



# COMMUNITY HEALTH PLAN

2004 ~ 2006

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## INTRODUCTION

This is the fourth Community Health Plan of the Northern Mallee Primary Care Partnership. This plan builds on the three earlier plans and continues the work begun since the inception of NMPCP in July 1999.

This Community Health Plan is produced to meet the requirements of the DHS as set out in their document "PCP Strategy 2004-2006 Implementation Plan Update" which states 'The Community Health Plan (CHP) is to be an operational plan that establishes goals, objectives, service system change strategies, governance, monitoring and accountability. This will identify tasks agencies will undertake together and outline what each agency will do according to timelines.'

## BACKGROUND INFORMATION

The Northern Mallee PCP is a voluntary partnership of health and community care providers covering the local government area of Mildura Rural City Council and Robinvale.

The NMPCP formed in July 1999 in response to the Victorian Government Department of Human Service PCP Strategy.

The NMPCP Members are committed to the vision of:

- Improving the health and wellbeing of their community
- improving peoples experience of primary care services
- strengthen health promotion and service coordination
- to reduce preventable hospital admissions

Through a partnership that is committed to lobbying on behalf of and is responsive to the needs of the people in Mildura Rural City Council area.

Members of the partnership subscribe to a social model of health which states that, "the determinants of health status are not solely individual...and that a range of social and environmental factors have a significant impact on the health status of the community" (Ottawa Charter, 1986).

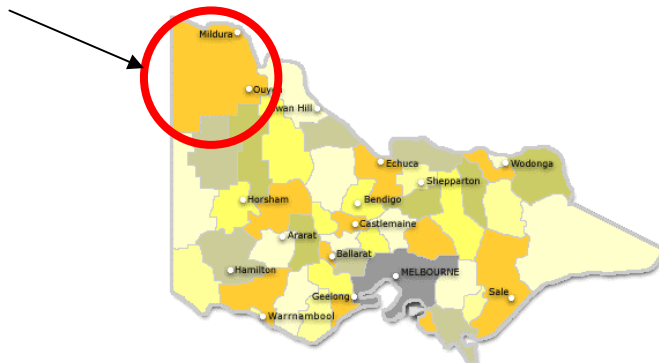
The previous Community Health Plans, Health Promotion Plans and significant demographic data covering the Northern Mallee can be found on the NMPCP website [www.northernmalleepcp.org](http://www.northernmalleepcp.org).

Information about services available in the Northern Mallee can be found at [www.connectingcare.com](http://www.connectingcare.com).

## PROFILE

The Northern Mallee is located in the far north west of Victoria, and borders with NSW and South Australia. The Northern Mallee PCP region comprises of the LGA for MRCC and also includes the township of Robinvale, from LGA of Swanhill.

Northern Mallee  
PCP Area



According to Australian Bureau of statistics the Population - At 30 June 2002 total population for MRCC was 46022 people.

	No. of people
Aged 14 years and younger	10,729
Aged 15 years to 44 years	18,847
Aged 45 years to 64 years	10,153
Aged 65 years and over	6,293
Population density persons/km <sup>2</sup>	95.2

## PCP GOVERNANCE AND LEADERSHIP

Under the new governance structure the NMPCP is governed by an Executive committee comprising of members from 10 organisations. The emphasis of the Committee is on co-ordinated and collaborative agency-driven responses to those PCP agendas which have been identified as important to our own, unique, service system and which can be maintained and sustained. The Northern Mallee Primary Care Partnership will maintain and continue to develop the basic building blocks of the PCP agenda (ie Integrated Planning, Health Promotion and Service Coordination).

Under our new positive model of operation, each of these agendas will be the responsibility of a designated local agency and funding will be transferred directly by the NMPCP Executive to that agency.

Agency performance will be subject to an agreement to achieve the objectives for each area as defined in this Community Health Plan

## PCP MEMBER AGENCIES

Centacare  
Community Care Options  
Dept of Human Services – Mildura  
Loddon Mallee Housing Services  
Loddon Mallee Womens Health  
Mallee Accommodation and Support Program  
Mallee Division of General Practice  
Mallee Family Care  
Mallee Track Health & Community Service  
Mildura Aboriginal Corporation  
Mildura Base Hospital  
Mildura Meals on Wheels  
Mildura Rural City Council  
Murray Valley Aboriginal Cooperative  
Robinvale District Health Service  
Sunassist  
Sunraysia Community Health Services  
Sunraysia Ethnic Comm. Council  
Sunraysia Residential Services  
Vision Australia Foundation

## NMPCP EXECUTIVE MEMBERS

Dane Huxley	Mildura Base Hospital
Craig Stanbridge	Sunraysia Community Health Services
Pat Timmons	Department of Human Services
Doug Tonge	Mallee Accommodation Support Program
Bob Mutton	Mallee Division of General Practice
Vernon Knight	Mallee Family Care
John Senior	Mallee Track Health Services
Phil Pearce	Mildura Rural City Council
Martin Hawson	Mildura Rural City Council
Graem Kelly	Robinvale District Health Services
Gayle Danson	SunAssist
Jenny Gibbons	Vision Australia

## RESOURCES

The NMPCP has organised its internal committee and working party structure and its central Secretariat support staff to best address achievement of our objectives as follows:

### **NMPCP Administration**

Officer employed my SCHS, reports to

- EFT 0.6 Administration Officer

### **Health Promotion**

Health Promotion Officer employed by SCHS

- Integrated Health Promotion Working Party
- 0.6 EFT Health Promotion Officer

### **Service Coordination**

Project Officer is employed my MRCC, reports to chair of Service Coordination Reference Group made comprising of 10 members from Community Service Organisations.

- Service Coordination Reference Group
- 0.5 EFT Project Officer

### **Integrated Planning**

Project Officer is employed my MRCC, reports to General Manager Community & Culture. Integrated Planning working party comprising of 5 members from Community Service Organisations.

- Integrated Planning Working Party
- 0.5 EFT Project Officer

## GOALS & OBJECTIVES

### COMMUNICATION & COLLABORATION

**Continue to build the information sharing, cooperation and collaboration between pcp organisations and the wider service system**

Inter-organisation communication

### SERVICE COORDINATION

The following goals are priorities for service coordination until June 2006.

**Support priority human services organisations, which are new to service coordination, implement the Better Access to Services operational framework**

- Service Coordination Protocols are in use in all PCP member agencies
- Implementation of Service Coordination Tool Templates in nominated DHS direct service areas including mental health, acute discharge planning and disability services
- Increased awareness, usage and functionality of information service directories
- Adoption of e-referral practices, organisations obtaining and installing HeSA Keys
- Service Coordination Reference Group as mentoring, information sharing and support network for organisations implementing service coordination.

**Support priority General Practices improve the quality of referral and care planning and in particular implement the General Practice Statewide Referral form**

- Improved e-referral between GPs and other health providers, through programs such as MalleeReport
- GPs aware of and referring to appropriate interventions to manage and prevent chronic illness
- Improved care coordination of older adults in homes

**Continued support for organisations that have already successfully implemented the Better Access to Services operational framework for initial contact and initial needs identification, and to support those organisations to move on to implement the Better Access to Services operational framework for assessment and care planning**

- Service Coordination Protocols piloted, evaluated and reviewed as required.
- E-referral in place with key service providers
- Services using SCTT for care planning
- Measurable benefits for consumers and service providers.

### Encrypted Referral

This is clearly not a system change that can be achieved overnight! While adoption of Encryption Keys and use for referral has been very slow, there does appear to be increasingly stronger interest by member agencies, in encryption and encrypted referral. It would seem appropriate to continue to prioritise its progress during 2004/06 – preferably around small groups of agencies that traditionally have natural referral pathways.

### Connectingcare.com information and service directory

Continue to optimise the local electronic Service Directory, Connectingcare.com, to improve its accuracy, its breadth of content coverage and its utility as a referral tool for service providers and the wider community alike. Develop a variety of formats for imparting the service information collected and publicise their availability

### Planning

The major planning agenda of NMPCP for 2004 - 2006 is the development of an integrated planning model for the northern Mallee the 'Healthy Communities Framework'.

To obtain a clearer indication of consumer and community health needs and to integrate and coordinate the planning processes of member agencies both to determine agreed priorities for action in the broad Health field and to agree to a collaborative Action Plan that stems from the above process.

Major planning processes, which should be included in this strategy, have been identified to include:

- \* the Municipal Public Health Plan
- \* the Community Health Plan
- \* the PCP and individual agencies Health Promotion Plans
- \* the HACC Strategy Plan
- \* the Division of GP Strategy Plan
- \* the Primary Mental Health Plan (of the NM Mental Health Alliance)
- \* the Robinvale and Ouyen M.P.S. Strategy Plans

This would be a strategic Health Plan based on the social model of Health across all sectors incorporating all areas identified for the Community Health Plan and including the traditional MPHP areas. It would also have links with the Education and Employment sector. Individual sectors or agencies would formulate Action Plans relevant to their area of interest/concern that are consistent with indicator data and priority.

## COMMUNICATION AND COLLABORATION

Continue to build the information sharing, cooperation and collaboration between pcip organisations and the wider service system.

GOAL	STRATEGIES	TIMELINES	MEASURES
Inter-organisation Communication	Continue to produce PCP Newsletters and encourage organisations to use it extensively as an information exchange medium.	Bi monthly	6 bi-monthly newsletters are produced per year
	Ensure ongoing update of NMPCP Website, publicise it and encourage organisations to upload information and use it (particularly demographic, social and needs data).	Ongoing	Organisations submit copy/content during year Organisations upload information or submit information for uploading
	Determine marketing issues and marketing strategy to publicise the three major information communication vehicles (Newsletter, Website and Service Directory).	Ongoing	Network information gets to NMPCP Newsletter Networks consider adoption of ACPAC meeting model
	Ongoing update of organisation data on connectingcare.com to ensure data is current and correct	ongoing	Service directory continues to meet needs of community; currency of data – updates at least annually
	Continue to encourage Networks in their information-sharing role and encourage them to gradually take on a needs assessment, problem solving and planning input role.	Ongoing	CEO's support moves to encourage more of a problem solving planning role among staff from their organisations who attend networks.
Executive Committee	Executive meets on a monthly basis to discuss current programs and strategies	Monthly	Minutes, agendas, actions Meetings well attended
	Service coordination, Health promotion and Integrated planning reference groups report to executive	Monthly	Initiatives, outcomes shared Reports Minutes
	Lobbies issues on as one body on behalf of service system	Ongoing	Letters, minutes, reports etc

COMMUNITY HEALTH PLAN 2004- 2006

GOAL	STRATEGIES	TIMELINES	MEASURES
PCP Staff networking opportunities at regional and statewide level	Staff/ Executive representatives participate in pcp regional meetings	Bi -monthly	Minutes, agendas, actions Meetings well attended
	Participate in statewide, chairs, executive meetings,	Bi-monthly	Minutes, agendas, actions Meetings well attended
	PCP staff and PCP members as appropriate participate in Service Coordination & Health Promotion group meetings	Monthly	Minutes, agendas, actions Meetings well attended
	Conduct PCP Advisory forums for PCP members, wider service sector	As determined by executive	Number of forums per year relevance of information Meetings well attended
Ensure advisory groups in place and resourced	Service coordination reference group to identify opportunities to promote service coordination in NM	Monthly	Number of meetings Meetings well attended Objectives being set and met
	Health Promotion working party		
	Integrated planning working party	Monthly	Development of Healthy Communities Framework

## SERVICE COORDINATION

Support priority human services organisations, which are new to service coordination, implement the Better Access to Services operational framework

GOAL	STRATEGIES	TIMELINES	MEASURES
Awareness of Service coordination & Better Access to Services framework for new organisations	Information relating to service coordination, and NMPCP Common Service System Manual of Standards, Processes and Procedures is provided to organisations	Ongoing	Number of organisations provided with copies
	PCP organisations provided with opportunities to attend Service Coordination Tool Templates Workshop	Bendigo Sept 2004	Number of representatives from NMPCP organisations attend
	Project officer to conduct Service Coordination Tool Templates training with assistance from PCP Service coordination members	2 per year	Number of attendees Pre and post survey of workshop attendees indicates participants have an increased knowledge of service coordination and use of SCTT.
	Project officer to conduct connectingcare workshops within organisations as required	Ongoing	Number of organisations iparticipating in training Connectingcare.com stats showing use by northern mallee.
	Service Coordination Reference Group to conduct Referral Pathways Mapping between current organisations to identify other organisations involved in referrals	Nov 2004	Clear register of natural referral pathways Opportunities to identify organisations to be involved in service coordination
	New organisations invited to participate in Service Coordination Reference group meetings	ongoing	Number of new members Meetings well attended Minutes

COMMUNITY HEALTH PLAN 2004- 2006

GOAL	STRATEGIES	TIMELINES	MEASURES
Identify agencies that are not currently involved in BATS/PCP that form part of the natural referral pathways between pcp agencies	Work with management to ascertain organisations willingness and commitment to participate in SC/BATS framework adoption.	ongoing	No of organisations committing to participate in BATS/SC/PCP PPS training and adaptation
	Obtain commitment from organisations to adopting the BATS framework	ongoing	Written commitment on organisation letterhead
	Offer training and workshops to Organisation Staff involved in Reception, Intake and initial needs identification in quality client practices and use of local electronic service directory	ongoing	No of organisations participating in workshops
Ongoing commitment to service information directory (connectingcare.com)	Ongoing development and update of data Continue to promote use of directory	ongoing	Service directory continues to meet needs of community;
	Provide training to organisations is use directory and update of data	ongoing	no of hits per month, currency of data – updates at least annually
Promotion of E-referral capabilities, to improve security of data transfer between organisations	Identification of organisation’s natural referral pathways, and identification of ‘key’ referral receiver/sender organisations.	Ongoing	Number of organisations identifying referral pathways
	Approaching and working with willing organisations to implement use of SCTT referral tools, and connectingcare for e-referrals	Ongoing	Increase in referrals in SCTT referral forms Increase in users of connectingcare for referrals Increase in number of organisations with active HeSA keys

COMMUNITY HEALTH PLAN 2004- 2006

GOAL	STRATEGIES	TIMELINES	MEASURES
Implement the SCTTs, PPPS, e-referral and use of Connectingcare.com in Sunraysia Community Health Services (SCHS) in programs areas not already being converted to Service Coordination	PCP Project officer (PCP PO) to work with SCHS management to assess organisation resources and capability	Feb 05	Audit of current referral practice between SCHS and primary care services completed
	PCP PO to assist SCHS with implementation planning	April 05	Realistic implementation plan, including timelines, endorsed by management
	SCHS to obtain and install HeSA Keys	Aug 04	Keys installed ready to accept e-referrals
	Service Coordination Representative (SCR) at SCHS to support change management including workforce development covering SCTT, e-referral and connectingcare.com workshops and one on one support as required	Sept 04	Pre and post survey of workshop attendees indicates that SCHS staff have an increased knowledge of service coordination, use of SCTT and Connectingcare.com and e-referral
	Process of implementation reviewed by SCHS SCR through Service Coordination	June 06	Service Coordination practice regularly reviewed. Included in quality improvement processes

COMMUNITY HEALTH PLAN 2004- 2006

GOAL	STRATEGIES	TIMELINES	MEASURES
Implement the SCTTs, PPPS, e-referral and use of Connectingcare.com in Robinvale District health Service (RDHS) Primary Health Care Services, in particular RDHS would like to improve waiting list management.	PCP PO to work with RDHS management to assess organisation resources and capability	Nov 04	Audit of current referral practice between Hospital and primary care services completed
	PCP PO to assist RDHS with implementation planning	Jan 05	Realistic implementation plan, including timelines, endorsed by management.
	Service Coordination Representative (SCR) at RDHS to support change management including SCTT , e-referral and connectingcare.com workforce development including workshops	June 04 – march 05	Pre and post survey of workshop attendees indicates that RDHS staff have an increased knowledge of service coordination, use of SCTT and Connectingcare.com and e-referral
	RDHS SCR to obtain and Install HeSA Keys	Dec 04	Keys installed and functioning
	Process of implementation reviewed by RDHS SCR through Service Coordination Reference Group	Ongoing – June 06	Service Coordination practice regularly reviewed. Included in quality improvement processes
	PCP PO to assist RDHS with ongoing follow up/trouble shooting	Ongoing as required	RDHS Representative on Service Coordination Reference Group

COMMUNITY HEALTH PLAN 2004- 2006

GOAL	STRATEGIES	TIMELINES	MEASURES
Implement the SCTTs, PPPS, e-referral and use of Connectingcare.com in Mildura Base Hospital	PCP PO to work with Mildura Base Hospital (MBH) management to assess organisation resources and capability	Jan – April 05	Audit of current referral practice between Hospital and primary care services completed
	PCP PO to assist MBH with implementation planning	April – July 05	Realistic implementation plan, including timelines, endorsed by management.
	Service Coordination Representative (SCR) at MBH to support change management including workforce development including workshops	April – Sept 05	Pre and post survey of workshop attendees indicates that RDHS staff have an increased knowledge of service coordination, use of SCTT and Connectingcare.com and e-referral
	Process of implementation reviewed by MBH SCR and through Service Coordination Reference Group	Ongoing participation	Service Coordination practice regularly reviewed. Included in quality improvement processes
	PCP PO to assist MBH with ongoing follow up/trouble shooting	as required	RDHS Representative on Service Coordination Reference Group
Ongoing commitment to service information directory (connectingcare.com)	Ongoing development and update of data Continue to promote use of directory Provide training to organisations is use directory and update of data	ongoing	Service directory continues to meet needs of community; currency of data – updates at least annually Number of hits per month, number of referrals sent per month
Promotion of E-referral capabilities, to improve security of data transfer between organisations	Identification of organisation’s natural referral pathways, and identification of ‘key’ referral receiver/sender organisations. Approaching and working with willing organisations to implement use of SCTT referral tools, and connectingcare for e-referrals	Ongoing as per working with each organisation	Increase in e-referral activity, number of agencies with HeSA keys, number of new use names/logins issued
Review and update of Nmpcp Manual of standards, processes and procedures	As part of Service Coordination Reference group, review the relevance and currency of current PPPS and continue to align with service system	Ongoing – June 2006	Review of processes, new PPPS circulated to member organisations. Minutes

## SERVICE COORDINATION

Support priority General Practices improve the quality of referral and care planning and in particular implement the General Practice Statewide Referral form

GOAL	STRATEGIES	TIMELINES	MEASURES
<p>Improve referral practice between Mallee Track Medical Clinic, Robinvale Medical Clinic, Murray Valley Aboriginal Cooperative Medical Clinic and 2 nominated primary care organisations (Robinvale District Health Service &amp; Mallee Track Health and Community Service). This will involve GP use of Statewide referral form through Medical Director and electronic referral through MalleeReport</p>	<p>PCP member organisations to work with GPs from the MTMC, RMC and MVAC Med Clinic to assess resources and capability for referral to the two organisations</p>	<p>July 04</p>	<p>Audit of current referral practice to 2 primary health services completed. Implementation plan endorsed by GPs, Division and practice manager</p>
	<p>Local Division of GP to assist MTMC, RMC, MVACMC with implementation planning NMPCP PO to assist MTHCS &amp; RDHS to understand and utilise the MalleeReport program and protocols for e-referrals</p>	<p>July – Dec 04</p>	<p>GPs and other medical practice staff indicate an increased knowledge of service coordination including use of Connectingcare.com and MalleeReport and ability to populate the GP Statewide referral form (workshop evaluation)</p>
	<p>Local GP Division to provide workforce development activity to support change management</p>	<p>Oct 04– Feb 05</p>	<p>Increased number of staff able to refer electronically to partner organisations using the GP Statewide Referral form (training evaluation)</p>
	<p>PCP and Service Coordination Reference Group to provide ongoing support for practice change including follow up/trouble shooting</p>	<p>Dec 04 – June 06</p>	<p>Survey of stakeholders to identify any gaps, minutes of meetings, evidence of steps to address gaps</p>

COMMUNITY HEALTH PLAN 2004- 2006

GOAL	STRATEGIES	TIMELINES	MEASURES
<p>Work with Mallee Division of General Practice (MDGP) to identify GP clinics that would benefit from and be willing to participate in Service Coordination and care planing and to work with each organisation to achieve same</p>	<p>NMPCP PO to work with MDGP representative to identify GP clinics prepared to participate</p>	<p>Ongoing, possible working with 1 clinic at a time.</p>	<p>GP clinic identified as interested in participating</p>
	<p>Consult GP's/Office manager and gain commitment to the program</p>		<p>Office Manager supportive of change</p>
	<p>Undertake assessment of current referral pathways and processes</p>		<p>Audit fo referral pathways and opportunities for change identified</p>
	<p>Undertake assessment of current client management software, establish access to Statewide Referral Form (SRF)</p>		<p>Is SRF available in current software, can it be added</p>
	<p>Conduct training in SRF, connectingcare.com as service directory and e-referral using appropriate referral system/MalleeReport</p>		<p>GP engagement in training, understanding of forms and e-referral pathways</p>
	<p>Work with Practice Manager to ensure adoption of PPPS</p>		<p>GP Clinic happy with changes and committed to continue</p>
<p>Work with current GP users of connectingcare.com to increase knowledge of referral tools and to explore linking connectingcare with Medical Director to auto-populate some fields of Statewide Referral Form (SRF)</p>	<p>Organise awareness raising opportunities for GP's, work with division of general practice to continue the promotion of the statewide referral form</p>	<p>Ongoing</p>	<p>Number of GP's using SRF for referrals to organisations</p>
	<p>Explore having statewide referral form added to connectincare.com or identified in GP software</p>	<p>Ongoing</p>	<p>SRF added to connectingcare for GP referral</p>
	<p>Awareness of other organisations of statewide referral form and encouragement of tool as acceptable referral tool from GP's. Promotion of SRF through pcp newsletter and MDGP newsletter</p>	<p>Bi-monthly/ quarterly as newsletters produced</p>	<p>References in newsletters, organisations identifying forms as part of SCTT.</p>

## SERVICE COORDINATION

Continued support for organisations that have already successfully implemented the Better Access to Services operational framework for initial contact and initial needs identification, and to support those organisations to move on to implement the Better Access to Services operational framework for assessment and care planning.

GOAL	STRATEGIES	TIMELINES	MEASURES
Facilitate cooperative Community Service Organisation planning and implementation of improved care planning between SCHS District Nursing Service, MRCC A&DS, other CSO's as applicable	PCP member Community Service Organisations to facilitate monthly Service Coordination Reference Group	Monthly	Meetings well attended
	PCP CSO's to assist District Nursing Service, CHS and Local Government to redraft the PCP PPS to improve content on care planning	Feb 2005	Revised PPS drafted and circulated
	PCP to resource 2 training sessions for organisation staff	March 2005	Training well attended
Support practitioners in Community Services Organisations with advanced implementation and ongoing practice issues related to service coordination implementation.	PCP member organisations to convene Service Coordination Reference Group	monthly meeting	Meetings well attended
	NMPCP to conduct minimum of 2 regional SCTT workshops focusing on assessment & care planing tools	Feb & May 2005	Attendees report an increase in knowledge (workshop evaluation)
	NMPCP Project officer in collaboration with member organisations to conduct e-referral workshops within CSO's as required	July 04 – June 05	Attendees report an increase in knowledge (workshop evaluation)
	NMPCP in collaboration with PCP member organisations to conduct 1 regional forum on care planning	July 2005	Regional forum well attended and attendees report an increase in knowledge (workshop evaluation)

COMMUNITY HEALTH PLAN 2004- 2006

GOAL	STRATEGIES	TIMELINES	MEASURES
Assist organisations who have had successes with implementation to produce case studies of their experiences as a self assessment exercise to show how far they have progressed, and to assist new organisations with scenarios for consideration.	PCP PO to work with organisation rep to identify opportunities for case studies. Organisations agree to participate in case study. Involve key staff and report on implementation process, successes and opportunities. Quality studies are produced of organisations experiences with implementation of service coordination	Ongoing as implementation progresses/ organisations agree.	Case studies are produced which tell a true tale of the implementation process experienced by the organisation.
Inter-organisation Communication	Continue to produce bi-monthly PCP Newsletters and encourage organisations to use it extensively as an information exchange medium.	Bi monthly	6 bi-monthly newsletters are produced per year
	Update of NMPCP Website, publicise it and encourage organisations to upload information and use it (particularly demographic, social and needs data).	Ongoing	At least 10 organisations submit copy/content during year A minimum of 5 Organisations upload information or submit information for uploading.
	Determine marketing issues and marketing strategy to publicise the three major information communication vehicles (Newsletter, Website and Service Directory).	Ongoing	Network information gets to NMPCP Newsletter Networks consider adoption of ACPAC meeting model
	Continue to encourage Networks in their information-sharing role and encourage them to gradually take on a needs assessment, problem solving and planning input role.	Ongoing	CEO's support moves to encourage more of a problem solving planning role among staff from their organisations who attend networks

COMMUNITY HEALTH PLAN 2004- 2006

GOAL	STRATEGIES	TIMELINES	MEASURES
Support practitioners of SCHS District Nursing and Aged Care Assessment Team with advanced implementation and ongoing practice issues related to service coordination implementation.	Provide training sessions on SCTT and ppps especially around care planning		Number of staff participate in training
	Invite representative to attend Service Coordination Reference Group		Representative involved in SCRG meetings
	Assist with identifying agencies currently involved in care planning and encourage networking		Opportunities for care planning to be implemented
	Ongoing support with use of connectingcare and e-referrals and compatibility with current software programs		Use of electronic versions of SCTT and e-referral become standard practice for practitioners

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## **PART 1: PCP Vision and Priority Setting Process**

### **1.1 Vision:**

Health promotion activities will form a significant part of the mix of programs and services that effectively reduce the environment, socioeconomic, behavioural and physiological factors that are negatively impacting on the health of the community.

### **Mission:**

The Northern Mallee Primary Care Partnership (NMPCP) will provide an integrated, comprehensive health promotion infrastructure that supports individual and collective agencies in the provision of appropriate and effective health promotion programs to improve the health and well being of the Northern Mallee community.

### **Values:**

The values that reflect the principles and goals of the Northern Mallee Primary Care Partnership Health Promotion Strategy, and which underpin its vision and mission above, are those set down in the *Health Promotion Guidelines* provided by DHS.

The NMPCP members have been involved in planned Health Promotion for over three years and with time have developed adapted and committed time and resources to enhance the wellbeing of the Northern Mallee communities.

The exchanging of information, ongoing commitment of agencies and sharing of resources has been enhanced and is identified as an asset that these partnerships value.

Due to staff turn over within each NMPCP agency, Working Party representatives have changed. As a result of these changes the level of integration has at times been determined on an individual ability to network links, level of professional relationships and knowledge/experience of health promotion. With these factors in mind, the level of integration of the NMPCP is dependant on what skills, knowledge and collaboration that the individual can bring to the Working Party. Some agencies have an excellent rapport with certain agencies and as a result they have a high level of integration resulting strong partnerships. New members to the NMPCP have the opportunity to develop, enhance and form new relationships that with time result in stronger agency partnerships.

In time, partnerships have been cementing via the NMPCP and at this stage the NMPCP is at a high level of coordination. New agencies and committed agencies have the opportunity to improve on their level of integration as capacity building strategies are employed in the future.

### **1.2 PCP Catchment Priority Topics**

The NMPCP has identified the following Priority topics for Integrated Health Promotion for 2004-2006:

1. Physical Activity
2. Mental Wellbeing and Social Connectedness

NMPCP does recognise that both of these priority topics interweave. Some interventions performed in the Physical Activity Plan do reflect on the impact of the communities Mental Wellbeing.

The rationale for the identification of these priority topics are based on local and national statistics.

*Cardiovascular disease* is one of the six National Health Priorities, which contributes to a total of 70% of the total burden of disease in Victoria. The two highest DALY (Disability Adjusted Life Years) rates for Mildura females are ischemic heart disease and stroke; and for males it is ischemic heart disease, emphysema and lung cancer.

The 1996 Burden of Disease states that in the Loddon Mallee region the 3<sup>rd</sup> highest risk factor for males and highest risk factor for females is physical inactivity.

The 1996 Burden of Disease states that for the Loddon Mallee region the disease with the highest mortality (35% of all deaths) and highest DALY is cardiovascular disease. Blood pressure is the third highest risk factor for females and fourth highest for males in the region.

The DHS Loddon Mallee Data Unit supplied the following demographic information. There are higher proportions of the population in each 5 year age bracket, over 50, than for Victoria as a whole. The total proportion of the over 50

population is 27.7%, compared to 25.9%. This is likely to be caused by the influx of people of retirement age into the region.

According to the 1996 Census, the Mildura LGA had an Aboriginal population which made up 1.8% of the total population (and a rapidly increasing Tongan population). This is significantly higher than 0.5% for the whole of Victoria. It is important to note that these figures are likely to be considerably understated due to issues of self identification and transient populations. Capturing this target group within our HP Plan has been difficult but the NMPCP will endeavor to continue to embrace the Aboriginal population.

The Index of Relative Socio-Economic Disadvantage (IRSED) is a comparative needs formula developed by the Australian Bureau of Statistics. IRSED data based on the 1991 Census showed that the region was the most disadvantaged rural region and the third most disadvantaged area in the State.

People in lower socioeconomic groups are more likely to die from cardiovascular disease compared with people in higher socioeconomic groups. In 1997, people aged 25–64 years living in the most disadvantaged group died from cardiovascular disease at around twice the rate of those living in the least disadvantaged group.

*Mental Health* was identified by the NMPCP as a major priority topic in the Northern Mallee Region because recent estimates, based on community health surveys, suggest that approximately one in five (18%) Australians will, at some point in their lives, experience a mental health problem or, perhaps, more significantly, a mental disorder/illness; these are mental health problems that are comparable, in severity, to persons actually attending mental health clinics (Australian Health Ministers, 1995; Commonwealth Department of Health and Aged Care, 2000c). Further, it has been estimated that at any particular point in time 3-4 per cent of all Australians will experience severe mental disorders that require ongoing assistance from both mental health and other community services. In some cases, this may be for the rest of their lives (Australian Health Ministers, 1995).

Based on these national statistics, 8,246 persons in the NM Region experience a mental health problem at any given time and further 1,374 persons a severe mental illness. While these estimations provide some insight into the incidence of mental illness, no systematic measurement has been undertaken of the prevalence of mental health problems in the NM Region specifically. However, data collected from telephone help lines, service admissions, service contacts and community and service consultations provides some indication of the burden in this region. These, together with past needs analyses that have placed mental health as priorities for PCP and the Mallee Track Health and Community Service, suggests that the burden of mental health problems is being recognised and attended to. (T. C. Cavallo, 2002)

A review of the Area Mental Health Service for the period 1999-2000 indicates that a total of 875 persons accessed the service, which totalled 27,956 contacts for that period (DHS, 2002c). Of these, 430 clients were female and 445 male. Most contacts were for major affective disorder (154) and other psychiatric disorders (not specified) (154), followed by schizophrenia (96), adjustment disorder (74) and other psychosis (66). Of least prominence were personality disorders (15) and organic disorder (13). More females sought assistance for adjustment and major affective disorders and males and females were equally likely to present with organic disorders. Males outweighed females for all other conditions, but most notably schizophrenia and psychosis. For the same period, 259 persons were admitted with 2056 bed days with an average of 8 bed days per person.

A Victorian assessment of burden of disease for the period 1998 to 1999 found that while considerable differences exist between the health status of men and women, people in the city and rural Victoria, and between rich and poor areas, mental disorders were the third largest group of conditions contributing to the burden of disease, ranking behind cancers and cardiovascular diseases.

For both the Mildura and Swan Hill LGAs mental disorders (more specifically depression) are ranked to be the most prominent cause of disease burden for males aged between 5 and 44 years and females up to the age of 54 years.

The social impact of mental illness in the Northern Mallee area has not been specifically measured. However, evidence suggests that the impact is great. Through the present consultations, many consumers and carers expressed concern over the stigma received by both community members and professionals. Community members commonly identified stigma as a barrier to service utilisation and community education was consistently identified as a major priority. (T.C. Cavallo, 2002)

## **PART 2: Program Outline for Each Priority Issue Identified in Part 1**

### **2.1 & 2.2 Problem Definition and Solution Generation**

To decrease the incidence of cardiovascular disease in the Northern Mallee.

To increase the number of people in the Northern Mallee undertaking physical activity.

Inactive Males and Females, specifically 45 years and older.

#### **Solution Generation:**

In the planning stages for 2003-2004 it was found by the health promotion working party that the risk factors for the priority disease groups (Cardiovascular disease, Diabetes etc) in the Northern Mallee were all based around fitness, physical activity and weight control in the over 45 age group.

This is consistent with the inclusion of Cardiovascular Disease, Injury Prevention and Control, Diabetes and Asthma in the Commonwealth Department of Health and Aged Care nationally identified health priorities.

It was therefore determined by the Physical Activity Working Party that the goal of the plan should be broadened out to encompass a program that addresses preventable illness. In the 2003-2004 Health Promotion Plan the emphasis was on one physical activity option- walking. This Health Promotion Plan will be including walking but broadening the focus to the availability, inclusion and accessibility to all physical activities.

Consumer, service provider and NMPCP Working Party consultation revealed a need for further interventions to be undertaken in this priority area. Agency representatives within the NMPCP Network considered that goals of the 2003/2004 Health Promotion Plan needed to be ongoing as there was further need to exert further energy and resources in health promotion so that their was actual impact on Northern Mallee communities. Thus this strategy is a range of different mixes of interventions that address different sectors of population. It is essential that the format and choice of interventions are manageable and reflect the Working Party resources. This has in turn broadened out the program and ensured a range of strategies are being deployed in order to address the issues of preventable illness.

An analysis of the Burden of Disease DALY data suggests that interventions aimed at reducing preventable illness in the Mildura and Swan Hill local government areas may best be targeted at people over the age of 45 years. The Physical Activity Working Party has not excluded other age groups but as the statistics suggests the main target group are people over the age of 45 years old.

#### **Capacity Building-Support and Resources:**

A component of this Health Promotion Plan is the capacity building objectives that will enable individuals and organisations to further develop their skills to introduce and sustain programs. It was indicated through the Physical Activity Working Party that more skills are required to enable staff working in the Physical Activity field effectively. A major component of the distribution of funding has gone towards the provision of an accredited short course Certificate IV in Fitness. This will ensure that participants will be meet best practice guidelines for 2005 and onwards in the provision of strength training classes. This capacity building will give individuals and agencies the opportunity to participate in training that will result in qualified instructors. We anticipate that small and larger town representatives will be interested in participating in the correspondence course, so that the local physical activity gaps/needs may be met.

Often, the isolation of the Northern Mallee does make it difficult to obtain and access resources from workshops/training type strategies. However, the NMPCP Working Party feels that the cost incurred for the benefits gained from providing this course will greatly assist all members of the Northern Mallee agencies and individual community members.

As this Health Promotion Plan is a two year plan it is difficult to establish all opportunities that Northern Mallee agencies may encounter. Thus funding has been allocated with this in mind, funding for Professional development and capacity building has been put aside so that it is fully accessible as required. The Physical Activity Working Party as a network will be agreeable on the movement of this funding keeping in mind DHS and PCP strategic directions.

Commitment to the new directions of Primary Care Partnerships, towards capacity building will take time for agencies to recognise and act on. With this in mind, the NMPCP is heartened that Health Promotion will change its direction slowly to meet agency, organisational and needs of DHS.

**Evaluation and Dissemination planning:**

This is reflected in the Physical Activity Strategy 2004-2006 template.

- Program Goal:** To enhance the Mental Wellbeing of people living in the Northern Mallee Region.
- Program Objective 1:** To improve people's knowledge of Mental Wellbeing.
- Program Objective 2:** To enhance the capacity of the community to strengthen connectedness and build resilience.

**Population Target Group:** Workplaces, organisations, community groups and other groups.

**Solution Generation:**

The Mental Health plan for 2004-2006 is seen as an extension of the 2003-2004 Mental health plan. Results of investigations into the most recently updated and available data combined with extensive consumer and service provider consultations highlighted the continued need for interventions in this priority area.

The consultations identified that there appears to be an absence of recent service mapping and quantifiable service gap analysis. Such a lack of hard data makes reliance on less reliable qualitative agency data essential. There is a local consensus that there are shortfalls in publicly provided direct service activity – particularly high quality professional counselling services and particularly services targeting youth and adolescents, relationship and families. This is consistent with the views expressed by Statewide reports, that the availability of a suitably skilled workforce, is possibly the single most important issue facing mental health services in Victoria (Victorian Rural Services Strategy P21). There is also increasing concern about the mental health of people in remote and rural areas. Specifically, families affected by drought and rural downturn, isolated women generally and younger women suffering post natal depression.

One issue constantly mentioned is the issue of the lack of information about mental emotional illness and about the availability of local services who can assist (although these are limited in rural areas).

The task for NMPCP is to encourage such activity and bring important players together to plan to overcome deficiencies. The issue of lack of mental/emotional health information lends itself to Health Promotion activity – particularly in the provision of information which helps to normalise and destigmatise emotional health issues.

In order to address the above issues the NMPCP Working Party recognises that through this Health Promotion Plan, access and delivery of knowledge on Mental Wellbeing is essential. Capacity building initiatives need to be established so that the Northern Mallee communities can assist their own communities in good Health Promotion practice and thus result in delivery of best practice information to the community on Mental Wellbeing and Mental Illnesses.

An analysis of the Burden of Disease DALY data suggests that Mental Health interventions in the Mildura and Swan Hill local government areas would best be targeted at people up to the age of 45 years. This Health Promotion Plan does not only target adults but different mixes of ages, this reflects what work is already being done in agencies.

The planned Mental Health program has a mix of strategies to enable appropriate action in producing the largest health gains.

The Koori and Ethnic groups in the population are historically the most difficult to engage. Aspects of the health promotion program will be undertaken to address this frequently identified issue. The NMPCP Working Party Network would welcome representatives from these groups and are endeavouring to find links to strengthen these partnerships in hope that they will commit to participate in a regional Health Promotion structure.

**Capacity Building-Support and Resources:**

In working together with the Loddon Mallee Region Capacity Building Steering committee over the last six months the NMPCP has identified Capacity building as a priority in the 2004-2006 Health Promotion Plan.

A major component in the Mental Health Strategic Plan is the delivery and commitment in providing training in Health Promotion. The intricacies and details are in their infancy but the NMPCP Working Party identifies that this type of training and resource upgrading will be beneficial to agencies and individual professional development. With a recent change of working party members this type of training will result in agencies being able to utilise skills and knowledge regarding Health Promotion that will be invaluable to agencies and the implementation of the NMPCP Health

Promotion Plan. It is hopeful that this training will encourage improved organisational development within agencies and a higher profile for Health Promotion within the Northern Mallee.

A positive aspect of gaining new membership in the NMPCP Working Parties is that the exchanging of information, developing of professional relationships and strengthening of partnerships will be enhanced. The sharing of information encourages the region to cooperate and collaborate in a more efficient manner, complementing capacity building strategies.

**Evaluation and Dissemination planning:**

This is reflected in the Physical Activity Strategy 2004-2006 template.

**PART 3: Integrated Health Promotion Summary Planning Grid**

The planning of this Health Promotion Plan commenced in June 2004. At that stage the NMPCP was unaware that the PCP Strategy 2004-2006 Implementation Plan templates were changing. In order to plan, the NMPCP Working Party felt that the template used in previous years was the simplest and unproblematic manner to document the plan. To encourage continuity and prevent confusion the NMPCP have adapted the templates so it is the most practical and functional tool for the Working Parties and NMPCP staff.

**Final 2:NMPCP Mental Health Strategy 2004-2006**

**Goal:** To enhance the Mental Wellbeing of people living in Ouyen, Mildura and Robinvale.  
**Objective 1:** To improve people's knowledge of Mental Wellbeing and Mental Illnesses.  
**Estimated Impacts:** A reported increased in people's knowledge of Mental Wellbeing  
 NMPCP Health Professionals utilise the Mental Health Resource Kit within their work practice  
**Target Group:** Workplaces, Organisations, community groups and other groups.

<b><u>Interventions</u></b>	<b><u>Agencies Participating</u></b>	<b><u>Estimated Reach</u></b>	<b><u>Estimated Timeline</u></b>	<b><u>Estimated Budget</u></b>	<b><u>Evaluation Method/s</u></b>
<b><i>Social Marketing/Health Information</i></b>					
1. Promotion of the Mental Health Resource Kit (MHRK) within local and national agencies by informing Mental Health agencies via website, internet, word of mouth and Networking opportunities.	PMEIS, MFC, MTH&CS, RDHS, MRCC, HPPO, SCHS and other networking opportunities	All PCP agencies to promote the MHRK -40 agencies	March 2005	\$0	- No of MHRK sold/distributed to agencies
2. Provide a launch of the Mental Health Resource Kit to all PCP agencies and key stakeholders within the Northern Mallee Communities.	All PCP agencies and key Stakeholders	30 agencies representatives attend	September 2004	\$500	- No of agencies attended launch
3. Printing and dissemination of a brochure (updated content extracted from MHRK) of the local Mental health Services and Support groups pertaining each community. To include Websites, Local Mental Health resources/professionals and Help-lines.	NMPCP HPPO in collaboration with the major key stakeholders of each community- SCHS, RDHS, MTH&CS	3000 individuals	February 2005	\$4000	<input type="checkbox"/> Successful brochure developed - No of brochures disseminated
4. Supporting of the development of a brochure which identifies services involved in Peri-natal Services.	LMWH, PMEIS	100 individuals	December 2004	\$1000	- No of brochures distributed
<b><i>Health Education &amp; Skill development</i></b>					
1.Support community youth at Well-being conference in October 2004 by advocating that a Mental Health Professional deliver a module of the MHRK to assist in improving knowledge about Mental Health and Mental Illness.	Youth	300 Individuals	October 2004	\$0	-No of consumers who attended the session

**COMMUNITY HEALTH PLAN 2004- 2006**

<b><u>Interventions</u></b>	<b><u>Agencies Participating</u></b>	<b><u>Estimated Reach</u></b>	<b><u>Estimated Timeline</u></b>	<b><u>Estimated Budget</u></b>	<b><u>Evaluation Method/s</u></b>
2. Support PMEIS in bi-monthly (12 sessions/2 years) training session information for Mental Health Professionals and other invited agency representatives.	PMEIS	100 individuals	November 2004- June 2006(?Bi-monthly)	\$3000	- Report back to NMPCP the Evaluation of information sessions as appropriate
<b><u>Resources</u></b>					
1. Employ a Health Promotion Project Worker on a 0.3 EFT basis to monitor, assist in implementing, report and support Health Promotion Activities in the Northern Mallee. The implementations of the planned interventions are the responsibility of all PCP agencies with coordination provided by the HP Project Worker.	SCHS	All relevant service providers	July 2004-July 2006	Allocated from HP Funding	
2. 50 Mental Health Resource Kits to be produced and assembled for agencies to utilise to assist in presentations to the general community.	HPPO	50 Kits	September 2004	\$5000 (rollover from 2003-2004 Plan)	-Achieved/Not achieved
<b><u>Organisational Development</u></b>					
1. Encourage and invite new membership to assist in the development and implementation of an integrated Mental Health Strategy for the Northern Mallee.	All PCP agencies/management		July 2004-July 2006	\$0	- No of new members in NMPCP Working Party
<b><u>Workforce Development</u></b>					
1. Support PMEIS Workforce Development Skill training program (MAP) run by Beyond Blue. This education program addresses Mental Health best practice processes and implementation.	PMEIS,MHS, PDSS, SCHS, Centrecare	Service Providers	December 2004	\$2000	- Report form PMEIS on Evaluation of sessions
2. Deliver 6 Professional development seminars on Best Practice topics within the Mental Health field.	PMEIS, MHS, PDSS, SCHS, RDHS, MTH&CS	10 individuals per seminar	May 2005	\$6000	- No of sessions and evaluations outcomes

**COMMUNITY HEALTH PLAN 2004- 2006**

**Objective 2:** To enhance the capacity of the community to strengthen connectedness and build resilience.  
**Estimated Impacts:** A reported increase in resilience and connectedness within the Northern Mallee communities  
 Positive feedback from NMPCP participants in the delivery of the Health Promotion short course  
 Success in providing resources/training/information which has strengthened Northern Mallee communities' abilities to address Mental Health issues.  
**Target Group:** Workplaces, Organisations, community groups and other groups.

<b><u>Interventions</u></b>	<b><u>Agencies Participating</u></b>	<b><u>Estimated Reach</u></b>	<b><u>Estimated Timeline</u></b>	<b><u>Estimated Budget</u></b>	<b><u>Evaluation Method/s</u></b>
<b><i>Social Marketing/Health Information</i></b>					
1. Supporting an information evening/s inviting a comedy group to address Mental Health and associated illnesses to assist in the destigmatisation of Mental Illnesses.ie/ "Frock-up"	Promotion via MH Working Party/ Media and HPPO	150 individuals	April 2005	\$8600	- No. attending - Anecdotal -Short Evaluation survey
<b><i>Health Education &amp; Skill development</i></b>					
1. Provide education via the MHRK to disadvantaged/ethnic/ specialised groups within the Northern Mallee, for example- Aboriginal, Greek, Italian communities. Mental Health Professionals to be proactive by encouraging groups to have informal talks/presentations to assist in the de-stigmatisation and further education of community members.	Disadvantaged/ Ethnic groups	80 individuals	June 2005	Mildura-\$1000 Ouyen- \$600 Robinvale-\$600 Total- \$2200	- Simple, easy questions at end of session, responses shown by raising of hands
2. Support Northern Mallee Local Learning Education Network Service(NMLLENS)	Youth			\$0	
3. Support health education in the production/delivery/ dissemination of health education information to the community as agreeable to the MH Working Party	Community			\$4000	-Report back to NMPCP HPPO
<b><i>Setting and Supportive Environments</i></b>					
1. Assist in supporting agencies to deliver the MHRK to their community within the Northern Mallee i.e. / catering cost, room hire.	All agencies	200 individuals	April 2005	Mildura-\$1000 Ouyen- \$500 Robinvale-\$500 Total- \$2000	
2. Continue to link and collaborate with efforts and interventions identified within the Rural Downturn Strategy.	LMWH, local agencies of Northern Mallee	All NMPCP agencies	May 2005	\$0	
3. Investigate into measures that the NMPCP can address and interlink with, in relation to Sexual Assault and Domestic Violence.	PMEIS, SCHS, RDHS, MFC, MTH&CS	All relevant agencies	May 2005	\$0	- Anecdotal
<b><i>Resources</i></b>					
1. Employ a Health Promotion Project Worker on a 0.3 EFT basis to monitor, assist in implementing, report and support Health Promotion Activities in the Northern Mallee. The implementations of the planned interventions are the responsibility of all PCP agencies with coordination provided by the HP Project Worker.	SCHS	All relevant service providers	July 2004-July 2006	Allocated as per HP Funding	
<b><i>Community Action</i></b>					



**COMMUNITY HEALTH PLAN 2004- 2006**

**Final 2:NMPCP Physical Activity Strategy 2004-2006**

**Goal:** To decrease incidence of cardiovascular disease in the Northern Mallee.

**Objective 1:** To increase the number of people in the Northern Mallee undertaking physical activity.

**Estimated Impacts:** Reported increase of participation in Physical Activity.  
Increased awareness of physical activities options in the Northern Mallee

**Target Group:** Inactive Males and Females, 45 years old +

<b>Interventions</b>	<b>Agencies Participating</b>	<b>Estimated Reach</b>	<b>Estimated Timeline</b>	<b>Estimated Budget</b>	<b>Evaluation Method/s</b>
<b>Social Marketing/Health Information</b>					
1. Provide a launch event to promote the Physical Activity Directory brochure/internet search vehicle (connectingcare.com )	SCHS, MSA, MRCC, MDGP MTH&CS, MBH, RDHS and HPPO	100 individuals	February 2005	\$1000	-No. people attending launch - 3 question survey
2. Walking Television Advertisement to be aired to encourage community and individual walking as a physical activity.	HPPO	General Community	September 2005- March 2006	\$4000	-Anecdotal report to HPWP that the Ad is apparent in the community.
3. Encourage agencies to write and submit editorials about Physical Activity topics and programs in their local community to local newspapers. This will assist in raising awareness about physical activity options and information.	SCHS, MSA, RDHS, MDGP, MTH&CS, MBH, MRCC	General Community	January 2005-July 2006	\$0	-No. new people accessing PA options
4. Further distribution of Walking Brochures to raise awareness of benefits of walking and distances walked via local maps- Mildura and Robinvale - Ouyen (MTH&CS) identified that their community would benefit from the production of a brochure for their area.	RDHS, MRCC, RDHS, MSA		November 2005	\$0  \$2000	-No. of brochures distributed
<b>Screening, Individual risk assessment and immunization</b>					
1. Distribution of generic physical activity assessment forms utilising best practice for agencies to use. Encouraging sharing of resources between Northern Mallee agencies.	SCHS	All relevant agencies	July 2004-June 2006	\$500	- No. of agencies using best practice assessment forms
<b>Health Education &amp; Skill development</b>					
1. Assist agencies in providing sessions of "Come and Try" sessions in Mildura (6 sessions), Robinvale (2 sessions) and Ouyen (2 sessions). ie/ Tai Chi, Lawn/indoor bowls, Tennis etc.	MSA, MTH&CS, RDHS, SCHS, MDGP, MRCC	15 individuals per session	February 2005-May 2006	Mildura-\$1200 Ouyen-\$400 Robinvale-\$400 Total-\$2000	- Evaluation questionnaire at end of sessions

**COMMUNITY HEALTH PLAN 2004- 2006**

<b>Interventions</b>	<b>Agencies Participating</b>	<b>Estimated Reach</b>	<b>Estimated Timeline</b>	<b>Estimated Budget</b>	<b>Evaluation Method/s</b>
2. Introduce physical activity alternatives that smaller town would needs like-ie/ Murrayville, Merbein, Red Cliffs, Colignan etc.					
2. Support a VicFit or Motivational Speaker to assist in raising the awareness of available Physical Activities/options to school groups.	MSA, MRCC, HPPO, DHS(School nurses) Interested Schools	Each school has one session	March 2006	\$3000	-No. children attending
3. Publicise the benefits of Physical Activity within the Northern Mallee. Develop a Physical Activity Directory (hard copy and via connecting care)to assist agencies/professionals to disseminate information about - Local services, groups and recreation clubs in Mildura, Robinvale and Ouyen. - Directory to include facilities and programs that the agencies provide to the Northern Mallee - Benefits of Physical Activity - National Recommendation Guidelines for Physical Activity - Resource to act as an enabler for the reality of Active script to assist the General Practitioner.	SCHS, RDHS, MTH&CS, MSA, MRCC, MDGP	2000 copies distributed(to be updated yearly)	January 2005-July 2005	\$5000	-No. of "hits" if on website  - No. of enquiry telephone calls to those listed in resource  - Short survey to GP's
<b>Setting and Supportive Environments</b>					
1. Developing a bi-monthly award scheme that recognises workplaces that encourage healthy employees ie/ provision of bike racks, water fountains, showers, comfortable dress attire that encourages walking/physical activity at work. "What your work place can do for you!"	HPPO	6 Workplaces to be award winners	July 2005- July 2006	\$600	- No. of agencies who provide PA tools(Winners and other applicants)
2. Identify and investigate the availability of benches and other infrastructure like water fountains along major walking tracks within each community. Lobby MRCC/ SHRCC to assist in supplying a supportive environment to encourage physical activity.	MRCC/SHRCC	Older adults/vision impaired/General community	March 2005	\$0	
3. NMPCP Working Party to lobby MRCC to participate and support the "Walking Bus" within Ouyen and Mildura. - Identify and submit application as per support of schools and associated groups	MRCC, NMPCP agencies	Primary School Children	May 2005	\$0	
4. Continue to support improvement of infrastructure of walking paths/bike tracks in Mildura/ Robinvale and Ouyen.	MRCC, NMPCP HP Working Party		Ongoing	\$0	
5. Support "Falls Prevention Project" by assisting with dissemination of information and linking consumers with the Physical Activity directory. - Assists consumers to access alternative Physical activities, thus preventing potential falls.	MRCC	Older adults	June 2004-July 2005	\$0	-Survey evaluation/outcomes from information sessions

**COMMUNITY HEALTH PLAN 2004- 2006**

<b>Interventions</b>	<b>Agencies Participating</b>	<b>Estimated Reach</b>	<b>Estimated Timeline</b>	<b>Estimated Budget</b>	<b>Evaluation Method/s</b>
<b>Resources</b>					
<p>1. Walking Campaign packages- “Be smart, walk your heart” and “Walk Australia” to be developed and completed as to reflect Best Practice so that if other Agencies/PCP/Communities are interested they can easily access these resources in simple manner.</p> <ul style="list-style-type: none"> <li>Evaluation reports of all walking campaigns (Robinvale, Mildura and Ouyen) to completed and presented to the PA Working Party.</li> <li>Manual/Package of walking campaigns to be finalized and completed</li> </ul>	MTH&CS, RDHS, SCHS in conjunction with HPPO	Individuals who which to access resource information	December 2004  February 2005  March 2005	Stationary costs \$500	-No. of interested agencies requesting information  -Informal presentations to PA Working Party Manuals/packages to be available to HPPO for reporting to DHS
2. Provide support for the winners of Robinvale and Mildura’s walking campaign. This is rollover from 2003-2004 Plan( \$ is from the allocated budget for “Be smart, walk your heart” walking campaign	SCHS and RDHS support workers	Walking campaign winners	December 2004	\$ 150 each to Mildura and RDHS (rollover)	
<b>Community Action</b>					
1. Advocate and support via local Television stations the airing of “Findthirty” <a href="mailto:Findthirty@health.wa.gov.au">Findthirty@health.wa.gov.au</a> physical activity community messages to increase awareness of incidental physical activity in daily life.	HPPO, MSA	General community	July 2005	\$2000	-unable to accurately evaluate
2. Support “Be smart, walk your heart” and “Walk Australia” celebration. Encourages community members to continue/start to walk as a valid physical activity.	MTH&CS, SCHS, RDHS, MSA, MBH, MRCC, MDGP, HPPO	General communities	Ouyen- Sept 2004 Robinvale/Mildura- November 2004	Mildura- \$2000 Robinvale- \$1000 Ouyen-\$1000 Total-\$4000	- No. of people attending celebration  - Show of hands of how many people are walking in that sample group
3. Support community groups/clubs/recreational groups to raise the profile of their specific group/physical activity ie/ walking groups, lawn bowls Mildura-4 session Ouyen-2 sessions Robinvale- 2 sessions	MSA, MRCC, MTH&CS, RDHS key stakeholders	Groups/recreation clubs/	November 2004- June 2006	Mildura-\$100 Robinvale-\$500 Ouyen-\$500 Total- \$2000	- Follow-up telephone call to organization to see if profile of that group has increased
4. Provide and support resources for					
<b>Organisational Development</b>					
1. Continue to promote the importance of agency representation in NMPCP HP Working Party. Staff to highlight this to managers and CEO’s.	PCP Working Party representatives	Management/CEO’s	August 2004-June 2006	\$0	
2. Employ a Health Promotion Project Worker on a 0.3EFT basis to monitor,	SCHS	All relevant service	July 2004- July 2006	Allocated	

