following commitment:

*“Members of the Community Advisory Group will:*

- *Ensure to the best of their ability that the CAG is representative of the community*
- *Seek to increase our knowledge of the community, including high needs and disadvantaged groups*
- *Provide information to the community about the services and programs in ISEPICH and about health issues, illness prevention and health promotion*
- *Work constructively and realistically with the Executive and the member agencies to ensure the best possible outcomes for community members”*

Community representatives serve on the Health Promotion Working Group and subgroups, and the Falls Prevention Community Committee, and also participated in the development of the Service Coordination system, OASIS.

A member of the Community Advisory Group serves as the Southern Region’s representative on the Ministerial PCP Consumer, Carer and Community Advisory Committee. The Community Advisory Group made a submission to the General Practice Divisions Victoria paper on consumer/community participation in 2003.

#### *Charter of Rights*

The Community Advisory Group, in consultation with member agencies, finalised the *Charter of Rights for ISEPICH Community Members* in 2002. The Charter, which is attached to the Memorandum of Understanding (MOU) that all agencies sign when they join ISEPICH, serves as a set of principles that apply to all member agencies. Members of the Community Advisory Group have begun a program of visits to member agencies to discuss the charter and other issues of interest, including social cohesion. The Community Advisory Group is working with member agencies to support consumer, carer and community participation at the agency level.

#### *Quality of Health Information*

The ISEPICH Quality Steering Committee, in collaboration with the Community Advisory Group, developed in 2002 a set of principles for quality health information, which are attached to the ISEPICH MOU. Communication difficulties are a major source of complaints to health services.<sup>3</sup>

#### *Community Forums*

The Community Advisory Group organised two major forums on the Medical Treatment Act during 2002/03, the first in St Kilda and the second at Caulfield General Medical Centre. There was considerable public interest, with standing room only at the second forum. Those audience included community members and health professionals, and evaluation was highly positive, with comments such as:

*“This was excellent, so informative and so accessible to both community and clinicians. Pitched at exactly the right level, clear and concise.”<sup>4</sup>*

#### *Engaging General Practitioners (GPs)*

There are two GP Divisions within the ISEPICH catchment. Southcity GP Services Inc (Division of General Practice) is represented on the Executive Committee and the Service Coordination Working Group. Monash Division of General Practice is

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<sup>3</sup> For example, see A Dunn “Rudeness a big factor in hospital complaints’ *Age* 20/06003 p 5.

<sup>4</sup> ISEPICH Medical Treatment Act Forum May 2003, Evaluation report.

represented on the Service Coordination Working Group and links with our health promotion activities.

Some key achievements of 2002/03 include:

- A protocol for the payment of GPs was finalised
- A subregional GP reference group was set up, in collaboration with Kingston Bayside PCP and Bayside Division of General Practice, and met three times
- GPs participated in the Service Coordination trial
- A GP and a practice nurse participated in the Language Services project
- A papscreen recall letter in Russian was developed by Southcity in collaboration with ISEPICH
- ISEPICH, in collaboration with Monash Division, Southcity GP Services, Kingston Bayside PCP and Bayside Division, made a successful submission for a \$10,000 DHS grant for implementing Service Coordination with GPs
- Representatives of the Community Advisory Group met with Southcity GP Services to discuss how the CAG can support the Division with community participation

### *Diversity*

The ISEPICH catchment is diverse in culture, languages, social circumstances and income. Diversity has two aspects: inequalities in health and well-being, which ISEPICH seeks to address; and difference, which ISEPICH acknowledges and respects. ISEPICH's commitment to acknowledging and respecting diversity is set out in the Charter of Rights and the Quality Health Information Principles, as shown below:

*“Community members have the right to*

- *Be informed of all aspects of care and treatment in a language and format that is understandable*
- *Have access to accredited interpreters*
- *Receive care in a manner that respects their culture, religion, gender, sexuality, age and social circumstances”*

(Charter of Rights for Community Members in ISEPICH September 2002)

*“Member agencies undertake to*

- *Recognise diversity of culture, religion, gender, sexuality, and social circumstances in all information”*

(ISEPICH Quality Health Information Principles November 2002)

ISEPICH completed a major project on Health Interpreters and Translations in 2002. Over 80% of member agencies, and more than 70 local residents, participated in the project. A project report is available on the ISEPICH website and has been disseminated to member agencies and interested organisations. A pilot manual on language services use has been developed for member agencies. The Language Services Manual will be reviewed, and a revised version published, in 2003/04.

A cultural and linguistic diversity (CALD) site has been established on the ISEPICH website. Regular email bulletins are sent out to a network of workers with responsibility for CALD issues in member agencies, informing them of relevant developments and resources. Several member agencies initiated cultural and linguistic diversity projects and programs in 2003. ISEPICH has supported initiatives, including a current project in Bayside Health Service to produce translated medication charts for patients at discharge.

ISEPICH is committed to developing an integrated cultural and linguistic diversity strategy for the partnership. This is discussed in the Operational Plan Section 1

## Operational Plan 2003-2004

Based on analysis of available evidence and consultation with the community and member agencies, ISEPICH has identified four priority issues/population groups to concentrate on in the coming year:

- Improving service coordination
- Addressing health inequities
- Improving social connectedness
- Capacity building

### 1.0 Improving Service Coordination

ISEPICH's Service Coordination Strategy aims to improve access, responsiveness and integration of the primary care system to ensure that services are provided in a co-ordinated way and consumer and carer outcomes are enhanced.

Improving service coordination between primary health providers is expected to achieve the following outcomes:

- Consumers and carers experience enhanced engagement with services and programs and experience services as being provided in a seamless, coordinated fashion.
- Consumers and carers obtain appropriate services and programs in a timely fashion and at convenient locations, irrespective of demographic and social factors (including income, geography, age, gender and cultural background).
- Consumers and carers have access to the information they need to meaningfully participate in the care they receive and to participate in development of approaches to the management of their health and care information.

ISEPICH's priorities for action in 2003/04 are:

#### 1.1 *The Implementation of OASIS*

The ISEPICH Service Co-ordination Model is based on multiple points of entry into the service system so that services become "functionally integrated" while retaining their organisational autonomy and agreeing to conduct particular functions in a common way. Implementation of the model is supported by ISEPICH's comprehensive service coordination protocol – *One Access System Inner South East (OASIS)*.

In early 2003, following endorsement of the Protocol by member agencies, ISEPICH began the process of implementation. To support this process the former working group's terms of reference were revised and the group was renamed the Service Coordination Implementation Advisory Group.

Four key objectives were identified:

- i) *To improve people's access to services by aligning systems and processes across agencies which facilitate functional integration of ISEPICH services.* This will enable agencies to provide an integrated response improving health and wellbeing outcomes for consumers.

- ii) *To ensure a commitment to client-focused practices so that consumers can receive meaningful assistance by making one approach to the primary care system. This will improve the process of Initial Needs Identification and referrals to ensure consumers are linked directly to the services best equipped to meet their needs and are empowered to make informed choices and decisions*
- iii) *To provide a unified, coordinated approach to practice and the exchange of information between ISEPICH member services, offered by staff who are appropriately skilled, qualified, experienced, supervised and supported. This will ensure that consumers receive the best outcome in an environment which protects their privacy and confidentiality.*
- iv) *The integration of service co-ordination, information management and local services information initiatives, so that they are developed and implemented together. This will ensure consumers are informed about service availability, eligibility criteria, and waiting lists, and are able to move around the service system (with due regard to privacy and confidentiality) without having to repeat core information.*

ISEPICH's strategies for 2003/04 are:

*To provide training resources and support for member agencies*

A training and support plan was developed to assist member agencies in the implementation process, which will occur throughout 2003. ISEPICH staff will work individually with member agencies to support them in making the necessary changes to their internal processes to implement the agreed practices with other organisations.

A key element in this process will be the provision of training to member agencies on the use of the Service Coordination Tool Templates. Two training modules have been developed for this purpose. Training and support is tailored to suit the individual needs of each agency with some agencies choosing to hold a number of short training seminars while others are providing intensive half-day sessions. ISEPICH staff will work closely with each agency in the planning, evaluation and follow up to each of these training sessions. This process enables ISEPICH to inform a broader range of staff from member agencies about the overall purpose and key elements of the PCP strategy, which sets the context for implementation of the OASIS Protocol.

The implementation of the OASIS protocol within ISEPICH member agencies throughout 2003 provides an opportunity to reinforce the important role practitioners play on an individual basis in promoting the health of consumers. The Service Coordination Tool Templates will assist practitioners who are responsible for assessing client need at the first point of contact to consider a range of early intervention and health promotion approaches.

Training sessions will also include a focus on ISEPICH's health promotion priorities and make all practitioners aware of the range of resources available, via the ISEPICH website, in relation to health promotion priorities. These include:

- Promotion of physical activity
- Falls and injury prevention
- Addressing social isolation

The website also contains a comprehensive range of resources to assist agencies in implementing the OASIS protocol.

### To foster GP engagement

ISEPICH in collaboration with Kingston Bayside PCP will undertake a project which aims to increase the capacity of general practitioners to uptake and realise the value of the service coordination tools and services directory. The project will initially utilise the experience and knowledge base of the individual general practitioners in the GP reference group to pilot the tools and the directory with ISEPICH member agencies which are utilising the tools.

A training package specific to the General Practice role in service coordination will be developed and delivered on a one on one or group approach, targeting not just general practitioners but practice nurses and other practice staff as appropriate. A report will be produced at the conclusion of the project, which will document the key learnings.

### To evaluate the protocol

ISEPICH plans to undertake an evaluation of the implementation of the OASIS protocol in early 2004. This process will include negotiations between agencies to amend the protocol where necessary. The performance indicators agreed to by agencies will form the basis of the evaluation process.

It has been agreed that the evaluation of OASIS will occur in collaboration with the other three PCPs in the southern metropolitan region to facilitate the development of a common Service Coordination Protocol for all primary care providers in the region.

ISEPICH will also undertake an evaluation of the services gateway being developed by Kingston Bayside and Frankston Mornington Peninsula PCPs.

### To integrate OASIS with other Service Coordination initiatives

Our work in implementing an enhanced and functionally integrated primary care service system, is influenced by a number of other key projects being pursued collaboratively between ISEPICH member agencies and Bayside Health. These projects include:

- The two Hospital Admission Risk Program (HARP) projects, which aim to reduce unnecessary inpatient stays and emergency presentations through a case managed, shared model of care across primary and acute service providers. The learnings from these projects will inform the work of the Service Coordination Implementation Advisory Group, including the potential use of the Service Coordination Tool Templates for assessing clients initial needs and for referral to other providers.
- The Community Hospital On-line Record (CHORd) funded under phase four of the Commonwealth National Demonstration Hospitals Program Enhancement Program. This project involves the development of an electronic health record to facilitate the communication about a selected group of frail elderly patients with complex medical needs and will be piloted within the Better Care for Older People Program.
- The Metropolitan Whole of Health Information and Communication Technology (ICT) strategy, which will provide resources to improve connectivity between primary and acute health service providers. Funding will be shared between both sectors in order to incrementally build the infrastructure that will enable health services to share information and develop enhanced information management and information technology capacity.

ISEPICH will continue to focus on reducing avoidable hospital admissions and emergency demand, through the development of partnerships between primary and acute health agencies to improve service coordination. This will include dialogue in relation to:

- Service coordination within the primary care sector and between the two sectors
- Collaborative falls prevention programs
- Disseminating key learnings from the two HARP funded projects
- Collaborative health promotion and early intervention strategies, and
- Integrated services planning with a population health focus.

## *1.2 Acknowledging Cultural and Linguistic Diversity*

In the Language Services Project in 2001/2002, ISEPICH identified that community members of culturally and linguistically diverse background wanted more information on primary care services, and appeared to be under-represented as clients of member agencies. ISEPICH has committed to developing a cultural and linguistic diversity strategy for the partnership, to ensure that:

- Community members of culturally and linguistically diverse backgrounds have access to all services and programs
- Services are provided in a culturally sensitive manner
- Interpreters and translations are provided when needed.

ISEPICH's strategy for 2003/04 is:

*To build on existing strengths and support capacity building in Culturally and Linguistically Diverse programs and services*

Jewish Care, which is a member of the ISEPICH Executive, and represents ethno-specific organisations on the Executive, is leading the development of the strategy. South Central Migrant Resource Centre is expected to play a significant role in its implementation, with the support of ISEPICH in developing capacity. Multicultural and ethnic advisory groups in City of Port Phillip and Stonnington Council are active in consultation and dissemination of information to culturally and linguistically diverse community members and ISEPICH will continue to liaise closely with these groups. A number of other member agencies already have significant multicultural programs and strategies and others will be further developing them in 2003/04.

ISEPICH will maintain and develop the cultural and linguistic diversity site on our website in 2003/04, and link it more closely with the activities in our member agencies. Resources arising from the Language Services project will be reviewed and revised to ensure they are effective and complement Service Coordination strategies, including the OASIS protocol, and also support strategies in Health Promotion.

## **2.0 Addressing Health Inequities**

ISEPICH's aim is to reduce inequities in health status between population groups.

People with mental health and complex psychosocial needs, who may be socially isolated and/or homeless, have been identified as a high need group by ISEPICH members. People with high needs can be difficult to engage both in the acute and community settings, and may have low life expectancies.

The number of homeless<sup>5</sup> people in the Inner South East has been roughly estimated at 5,000. Services frequently used by people experiencing or at risk of homelessness include hospital care, drug and alcohol treatment, mental health, juvenile justice, corrections, child protection and services designed to promote reintegration into education, training or the workforce.

Supported Residential Services provide supported accommodation to residents with support needs including meal preparation, laundry, cleaning, personal care, clothing and administration of medication. The Southern Metropolitan Region has the highest number of SRSs in Victoria, with around 20% of the State's beds.

There are over 100 rooming houses in the ISEPICH catchment that provide low-cost accommodation to disadvantaged residents with a range of needs and disabilities. There is no on-site support for residents provided by the rooming houses. The conditions in many rooming houses are hazardous. Residents are under enormous pressure from low incomes, language difficulties, violent behaviour, behaviour conflicts, illegal activities and theft, as well as from health problems. About 20% of the residents are long term while 30% to 40% are transient.

The number of SRS places in the ISEPICH catchment is declining while the number of rooming houses is increasing. Although overall there are more places, a greater number are in rooming houses, which do not offer in-house support to residents. This has been identified as an issue for the ISEPICH catchment population and underpins our priorities for action.

ISEPICH's priorities for action in 2003/04 are:

2.1 *To Promote a Settings Based Approach to Health Promotion in Rooming Houses.*

Rooming house residents with complex social, mental and physical needs can be assisted with the support of experienced workers and through establishing better links with the community and service providers.

During 2002/03 a settings based project was successfully undertaken to build the confidence of residents in a St Kilda rooming house by empowering them, establishing trust and assisting them to have control of their lives and the 2003/04 strategy continues to promote this approach.

ISEPICH's strategy for 2003/04 is:

*To disseminate project evaluation and learnings, and actively encourage member agencies to undertake projects using this model.*

The ISEPICH settings based approach to health promotion in rooming houses project will finish in July/August. The evaluation will then be completed and the findings disseminated with a view to persuading agencies and proprietors of the relevance and applicability of the model to other settings, and to adopt this approach.

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<sup>5</sup> Chamberlain and McKenzie (1998) identified four groups of 'homelessness', that fall below community standards about minimum housing: *Primary* homelessness either living on the street or squatting, having no conventional accommodation, *secondary* homelessness such as emergency accommodation, living temporarily with friends or in refugees, *tertiary* homelessness living in single rooms such as private boarding houses and pension only Supported Residential Services (SRSs) on a medium to long term basis and people who are marginally housed for example living in caravans and on public housing estates.

## 2.2 *To Encourage Collaboration to Address The Needs Of People With Mental Health And Complex Psychosocial Needs.*

Improving access to services for people with complex needs is one of the greatest challenges facing ISEPICH member agencies. Research confirms that some groups within the ISEPICH catchment have extremely low health status and low life expectancy. This strategy builds on ISEPICH's collaboration in 2003/04 to develop a Hospital Admission Risk Program proposal to improve the health and wellbeing of people with mental health and complex psychosocial needs who are, or are likely to become, frequent users of hospital emergency and inpatient services.

The project will support key community agencies and hospital services to work together to proactively provide enhanced care and support to people to prevent avoidable ED presentations and hospital admission.

The project, titled ConnectED, will bring together a multi disciplinary team of workers from key agencies with expertise in working with the client group, who will be able to easily refer between themselves, share information, develop skills and promote the coordinated care of clients.

It aims to:

- Develop a coordinated and comprehensive response to client needs, between the hospital and key community agencies;
- Engage the target group/s individually, in groups and community settings to develop strategies to improve their environment/s and well being.

The project will develop agreed practices and protocols for working collaboratively with this client group. The learnings from this process will inform the wider service system on new and innovate approaches to working with clients with complex needs.

ISEPICH's strategies for 2003/04 are:

### *To improve the acute/community interface*

An effective and efficient interface between the acute and the community sector is a critical element of the integration of primary care services and of effective collaboration across health service boundaries. ISEPICH will work with Bayside Health and community agencies to identify gaps and issues that require attention and to undertake new initiatives designed to address the needs of people with mental health and complex psycho-social needs.

### *To prepare a profile of people with high needs*

ISEPICH will form a subgroup of the HPWG to prepare a profile of people with high needs across the ISEPICH catchment. They will gathering information from the ABS 2001 Expanded Community Profiles, Centre Link and agencies, such as Community Connections, that work with high need client groups. This profile will be made available to member agencies to inform their work with this client group.

The ISEPICH Community Advisory Group has identified consultation as a priority. Several members of the group have considerable experience in this area and are keen to increase their knowledge to ensure that people with high needs are effectively represented in ISEPICH.

### 3.0 Building Social Connectedness

“Health is more than the absence of disease. It is an optimum state of well being...Health is wholeness. It includes a sense of belonging to the community and experiencing control over one’s circumstances and fate ... A healthy community is not a perfect place, but is in a dynamic state of renewal and improvement. It builds a culture that supports health life choices and a high quality of life...” (Coalition for Healthier Cities and Communities)

ISEPICH aims to maintain and improve the social well being of the population. There is a body of evidence demonstrating the link between low levels of social well being and poor mental and physical health. Loneliness, social support and low social activity levels have been related to increased risk of poor cardiovascular and immune function, depression, reduced well being and increased risk of entering a nursing home.

The Victorian Population Health Survey 2001 found that people with few social networks were more likely to report fair to poor health and to be experiencing some level of psychological distress. They were also less likely to feel valued by society<sup>6</sup>. An individual can feel valued and connected with their community by participating in a number of activities. These activities appear to be most beneficial when they are of interest to the individual and make each member feel like a part of a group, where they are listened to and have a sense of purpose and support.

Those interventions that have been most successful in addressing social isolation are based on identifying what people perceive as their social needs and interests. Volunteering is a measure of the strength of communities. People have capacities, abilities and gifts and like to be useful - ISEPICH seeks to build on these strengths and assets of the community and strengthen social cohesion.

The strategies to address social isolation have evolved from the work of the ISEPICH Health Promotion Working Group and Community Advisory Group and their focus on social isolation and community participation.

ISEPICH’s priority for action in 2003/04 is:

#### 3.1 *To Research Social Isolation, Developing Partnerships and Collaborative Strategies to Improve Social Connectedness.*

ISEPICH’s strategy for 2003/04 is:

*To form a sub group of the Health Promotion Working Group to identify practical options for addressing social isolation.*

The objective is to develop an integrated approach that involves community participation and reduces social isolation while seeking to understand it better. ISEPICH seeks to raise awareness of the importance of recognising the ‘social’ component of health and well being, as well as the mental and physical, and to identify how the issue is being addressed locally and how the current efforts could be enhanced, extended or sustained.

A public forum may be an appropriate way for community members and service providers to identify and address issues related to social isolation.

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<sup>6</sup> Pope J, Serraglio A, Vaughan L, Attachment 1: Exploring Mediators of Health Inequalities; Using the Victorian Population Health Survey 2001.

## 4.0 Capacity Building

ISEPICH's aim is to develop sustainable skills, organisational structures, resources and commitment to health improvement, creating optimal conditions to promote good health. It seeks to improve the health and wellbeing of their catchment's population by better coordinating the planning and delivery of their services in response to identified needs. In particular, ISEPICH fosters the active participation of consumers, carers and the broader community to ensure that the changes made to the way services are provided are responsive to community needs.

ISEPICH's priorities for action in 2003/04 are:

### 4.1 *To Foster Consumer, Carer And Community Participation.*

ISEPICH's strategy for 2003/04 is:

#### *To implement the Community Advisory Group's action plan.*

The Community Advisory Group's action plan for the coming year has the following priorities:

- To hold forums on issues of interest
- To support member agencies in enhancing community engagement
- Informing and representing the community
- Working with the ISEPICH Executive and Working groups
- Policy development and quality improvement
- Representing and consulting with people from "high needs" groups

The Action Plan has a dual focus on promoting and supporting community participation in member agencies, while continuing and building on the significant achievements at PCP level. This has been a successful strategy for ISEPICH and we hope to maintain it in 2003/04. There are resource constraints, as ISEPICH has had a community participation worker until 2003, and funding for this position is no longer available, however we hope to overcome this to some degree by integrating the CAG's work with Health Promotion and Service Coordination where possible. The Action Plan has the capacity to support and strengthen ISEPICH's strategies in both areas. The CAG was also successful in gaining external funding for a forum in 2003, and similar opportunities may be sought in 2003/04 if appropriate.

The CAG has also established regional links, particularly with South East PCP consumer advisory group. We plan to utilise external support, for example from the Health Issues Centre, where available, in strengthening community participation at agency, PCP and regional level in 2003/04.

### 4.2 *Integrated Health Promotion*

The Health Promotion Working Group aims to develop an integrated health promotion strategy for the inner south east that is responsive to identified community needs and promotes a planned, coordinated service delivery system, embracing a social model of health.

Over 12 member agencies are directly represented on the Health Promotion Working Group (HPWG) and approximately 25 others attend activities and contribute to health promotion planning and collaboration. The HPWG will meet every 4 to 6 weeks during 2003/04 and continue to plan and implement ISEPICH's approach to building capacity in health promotion across the inner south east.

ISEPICH's strategies for 2003/04 are:

*To coordinate and promote the documentation of health promotion practice.*

ISEPICH will continue to document health promotion practice within the catchment and make the information accessible to all via our web site.

QIPPS (Quality Improvement Program Planning System) is a software program that incorporates action learning research approach as part of an integrated and systematic method to service planning, delivery and evaluation. There is an aspect of the QIPPS database that could link with the documentation of health promotion practice that ISEPICH has included on our website and the opportunities for synergy will be investigated during 2003/04.

*To continue to host network meetings with service providers to promote physical activity and best practice.*

The ISEPICH planning processes and consultation with the community and service providers during 2001 and again in 2002, identified the promotion of physical activity as a priority. An estimated 43% of the adult population does little or no regular exercise and those who are inactive are more likely to be older, less well-educated and on lower incomes (Smith et al 1999).

There is substantial scientific evidence that moderate physical activity has significant health benefits including:

- less risk of heart and blood vessel disease
- improved control of diabetes
- less risk of osteoporosis
- reduced risk of falls in the elderly
- social and psychological benefits
- reduction in social isolation among the elderly
- A greater sense of community.

ISEPICH has established a bi-monthly breakfast network meeting of service providers in local governments, community health services and other agencies involved in physical activity.

The purpose of the ISEPICH Physical Activity Network is to focus on exchanging information, networking, improving integration of existing programs, encouraging best practice and promoting physical exercise programs. The network responds to the needs and directions identified by the people who participate in it.

*To clarify roles, coordinate and integrate Health Promotion planning and networks*

The Health Promotion Working Group will identify existing health promotion networks in the Southern Region and their role, the dates of meetings and Terms of Reference, and prepare a paper for consideration by the Health Promotion Working Group.

Health promotion plans prepared by ISEPICH and Community Health Services will be integrated as much as possible, and linked with Municipal Health Plans where appropriate.

*To promote sustainable Falls Prevention*

ISEPICH's 2001/02 Community Health Plan identified falls prevention as a key priority. Since this time significant progress has been made towards establishing a

collaborative, sustainable and multi-strategic approach to falls prevention among service providers in the inner south-east.

In August 2003 the Falls Prevention Community Steering Committee will hold a forum to bring together clinicians, managers and community representatives from across the inner south east to assess the achievements of the various falls prevention initiatives and to develop new and sustainable approaches to working together in the future.

The forum will develop a strategic plan, which harnesses a firm commitment from participating organisations to the ongoing implementation and maintenance of falls prevention strategies, and also:

- Ensures that responsibility for participating in falls and injury prevention strategies is part of the core practice of health care professionals
- Ensures that structures and processes, which lead to an integrated and coordinated approach to falls and injury prevention, are developed and implemented and that key stakeholders including community representatives, the hospital and primary care sectors are included in such processes.

The role and composition of the Falls Prevention Community Committee will also be reviewed.

## Appendix 1. ISEPICH Integrated Health Promotion Program Summary Grid

**Program Goal:** To develop an integrated health promotion strategy for the inner south east that is responsive to identified community needs and promotes a planned, coordinated service delivery system, embracing a social model of health.

**Population Target Group/s:** ISEPICH catchment population particularly socially isolated and marginalised groups, as well as ISEPICH member agencies

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency	Estimated Costs)
<p><b>Objective 1:</b> Reduce inequities in health status between population groups</p>	<p><b>Settings and Supportive Environments</b> Disseminate project evaluation and learnings, and actively encourage member agencies to undertake projects using this model.</p> <p><b>Workforce Development</b> Encourage collaboration to improve services for people with high needs:</p> <ul style="list-style-type: none"> <li>▪ improve the acute/community sector links;</li> <li>▪ establish a sub-group to prepare a profile of people with high needs.</li> </ul>	<p>Improved health and access to services for rooming house residents</p> <p>Better quality , coordinated, consumer driven services for people with complex needs.</p> <p>Better access for agencies to evidence regarding people with high needs.</p>	<p>Over 50 rooming house residents and visitors and proprietors. Over 10 primary care agencies.</p> <p>Over 500 people with high needs in the inner south east.</p>	<p>Ongoing Port Phillip Community Group.</p> <p>Project Manager, Health Promotion Project Officer and member agencies</p>	<p>\$12,300 Project Manager</p> <p>\$3,321 oncosts (27%)</p> <p>Sub-total \$15,621</p>
<p><b>Objective 2:</b> Increase Social cohesion</p>	<p><b>Organisational Development</b></p> <p>Establish a subgroup pf the HPWG to research social cohesion and develop practical approaches for member agencies to address social isolation</p>	<p>Increased awareness of social connectedness as an issue for the ISEPICH community.</p> <p>Development of practical approaches to increasing social connectedness.</p>	<p>Health Promotion Working Group:</p> <ul style="list-style-type: none"> <li>- Caulfield CHS</li> <li>- City of Glen Eira</li> <li>- Bentleigh Bayside CHS</li> <li>- Monash Division of General Practice</li> <li>- Women's Health in the SE</li> <li>- CAHMS -Mental health</li> <li>- HP Officer Sthn Reg</li> <li>- IDI</li> <li>- City of Port Phillip</li> <li>- Caulfield CHS</li> <li>- City of Stonnington</li> <li>- DHS Southern Region</li> <li>- Three community participants</li> </ul>	<p>Ongoing</p> <p>Chair of the HPWG, Hayley Dean from Caulfield CHS, Health Promotion Project Officer and member agencies</p>	<p>\$11,400 salary,</p> <p>\$3,078 oncosts (27%)</p> <p>Sub-total \$14,478</p>

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency	Estimated Costs
<b>Objective 3:</b> Build Capacity in Health Promotion	<b>Community action</b> Foster consumer, carer and community participation, working with the Community Advisory Group as appropriate.	Increased community participation in health promotion	Three community members attend (as above) the HPWG and we aim to involve others in increasing social connectedness.	Ongoing. Health Promotion Project Officer and HPWG	\$22,800 Project Worker salary
	<b>Organisational Development</b> Support sustainability of falls prevention strategies	Sustainable falls prevention	Falls Prevention involves: - Caulfield CHS - City of Glen Eira - City of Port Phillip - City of Stonnington - Bentleigh Bayside CHS - Inner South CHS - Royal District Nursing Service - Rapid Assessment Service - Caulfield General Med. C'tre - Arthritis Victoria	Project Manager and ISEPICH agencies involved in Falls Prevention	\$6,156 oncosts (27%)
	Integration of health promotion planning and clarification of roles of Health Promotion Networks.	Improved integration of health promotion planning and practice	Integration of health promotion planning involves health promotion practitioners across the Southern Region.		
	<b>Workforce Development</b> Continue the: <ul style="list-style-type: none"> <li>Health Promotion Working Group</li> <li>Physical Activity Network</li> <li>Documentation of Health Promotion Practice</li> </ul>	Shared understanding of best practice for the promotion of physical activity.  Better access to documentation of health promotion practice	ISEPICH member agencies and the broader community and other service providers.	Chair of the HPWG, Hayley Dean, Caulfield CHS, Health Promotion Project Officer and member agencies	Sub-total \$28,956
					\$59,055

## Appendix 2. Community Health Plan 2003-2004 Summary

<b>Issue: 1.0 Service Coordination</b>
<i>Goal:</i> To improve access, responsiveness and integration of the system to ensure that services are provided in a co-ordinated way and consumer and carer outcomes are enhanced.
<i>Priority for Action:</i> <b>1.1 Implementation of OASIS</b> <b>Strategies:</b> <i>To Provide Training Resources and Support for Member Agencies</i> <i>To Foster GP Engagement</i> <i>To Evaluate OASIS</i> <i>To Integrate OASIS with Other Service Coordination Initiatives</i>
<b>Issue: 2.0 Health Inequities</b>
<i>Goal:</i> To reduce inequities in health status between population groups.
<i>Priority for Action:</i> <b>2.1 To Promote a Settings Based Approach to Health Promotion in Rooming Houses.</b> <i>Strategy:</i> To disseminate the project evaluation and learning and actively encourage member agencies to undertake projects using this model.
<i>Priority for Action:</i> <b>2.2 To Encourage Collaboration to Address The Needs Of People With Mental Health and Complex Psycho-Social Needs.</b> <i>Strategies:</i> To Improve the Acute/Community Interface, Promoting New Initiatives To Prepare a Profile of people with High Needs for Member Agencies
<b>Issue: 3.0 Social Connectedness</b>
<i>Goal:</i> To Maintain and Improve the social well being of the Population. Community and Service Profile
<i>Priorities for Action:</i> <b>3.1 To Research Social Isolation, Developing Partnerships and Collaborative Strategies to improve Social Connectedness.</b> <i>Strategy:</i> To form a sub group of the Health Promotion Working Group to identify practical options for addressing social isolation.

<b>Issue: 4.0 Capacity Building</b>
<i>Goal:</i> To Develop Sustainable Skills, Organisational Structures, Resources and Commitment to Health Improvement, Creating Optimal Conditions to Promote Good Health.
<i>Priority for Action:</i> <b>4.1 Foster Consumer, Carer and Community Participation.</b> <i>Strategies:</i> To Implement the Community Advisory Group's Action Plan.
<i>Priority for Action:</i> <b>4.2 Integrate health promotion</b> <i>Strategies:</i> To Coordinate and Promote the Documentation of Health Promotion Practice. To Continue to Promote Physical Activity. To Clarify Roles, Coordinate and Integrate Health Promotion Planning and Networks In the Southern Region. To Promote Sustainable Falls Prevention