

Living
and
Working
Together
In
Southern Mallee

A Health and Wellbeing Plan
for
Buloke Shire, Gannawarra Shire and Swan Hill Rural City

2003 – 2006

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Attachments

Integrated Health Promotion Projects for 2003/2004

About our plan

A joint planning approach

Community service agencies and local governments in the Southern Mallee have agreed to amalgamate the Municipal Public Health Plan (MPHP) and the Community Health Plan (CHP). Both plans are based on a social model of health. This is a conceptual framework for thinking about health that recognises that improvements in health and well being are achieved by addressing social, cultural, environmental, biological, political and economic determinants of health. A social model of health acknowledges that improvements in health and well being are a shared responsibility. Governments, service providers and communities need to work together.

Our integrated plan is called “Living and Working Together in Our Community: A Health and Wellbeing Plan”.

Southern Mallee Primary Care Partnership (SMPCP) agencies recognise that local governments are well positioned to promote community health and well being across their municipality and that they have a leadership role in promoting the collaboration between governments, business, local communities and service providers.

Some aspects of our Health and Wellbeing Plan has a whole-of-Southern Mallee focus while other aspects take a municipality focus. These are outlined in the following table:

Whole-of-Southern Mallee	Municipality
<ul style="list-style-type: none"> An agreed vision of the health and well being of people living in Southern Mallee An agreed set of health and well being outcomes 	<p>A joint approach by agencies to:</p> <ul style="list-style-type: none"> An agreed set of Indicators Community consultation Identification of health and well being needs in the municipality Establishing the health and well being priorities within the municipality Agreeing upon key strategies Implement a range of activities that require joint action Monitor our progress using agreed Indicators.

Our local government councils and our community service organisations have agreed to work together to improve the health and well being of our communities. Each organisation will work cooperatively and collaboratively, sharing resources and responsibility for the health and well being outcomes outlined in our integrated plan.

The principles that underpin our plan

- Participation – community participation in decision making processes is essential
- Empowerment – people must be provided with the information, education and supports needed for them to take responsibility for their own health and well-being
- Partnership – health outcomes can only be achieved through collaborative efforts
- Health is a resource for everyday life and an aspect of quality of life
- Holistic – the promotion of health and well being requires us to consider the context within which people live

Implementing our plan at the local level

We have established three municipality-based Health Promotion Networks made up of the member agencies that operate in the local government area. These Health Promotion Networks have accepted responsibility for our Health and Wellbeing Plan at a local level, including the development of the plan, its implementation and monitoring of its progress. In this way, the plan can be targeted to the specific local health and wellbeing needs and involve priorities that have been agreed upon by each local Health Promotion Network.

While working individually on particular aspects of our desired outcomes, collectively we are working on all aspects, and are therefore progressing towards the picture for our future.

Our planning cycle

We have agreed upon a three-year planning cycle.

Every three years we undertake a major planning exercise that involves:

- Formal consultation with our communities;
- A comprehensive update of our community profile using a wide range of data, studies, and consultation information;
- A review of our vision for the future and our health and wellbeing outcomes;
- Setting key priorities based on an assessment of the critical health and wellbeing needs of our communities

Every year we:

- Update our community profile using recent studies, reports and any agency consultations;
- Review our previous year's strategies;
- Agree upon broad strategies for the coming year that help address the key priorities; and
- Monitor the progress of our strategies via our Health Promotion Network meetings, which are held bi-monthly.

Measuring the health and wellbeing of our communities

Outcomes

Outcomes express what we want to achieve. Our Health and Wellbeing Plan is built around five key health and wellbeing outcomes:

1. Connectedness;
2. A safe community;
3. Healthy living;
4. A sustainable community; and
5. Coordinated systems

Indicators

Indicators act as signposts. They provide a focused snapshot of our communities at a given point in time. They allow us to track how we are progressing. They help us stay focused on our shared understanding of the critical health and well being issues.

While we share a common set of outcomes and broad level indicators across all three municipalities in the Southern Mallee, the measures we use are specific to each municipality. The broad level indicators we have chosen are linked to our priorities and, together, help us measure the overall health and wellbeing of our communities.

Connectedness

- Citizenship
- Involvement in the community

Healthy living

- Quality of mental health
- Incidence of preventable illnesses and diseases
- Use of alcohol and drugs

A safe community

- Infectious diseases
- Injuries
- Family safety
- Crime
- Safe work practices

A sustainable community

- Sound economy
- Housing
- Natural environment
- Physical environment

Coordinated systems

- Collaboration and coordination

Criteria for Indicators

In developing our indicators we have considered a range of criteria. According to *the Community Indicators Handbook*,¹ when selecting Indicators for a community a good Indicator should be:

- Relevant
- Valid
- Credible
- Measurable
- Consistent and reliable
- Comparable
- Understandable
- A predictor of potential problems
- Compelling, interesting and exciting
- Of interest to the local media
- Accessible and affordable

¹ Redefining Progress, *Community Indicators Handbook*, San Francisco, as reported in Community Services Planning Council, *Community Indicators: Measuring Our Progress Toward Healthy Communities*, Sacramento, 1998

About our plan

The Handbook then lists a second set of Indicators to help communities choose from a large, and probably overwhelming, list of possible Indicators that would be more precise:

- Relate to the whole community
- Connect with the long-term vision and values
- Make linkages and relationships
- Focus on resources and needs
- Be creative and action-oriented

How our indicators are being developed

Developing our indicators is an ongoing and evolving process. Our Indicators have been developed, to date, through a number of processes:

- During 2001-2002, the Southern Mallee PCP (SMPCP), through a series of workshops and discussions, identified a small list of possible Indicators. These are listed in each of the 2001-2002 and 2002-2003 Community Health Plans (CHP) and the 2001-2006 Municipal Public Health Plan (MPHP);
- A further workshop with the SMPCP in 2002 identified additional possible Indicators focused on the identified health and well being issues outlined in the 2002-2003 CHP;
- Research of Community Indicators was undertaken by Evolving Ways and included a literature review, Internet research and attendance at the national conference of the Australasian Evaluation Society. This research identified a further possible list of Indicators for the identified health and well being issues;
- Distillation of all possible Indicators identified in the above processes, refining them to those clearly linked to measuring the health and well being issues and priorities in the Southern Mallee CHP.
- Further workshops in each of the municipalities in 2003 to agree upon the Indicators we will use in the coming year, how we will measure them, what data we will use and who will take responsibility for collation of the data.
- In coming years we will review and adjust the indicators to ensure they help us measure the five outcomes in the best way possible. Each year we intend to report on the health and wellbeing of our communities using these indicators. The report will be accessible to our communities.

A healthy community

Our picture for the future

People in Buloke Shire, Gannawarra Shire and Swan Hill Rural City live in a healthy community.
People are empowered to take responsibility for their own health and well-being.
The social, physical and emotional health of our community is mirrored in the health of individuals

Our health outcomes



Our priorities at a glance

Health and Well Being Outcome	Priority and Service Gap	What do we require
Connectedness	Transport	<ul style="list-style-type: none"> Continuation of funds to coordinate existing transport resources: public, private and community Increased levels of access to community transport
	Social connection programs and activities	<ul style="list-style-type: none"> Programs and activities that help bring people together to interact with each other and the broader community in positive ways Programs and activities that help build resilience in young people
Healthy Living	Chronic illness	<ul style="list-style-type: none"> Services and programs that will help our communities develop and maintain healthy lifestyles Additional allied health services Capacity for services to be delivered closer to where people live, such as through outreach services
	Support services for families	<ul style="list-style-type: none"> Additional family support services and programs that help build more positive relationships and strengthen families' capacity to parent well Greater levels of child care, especially centre-based care and after school care Additional counselling services, especially for parents and couples Additional youth counselling Carer supports
	Mental health	<ul style="list-style-type: none"> Additional services and programs to assist people with mental health issues, especially for young people Additional services and programs to prevent suicide and depression
	Dental services	<ul style="list-style-type: none"> Increased availability of public-funded dental services Cross border anomalies in relation to public dental services to be addressed Continued promotion of the Youth Dental Service
	Men's health	<ul style="list-style-type: none"> Services and programs targeted to men's health Services to be delivered in more flexible ways to encourage men to access them Information on how to change their lifestyles and support to do this Additional allied health services to help men deal with chronic illness

Our priorities and service gaps

Health and Well Being Outcome	Priority and Service Gap	What do we require
Coordinated systems	Consumer participation	<ul style="list-style-type: none"> • Greater opportunities for the community to participate in the planning, delivery and evaluation of services
	Collaborative service planning and delivery	<ul style="list-style-type: none"> • The capacity to more easily access the most appropriate services
Safety	Preventable accidents, injuries and illnesses	<ul style="list-style-type: none"> • Additional farming safety supports • Additional programs, services and supports to address family violence
Sustainable community	Building more sustainable services and organisations	<ul style="list-style-type: none"> • Initiatives to improve the levels of recruitment and retention of professional staff • Increased opportunities for Traineeships
	Economic development	<ul style="list-style-type: none"> • Additional initiatives that support economic development • Additional strategies to support people in economic difficulties
	Community facilities	<ul style="list-style-type: none"> • Greater levels of childcare services, especially centre-based and after school care • Suitable housing, especially rental and emergency
	Water supply and quality	<ul style="list-style-type: none"> • Improved irrigation infrastructure to ensure better water allocation for commercial and recreational use

Our strategic objectives

Health and Well Being Outcome	Objectives	Strategies
Connectedness	Improve access of people to families, friends, services, and facilities by pursuing an effective mix of public and community transport services within the municipality and to principal destinations outside the Shire	<ul style="list-style-type: none"> Implement the Southern Mallee Transport Connection Project
	Improve the self-esteem and resilience of young people by providing opportunities for them to build personal and social networks and skills	<ul style="list-style-type: none"> Develop and implement Youth Strategies in each of our municipalities
	Increase the social connectedness of women in mid-life and older women who are living in rural and remote areas	<ul style="list-style-type: none"> Implement health promoting initiatives
Healthy Living	Reduce the incidence of substance abuse by young people	<ul style="list-style-type: none"> Support young people through implementation of Community Strengthening Initiative
	Increase levels of physical activity	<ul style="list-style-type: none"> Implement physical activity strategies in a range of geographic locations
	Increase the access to appropriate services of people with chronic illness	<ul style="list-style-type: none"> Increase access to podiatry, occupational therapy and dietetics for people in Gannawarra through implementation of Integrated Rural Allied Health Program Implement strategies to skill non-allied health staff in intervention techniques Increase access to needed medical services for people in Buloke who have diabetes through collaboration between Diabetes Educator and GPs Support formation of Rural Allied Health Teams with a maximum service delivery radius of 100km
	Increase capacity of young people to manage their asthma	<ul style="list-style-type: none"> Conduct asthma education sessions in schools and in medical practices throughout Swan Hill Rural City Support 3+ Asthma program development with Mallee Division of General Practice and Swan Hill District Hospital
	Increase the positive experiences of children through helping parents develop better parenting skills	<ul style="list-style-type: none"> Improve parenting skills of young Aboriginal parents through implementation of the Indigenous Parenting Program Implement parenting programs in Buloke Shire

Health and Well Being Outcome	Objectives	Strategies
	Increase the access to needed services and facilities of low income families with children of school age	<ul style="list-style-type: none"> • Implement the Chances for Children Program
	Improve the outcomes for mothers and families affected by maternal depression	<ul style="list-style-type: none"> • Map screening, diagnosis and service responsiveness in Sea Lake and Manangatang districts
Coordinated systems	Increase levels of consumer and community participation	<ul style="list-style-type: none"> • Review and revise a Consumer Participation Framework for Buloke
	Increase access to appropriate services for people in Southern Mallee through collaborative service planning and delivery	<ul style="list-style-type: none"> • Continue to develop IT capability and its integration into planning and service delivery
A safe community	Increase the level of safety in the home and workplace	<ul style="list-style-type: none"> • Implement strategies to ensure compliance with the new Food Safety Act • Implement a range of falls prevention strategies • Implement a range of farm and workplace safety strategies • Implement a range of infection control and safe medication strategies
A sustainable community	Improve recruitment and retention of needed professionals	<ul style="list-style-type: none"> • implement a range of strategies to encourage GPs to practice in the region • Implement an allied health recruitment and retention strategy
	Increase the quality and supply of water to our communities	<ul style="list-style-type: none"> • Implement a range of water improvement and conservation strategies including: <ul style="list-style-type: none"> – Wimmera Mallee Pipeline Strategy – Woorinen Pipeline Strategy – Water recycling – Stormwater management
	Develop our communities through fostering economic growth	<ul style="list-style-type: none"> • Implement a range of economic development strategies
	Increase community infrastructure and facilities	<ul style="list-style-type: none"> • implement Buloke Economic Development Incentive Packages to target new housing infrastructure • identify the needs for child care in Buloke Shire • Develop strategies to address the issue of homelessness of young people

Connectedness

People are connected to each other and engaged in their community's activities

Why is being connected important?

The World Health Organisation (WHO) has developed 10 Social Determinants of Health. Three of these relate to connectedness:

The role of friendship and social cohesion: recognises that friendship, supportive networks and social relations can greatly improve health at home, in the work and the community.

The importance of social inclusion: recognises that being part of one's community positively affects health and well being.

The need for healthier transport systems: recognises the significance of alternative transportation in increasing activity.

Family and friends are important for psychological well being. Participation in social, leisure and physical activities is positively related to higher levels of health, self-esteem and life satisfaction. Obstacles to participation include poverty, health status, lack of accessibility, lack of available transport and attitudes.²

Low self-esteem and social isolation affect mental and physical health.³ Depression and loneliness have been found to a higher risk factor for heart disease than stress, and rank alongside smoking, high blood pressure and cholesterol.⁴

Access to transport is a fundamental aspect of a sense of personal well-being and independence. We require it to access needed health services and community facilities, to socialise, to participate in recreational activities and to maintain our personal relationships.

What is the current situation in Southern Mallee?

Our current strengths

The Southern Mallee is located in north-west Victoria and is home to 40,710 people. It comprises three Local Government Areas: the Shires of Buloke and Gannawarra and Swan Hill Rural City.

ABS statistics as at June 2002

While public transport is almost non-existent we have some community transport for people of the Home and Community Care (HACC) target group: those who are aged and frail, people with disabilities, and their carers. This helps these people connect to services, to each other and to participate in the life of the community.

DHS funding information

² DHS, 1999, Healthy Ageing: The Health and Service Needs of Older People in the Loddon Mallee Region,

³ DHS, 2001, Men's Health Planning Strategic Framework

⁴ *Medical Journal of Australia*, as reported in *The Age*, 17 March 2003

Connectedness

<p>We have a strong history of volunteering, which adds much social capital to our communities. We have a volunteer coordination service in Gannawarra and Buloke, and a Carers' Support Group in Swan Hill.</p>	<p>SMPCP Community Profile 2001/2002</p>
<p>Our communities in Swan Hill and Gannawarra have a richness of diversity. In Swan Hill, 11.3% of the population is from overseas and 3.7% of the population is Aboriginal. In Gannawarra 1.1% of the population is Aboriginal.</p>	<p>DHS funding information</p> <p>SMPCP Community Profile 2001/2002</p> <p>1996 Census of Population and Housing Buloke Shire Council</p>
<p>Buloke Shire has introduced Newcomers activities in each town to help welcome people when they move into the municipality.</p>	
<p>The elderly and people with disabilities are supported to remain living at home, and to connect with their families and communities, through a variety of case management and service brokerage packages, day activity services and respite.</p>	<p>DHS funding information</p> <p>Agency information</p>
<p>Carer support groups exist in each town in Buloke Shire and Gannawarra, providing much needed support to people caring for a family member who has a disability or who is frail, aged.</p>	<p>Buloke and Gannawarra Shire Councils</p>
<p>HACC support services also help people remain connected. We have good levels of Home Care and Personal Care. Delivered meals is an important way in which people are helped to remain living at home. Day centre services are provided in each of the municipalities.</p>	<p>DHS funding information</p>
<p>We have a strong commitment to helping our young people build resilience. Buloke agencies have developed a Youth Policy and Strategy. A Youth Forum exists in Swan Hill. Gannawarra nurtures youth governance at Council meetings.</p>	<p>Agency consultations</p>

Our health and well being issues

Transport

- Generally, people in our municipalities have difficulty gaining access to each other, to services within the district and to specialist services in other areas because of the cost of, and lack of transport. Most do not qualify for community transport and the community transport is limited. Poor access to transport can result in further isolation and prevent people from seeking needed health services.

SMPCP Community Profile 2001/2002

Social connection

- We have large numbers of people who live alone. We are particularly concerned about older people who live alone, and those people who live in outlying areas. Many are isolated from their communities, even where they might live in town. Many people are isolated because of a lack of transport. Isolation is a major contributor to depression.
- Remoteness plays a role in the reduced health status of rural communities. The three municipalities in the Southern Mallee are recognised as relatively isolated.

Report of Consultation and Review of Allied Health Services in the Loddon Mallee Region 2002

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- Families residing in remote communities often have little support and poor connections with the broader community. Women in mid-life and older women in rural and remote areas are particularly susceptible to isolation.

SMPCP Outreach Project – Sea Lake and District
Loddon Mallee Women’s Health
 - We are concerned about our young people. A lack of positive connection with families, friends and the community can be a critical cause of poor health and can lead to increased use of drugs and alcohol.

SMPCP Community Profile 2001/2002
Community and agency consultation
 - In Gannawarra and Buloke there is a perceived increase in social issues as a result of the influx of people to cheap public and private housing. These people have low incomes and limited personal and social connections.

SMPCP Community Profile 2001/2002
 - Although we have a good history of volunteering, as our volunteers age, we are experiencing difficulties in recruiting and retaining people in sufficient numbers. We need to conduct succession-planning initiatives so that we will have enough volunteers when the current ones ‘retire’.

SMPCP Community Profile 2001/2002
 - In Swan Hill we have significant numbers of itinerant workers, many of whom do not speak English. We find it difficult to obtain interpreters for these people, especially those of Vietnamese, Tongan and Laotian background.

SMPCP Community Profile 2001/2002
 - In Swan Hill we have had an increase in migrant populations, increasing the need to deliver culturally appropriate services

Swan Hill Integrated Health Promotion Group
 - We have some day activity services for people with disabilities but there is a shortage. Day activity services are an important means for helping people with a disability to connect to their community.

Community Advisory Group and community consultations
 - While respite operates throughout the Southern Mallee, there is a shortage. Respite enables people to participate in their communities, and to relieve carer stress. Respite is especially needed for families with a person with a disability and for those caring for older people. In Buloke the shortage of respite is further compounded by a shortage of respite carers.

SMPCP Community Profile 2001/2002
Buloke Shire Council

What are our priorities?

1. Transport

Southern Mallee has poor public transport and limited community transport, which is restricted to specific target groups, generally people in the HACC target group. Usually, families and young people are not eligible for community transport.

Many people in our communities have low levels of income. Our communities are more disadvantaged than the average for Victoria. The cost of running a car is difficult for many people on low incomes. The cost of staying connected to families, friends and the community is high.

Many needed health and community services are not provided locally. There is a poor level of outreach services. Generally, people in Southern Mallee are required to travel to larger towns and to Bendigo and Melbourne. This can often mean a whole day away, and sometimes incur the added expense of overnight accommodation. This can result in additional burdens for families with young children, especially those who have children with a disability. Travelling long distances to health services can be physically and emotionally tiring for older people.

The absence of outreach services and poor access to transport can contribute to people being reluctant to seek out needed health services. This can result in people presenting late to GPs and specialists and to community support services. Late presentation can lead to late identification of need, which in turn can result in a need for more complex, intensive and costly intervention than might otherwise have been needed. Late presentation or inconsistent attendance at needed activities can increase demand for costly hospital in-patient services.

Poor access to transport can increase people's actual and perceived levels of isolation. We have many families who live in remote areas, and many people who live alone. Often, new families come to the district because of the cheap housing. However they do not always have personal and social support networks and can soon become isolated.

Being connected is important for health, especially to help prevent depression and abuse of substances. Southern Mallee has high levels of depression, suicide is an issue, and we have high levels of alcohol abuse and dependency. We perceive that boredom leads our young people to abuse alcohol. Transport is an important enabler for young people's social activities.

Our communities require:

- Continuation of funds to coordinate existing transport resources, public, private and community.
- Increased levels of access to community transport

2. Social connection programs and activities

Families residing in remote communities often have little support and poor connections with the broader community. We have large numbers of people who live alone. In Gannawarra and Buloke, cheap public and private housing brings new families, who are often on low incomes and who have limited personal and social networks. Many people are isolated from their communities, even where they might live in town. Isolation is a major contributor to depression. Women in mid-life and older women who live in rural and remote areas are particularly susceptible to isolation. Programs to prevent isolation and improve people's connectedness with others and their communities help prevent depression.

Isolation and depression can, in turn, affect how well people are able to parent their children. We are concerned about families at risk and believe they need early intervention and support.

We are concerned about our young people. A lack of positive connection with families, friends and the community can be a critical cause of poor health and can lead to increased use of drugs and alcohol. We perceive that boredom and poor self-esteem also contribute to young people abusing alcohol. Programs and activities that help young people feel they can contribute positively to the community, and provide opportunities to do something they enjoy can help prevent alienation and boredom.

Respite helps people connect with their communities and relieves carer stress. While disability respite operates throughout the Southern Mallee, there is a shortage.

Volunteering adds important social capital to our communities. Programs and activities that encourage volunteering can help improve social capital.

Our communities require:

- Programs and activities that help bring people together to interact with each other and the broader community in positive ways;
- Programs and activities that help build resilience in young people.

Our goals and strategies for 2003-2006

Goal 1:

Improve the health and well being of people by enabling them to access services and participate in the life of their communities

Objective	Strategy	Participating agencies
1.1. Increase access of people to families, friends, services, and facilities by pursuing an effective mix of public and community transport services within the municipality and to principal destinations outside the Shire	Implement the Southern Mallee Transport Connection Project	Buloke: <ul style="list-style-type: none"> – Buloke Shire Council – East Wimmera Health Service Gannawarra <ul style="list-style-type: none"> – Cohuna & District Hospital – Gannawarra Shire Council – Northern District Community Health Service Swan Hill: <ul style="list-style-type: none"> – Mallee Family Care – Robinvale District Health Services – Swan Hill District Hospital – Swan Hill Rural City Council

Connectedness

Goal 2:

Improve the health and well being of people by enabling them to connect positively with their families, each other and their communities

Objective	Strategy	Participating agencies
<p>2.1. Increase the self-esteem and resilience of young people by providing opportunities for them to build personal and social networks and skills</p>	<p>Develop and/or implement Youth Strategies in each of our Municipalities</p>	<p>Buloke</p> <ul style="list-style-type: none"> - Buloke Shire - East Wimmera Health Service <p>Gannawarra:</p> <ul style="list-style-type: none"> - Gannawarra Shire <p>Swan Hill</p> <ul style="list-style-type: none"> - Swan Hill District Hospital - LLEN - Lead On - School Nursing
<p>2.2. Increase the social connectedness of women in mid-life and older women who are living in rural and remote areas</p>	<p>Implement health promoting initiatives</p>	<ul style="list-style-type: none"> - Loddon Mallee Women's Health - Mallee Family Care - Mallee Division of General Practice - Swan Hill Rural City Council - Gannawarra Shire Council - Buloke Shire Council

Healthy Living

People enjoy a healthy lifestyle

Why is a healthy lifestyle important?

Regular physical activity improves health by reducing the risk of developing illness and conditions such as heart disease, colon cancer and high blood pressure. Being physically active helps reduce depression and anxiety, helps control weight. Builds and maintains healthy bones, muscles and joints and promotes psychological well being. Encouraging higher levels of exercise has the potential to lead to lower use of health services and improved well being.⁵

Many researchers suggest that up to 95% people who suicide are suffering from a mental illness, most commonly depression, substance abuse associated with depression, or schizophrenia.

Alcohol abuse impacts on many aspects of our lives. It is a risk factor in many diseases and illnesses. It can mask poor self-esteem and social concerns such as unemployment, not having enough money or being bored.

Good nutrition is critical. Poor diet is linked to diseases such as diabetes.

What is the current situation in Southern Mallee?

Our current strengths

We have a variety of health and community services. These include:

- Hospitals in each of the municipalities, each providing in-patient and non-admitted patient services. These are situated in Swan Hill, Manangatang, Cohuna, Kerang and Sea Lake.
- Community health services in each of the municipalities, situated in several towns either as main campus, or outreach campuses.
- Family services and support activities
- Youth support services and programs
- Counselling services
- Allied health services

DHS funding information

While the level of specialist services is lower than needed, people in Swan Hill Rural City and Gannawarra Shire now have access to an increasing number of visiting specialists.

Medical Specialist Outreach Assistance Program Minutes 2003

While we are concerned about the level of chronic illness and disease, some rates are less significant than in Victoria generally, namely:

- The rates for communicable respiratory infections
- The rates for mental disorders, which include the areas of alcohol abuse/dependency, heroin abuse/dependency, and depression.

SMPCP community Profile 2001/2002

⁵ DHS, 1999, Healthy Ageing: The Health and Service Needs of Older People in the Loddon Mallee Region,

Healthy Living

<p>We have culturally sensitive initiatives in place. For example, Northern District Community Health Services has established links with Monash Koori Unit to develop a greater awareness of Koori meals and culture, and to record Koori women's history.</p>	<p>Northern District Community Health Service</p>
<p>The Mallee Sports Assembly and VicHealth have funded a Physical Activity position in Buloke and Gannawarra to help address the low level of physical activity amongst people living in the Shire</p>	<p>Buloke Shire Council</p>
<p>Healthy lifestyles are encouraged in our communities through an annual Healthy Workplace Award via the Swan Hill Region Business Excellence Awards</p>	<p>Swan Hill Integrated Health Promotion Group</p>
<p>In Gannawarra, we have achieved significant reduction in our rates of alcohol related assaults in recent years and they are now well below the rates for Victoria.</p>	<p>SMPCP community Profile 2001/2002</p>
<p>We have an increasing number of positive programs to help address alcohol and drug issues, for example Good Sports Program, Party Safe Program, small rural hospitals working with Alcohol and Drug programs.</p>	<p>Regional Drug and Alcohol Strategy 2003</p>
<p>The rate of suicide in Swan Hill and Gannawarra is less significant than for Victoria generally. The "Effective Follow Up of Self Harming Behaviours" program has assisted in reducing incidents in the Cohuna region</p>	<p>SMPCP community Profile 2001/2002 Cohuna District Hospital</p>
<p>In Gannawarra, fewer of our teenagers are now becoming pregnant. We believe this has been a direct result of our Need Access Choice Health Options (NACHOS) programs in Kerang and Cohuna which helps young people access information, condoms and the morning after pill. The Swan Hill District Hospital's Commonwealth Regional Health Services Program provides an Allied Health Promotion Team to provide a range of health promotion activities covering the towns of Piangil, Nyah, Nyah West, Sea Lake, Woomelang, Nandaly, Culgoa, Berriwillock, Tooleybuc, Koraleigh, Goodnight, Kyalite and Moulamein.</p>	<p>SMPCP community Profile 2001/2002 Swan Hill District Hospital</p>

Our health and well being issues

Chronic illness and diseases

<ul style="list-style-type: none"> • Cardiovascular disease is the most significant cause of death and disability in Gannawarra Shire. 	<p>SMPCP community Profile 2001/2002</p>
<ul style="list-style-type: none"> • Southern Mallee has high admission rates for angina 	<p>Community Health Plan Data Sets Feb 2003</p>
<ul style="list-style-type: none"> • Buloke has the highest rates in Victoria of Ischaemic Heart Disease 	<p>SMPCP community Profile 2001/2002</p>
<ul style="list-style-type: none"> • Diabetes has a high prevalence and burden 	<p>SMPCP community Profile 2001/2002</p>
<ul style="list-style-type: none"> • There are higher than average rates of chronic respiratory diseases 	<p>SMPCP community Profile 2001/2002</p>

-
- There are high rates of communicable respiratory disease in Buloke SMPCP community Profile 2001/2002
 - Buloke has a high incidence of asthma in children and there is a need to develop improved asthma management approaches Agency consultation
 - There is a perception that our population has low levels of physical activity, which contributes to lifestyle and chronic illnesses and diseases SMPCP community Profile 2001/2002
 - There is no GP bulk billing available in Gannawarra or Swan Hill and this is believed to contribute to difficulties in accessing needed services that could help prevent or minimise the impacts of chronic illness and disease SMPCP community Profile 2001/2002
 - Southern Mallee has a shortage of GPs, with one of the lowest GP to population ratios in Victoria Divisions of General Practice
 - There are low levels of allied health services that can assist in treating and improving chronic illnesses and diseases, particularly in Buloke and Gannawarra Shires. In Buloke, there are only 1.3 Equivalent Full Time publicly funded allied health positions in the municipality. This equates to 0.2 per 1,000 population, much lower than the regional average. In Gannawarra, the rate is 0.5 per 1,000 population. In Swan Hill the rate is 1.0 per 1,000 population, which is slightly higher than the regional average. In Southern Mallee, there is a particular shortage of:
 - Speech pathology services for children, especially those with disabilities Report of Consultation and review of Allied Health Services in the Loddon Mallee Region 2002
 - Speech pathology for older people who are frail and disabled Agency consultations
 - Counselling and support services for people in Buloke with multiple sclerosis
 - Effective therapy for rehabilitation services
 - Podiatry services are falling well below the need, especially for older people and diabetes sufferers
 - Paediatric occupational therapists
 - Allied health supports for people who are not eligible for HACC services Disability Services Community Mapping 2003
 - Home visits to people with a disability or who are aged by the Rural Health Team are limited

Cancer

- Cancer is a significant cause of death. In Gannawarra there is a particular concern about lung cancer in men and rectal/colon cancer in women. SMPCP community Profile 2001/2002

Dental services

- There is a need for public dental services in each of our municipalities. Waiting lists are lengthy and people often move to an acute or emergency situation before they are able to access the needed service. In Swan Hill and Buloke, the services are limited, and Swan Hill District Hospital is funding emergency vouchers for public patients to help relieve the situation. There is no public dental service Agency consultations
Victorian Oral Health Services Labour Force Planning Report 2002

Healthy Living

in Gannawarra. There is a shortfall of dental service providers in rural Victoria, with 20 dentists currently required in rural area. Hospitals and practices are now advertising worldwide, though it is difficult to compete with interstate and overseas incentives.

Mental health issues

- We have high rates of depression and a high incidence of mental disorders. We are concerned that depression in older people is emerging as a dominant issue. SMPCP community Profile 2001/2002

- Buloke is one of seven local government areas in the Loddon Mallee Region that has inconsistent yet very high rates of suicide. Suicide Prevention in the Loddon Mallee Region, DHS, 1999

- We have low levels of psychology and counselling services:
 - In Gannawarra there is a particular need for supports to children and young people, and for assistance with resilience strategies. Community Mental Health Plan
 - In Swan Hill there is an identified gap in youth counselling, including school welfare officers. Northern District Health ServiceSwan Hill District Hospital

- Maternal depression is one of the key mental illness burdens, especially in the Sea Lake and Manangatang districts. The burden is greater through a lack of diagnosis, treatment, effective support and knowledge about the illness. Loddon Mallee Women's Health

- Men in our region have lower life satisfaction and suffer greater physical and psychological distress upon retirement than women. SMPCP community Profile 2001/2002

Alcohol and drugs:

- We perceive alcohol is entrenched in our community's culture and that many people drink to excess. On a positive note, in Gannawarra we have achieved significant reductions in the rates of alcohol related assaults, which are now well below those for Victoria. SMPCP Community Profile 2001/2002

- Drink driving is a huge issue with 50 programs a year for repeat offenders Regional Drug and Alcohol Strategy 2003

- We perceive that young people use alcohol and drugs as a result of boredom. SMPCP Community Profile 2001/2002

- We have low levels of treatment and prevention services. There is a need for access to residential beds. We have a lack of crisis responses. People have difficulties accessing services because of a lack of transport. There is a particular need for supports for withdrawal for people living in Gannawarra. Regional Drug and Alcohol Strategy 2003
Northern District Health Service

Child health

- There is a lower participation rate for Maternal and Child Health services in Ganawarra than for Loddon Mallee region in years 2-4 and 5-6. Community Health Plan Data Sets, February 2003

Social and emotional supports

- In Gannawarra, we perceive a need for:
 - anger management for young people
 - relationship counselling for couples and parents
 - assistance to parents in dealing with difficult behaviours of children
- Swan Hill has a higher reported incidence than any other municipality in Loddon Mallee for counselling and referral sessions for mother/family conditions, particularly emotional, physical, domestic violence and family planning.
- In Gannawarra and Swan Hill we are concerned about clients not accessing services for child abuse and neglect; family violence, and sexual assault
- Schools are reporting increased incidence of disruptive behaviours

Community consultations

Community Health Plan Data Sets, February 2003

Nyah District Health Services Needs Study 2002 and Gannawarra Health Discussion Group

Agency consultations

Screening services

- There is a need for additional screening services in Buloke, especially breast cancer screening.

Agency consultations

Agencies working more flexibly

- There is a need for increased levels of outreach services especially :
 - In aged care assessment and community mental health in Gannawarra
 - For families in Buloke who live in remote and outlying areas
 - DHS Disability Client Services support to people with a disability and their families living in Buloke and Gannawarra
- Community providers in Gannawarra report an increase in the number of people from NSW who are seeking services in Victoria. Border anomalies mean that people cannot access services closest to them, and providers are not adequately funded to take on the additional consumers.
- Service providers would benefit from training in the delivery of culturally sensitive services

Community Mental Health Plan

Disability Services Community Mapping 2003

Agency consultations

Report of Consultation and Review of Allied Health Services in Loddon Mallee Region 2002

What are our priorities?1. Chronic illness and diseases

We have a high level of childhood asthma. Cardiovascular disease and cancer are leading causes of death. Diabetes is a significant concern.

Chronic illnesses and diseases are difficult to live with. GP and allied health services are important services for people with chronic illnesses and diseases because these assist people to better manage their chronic illness and to minimise the impacts through early treatment and regular rehabilitative services. These services are in short supply. Even where

services are available, many people with chronic illnesses have trouble accessing required services because of poor transport, or the absence of outreach services.

Chronic illnesses and diseases place extraordinary demand on hospital services, especially when preventative, early treatment and regular rehabilitative services are not available, or difficult to access.

Chronic illnesses and diseases are often preventable. Healthy eating and physical activity help prevent or minimise many chronic illnesses and diseases. Regular physical activity improves health by reducing the risk of developing illness and conditions such as heart disease, colon cancer and high blood pressure. Being physically active helps reduce depression and anxiety, helps control weight, builds and maintains healthy bones, muscles and joints and promotes psychological well being. Encouraging higher levels of exercise has the potential to lead to lower use of health services and improved well being.

Alcohol abuse and dependency can lead to chronic illnesses and diseases. Reducing people's abuse of alcohol can reduce the negative impacts on their overall health.

Our communities require:

- Services and programs that will help them develop and maintain healthy lifestyles
- Additional allied health services
- Capacity for services to be delivered closer to where people live, such as through outreach services

3. Support services for families

Many of our families live in remote towns and are isolated from each other and the broader community. Respite and child care are important supports but are in short supply.

Many of our families have low incomes and are more disadvantaged than is the average for Victoria. Being poor can have an affect on how well people parent. Being poor can add stress to a family. We perceive increased levels of child abuse and injuries.

Counselling services can help parents who are having difficulty parenting their children, especially to deal with difficult behaviours. Relationship counselling can also help families under stress. All types of counselling are in short supply in the Southern Mallee.

Families who are caring for a family member with a chronic illness, a disability, or who is aged and frail have limited supports.

Our communities require:

- Additional family support services and programs that help build more positive relationships and strengthen families' capacity to parent well
- Additional child care, especially centre-based care and after school care
- Additional counselling services, especially for parents and couples

2. Mental health

We have high rates of depression and a high incidence of mental disorders in the population overall. Depression in older people is emerging as a dominant issue.

We have high levels of maternal depression.

We are concerned about the mental health of our young people. Many are isolated socially from their communities. Alcohol and drug issues can mask mental health issues. There is a need for activities to help build resilience. We have a shortage of psychology and counselling services, especially for young people.

Our communities require:

- Additional services and programs to assist people with mental health issues, especially for young people
- Additional services and programs to prevent suicide and depression

3. Dental services

Oral health is an integral part of general health and well being. Poor oral health causes pain and discomfort, affects nutritional status, aggravates medical conditions and affects self-esteem. The Community Dental Program has long waiting periods for appointments, with a large number of people requiring dental care. There is no dental care for people living in nursing homes and who are unable to leave the home for dental care.

Our limited Public Dental Services are sought by people who live in towns in NSW patients are able to access emergency care but not general care because the program is state funded

Our communities require:

- Increased availability to publicly-funded dental services
- Cross border anomalies in relation to public dental services to be resolved
- Continued promotion of the Youth Dental Service
- Provision of a Remote and Rural Allowance, as occurs in other states, to attract dentists

4. Men's health

Our men have higher than average rates of cancer, cardiovascular disease, respiratory diseases, diabetes, and falls but are less likely to access services.

We have high hospital admission rates due to alcohol. Our men are more likely to abuse and be dependent on alcohol than our women. We have a high rate of alcohol related assaults in Swan Hill, which can increase demand on hospital services.

Farming has a high rate of accidents and injuries. Many farmers are near, or over retirement age, yet need to continue to farm. This can adversely affect their health.

Young people often do not seek out health and community services because they do not find them 'friendly' to their needs or lifestyles. Self-esteem is perceived as a concern for young people, especially young males. Aboriginal young people drop out of school at higher rates than do their non-Aboriginal counterparts. Success at school can help build resilience in young people, which in turn can help build self-esteem.

We have significant numbers of Aboriginal people. Aboriginal men have a life expectancy almost 20 years less than non-Aboriginal men.

Depression and suicide in older people are emerging as dominant issues.

Our communities require:

- Services and programs targeted to men's health
- Services to be delivered in more flexible ways to encourage men to access them
- Information on how men can change their lifestyles and support to do this
- Additional allied health services to help men deal with chronic illnesses

Our goals and strategies for 2003-2006

Goal 1:

Improve the health and well being of people by promoting healthy lifestyles

Objective	Strategy	Participating agencies
1.1. Reduce the incidence of substance abuse by young people	Support young people through implementation of Community Strengthening Initiative	Northern District Health Service
1.2. Increase levels of physical activity	Implement physical activity strategies in a range of geographic locations	The Cohuna, Leitchville, Macorna area: – Cohuna Hospital – Kerang District Health – Mallee Sports Assembly – Northern District Community Health Service Buloke Shire: – Buloke Shire Council – East Wimmera Health Service – Mallee Sports Assembly “Girls get Active” – Swan Hill District Hospital “Mallee Women” – Swan Hill District Hospital

Goal 2:

Improve the health and well being of people by reducing the impact of chronic illness

Objective	Strategy	Participating agencies
2.1. Increase the access to appropriate services of people with chronic illness	Increase access to podiatry, occupational therapy and dietetics for people in Gannawarra through implementation of Integrated Rural Allied Health Program	<ul style="list-style-type: none"> – Cohuna District Hospital – Boort District Hospital – Murray Plains Division of General Practice – Northern District Health Service
	Implement strategies to skill non-allied health staff in intervention techniques	Swan Hill: <ul style="list-style-type: none"> – Swan Hill District Hospital Gannawarra: <ul style="list-style-type: none"> – Relevant Gannawarra agencies
	Increase access to needed medical services for people in Buloke who have diabetes through collaboration between Diabetes Educator and GPs	<ul style="list-style-type: none"> – East Wimmera Health Service – West Vic Division of General Practice
2.2. Increase capacity of young people to manage their asthma	Conduct asthma education sessions in schools and in medical practices throughout Swan Hill Rural City	<ul style="list-style-type: none"> – Swan Hill District Hospital – Mallee Division of General Practice

Goal 3:

Improve the health and well being of families by strengthening their capacity

Objective	Strategy	Participating agencies
3.1. Increase the positive experiences for children through helping parents develop better parenting skills	Improve parenting skills of young Aboriginal parents through implementation of the Indigenous Parenting Program	Northern District Health Service
	Implement parenting programs in Buloke Shire	<ul style="list-style-type: none"> – Buloke Shire Council – East Wimmera Health Service
3.2. Increase access to needed services and facilities of low income families with children of school age	Implement the Chances for Children program	<ul style="list-style-type: none"> – Mallee Family Care – Schools

Goal 4:

Improve the mental health of people

Objective	Strategy	Participating agencies
4.1. Improve the outcomes for mothers and families affected by maternal depression	Map screening, diagnosis and service responsiveness in Sea Lake and Manangatang districts	<ul style="list-style-type: none"> – Loddon Mallee Women's Health – Sea Lake District Hospital – Manangatang Hospital – Swan Hill Rural City Council

Coordinated systems

The service systems that people use are coordinated to achieve better service delivery

Why is coordination important?

Coordination of services and the systems that help support them mean that resources are used in the most effective ways. Agencies are able to plan together, and with people in the community, to arrange services that best fit with the needs of the community.

What is the current situation in Southern Mallee?

Our current strengths

Through the SMPCP, agencies have been working together to coordinate their planning and service delivery:

- Health Promotion Planning Tables in each of the municipalities outline the activities of each health service. These are helping agencies to plan their activities and to link and collaborate.
- Integrated Health Promotion Groups have been successfully established in each municipality and are providing an avenue for a wide range of service providers and community organisations to link.
- There has been a steady uptake by agencies of the ScOTT referral tool, helping our agencies better coordinate and deliver appropriate service pathways.
- Over 700 services have listed on the SMPCP Service Directory.
- Agencies are using Connecting Care for service information and referral and are making links to Connecting Care on their web sites.
- Our agencies have participated in the development of an Information and Technology Strategy for Loddon Mallee Region.
- There are increasing examples of agencies working with GPs and the GP Divisions to coordinate activities

SMPCP

Integrated Health Promotion Planning Project

SMPCP Project Report 2003

Agency consultations

The three local government Councils have developed a joint Municipal Public Health Plan that is also integrated with the SMPCP's Community Health Plan.

HCP
MPHP

Our three local government councils are increasingly working with other organisations to develop and sustain the area, and to improve community safety. For example, Buloke Shire is working with the North Central Catchment Management Authority on improving storm water management.

The three Councils

Coordinated systems

- Ongoing consumer consultation is gradually becoming a part of the way in which our agencies work, for example:
- Consultation occurs in Swan Hill via the Swan Hill Consumer Health Advisory Group, which is integrated in and supported by the Swan Hill District Hospital
 - Kerang District Hospital involves consumers through focus groups and as representatives on some project working parties

SMPCP Project Reports 2003

Kerang District Hospital

Our health and well being issues

Agencies working together

- There is a perceived need in Gannawarra for the two main centres - Kerang and Cohuna - to work more closely together to address community issues
- In Buloke we perceive a need for coordinated professional development and integrated approaches to the management of chronic illnesses and diseases, especially asthma and diabetes
- Specialist services (mental health and alcohol and drug) need to transfer skills and knowledge to GPs and generalist health workers
- In Gannawarra we perceive a need for better coordination and problem solving at the local level in how to deal with people who require assistance to give up alcohol and drugs. The current approaches to 'drying out' are not always appropriate to people's needs.
- In Buloke we have difficulties in implementing discharge plans because of a lack of resources to rural areas for discharge planning.
- Buloke agencies need to achieve more consistent approaches to service coordination. Coordination in our Shire is made more difficult due to the high level of part time employment in our organisations.

SMPCP Community Profile 2001/2002

Agency consultations

Community Mental Plan

Agency consultations

Agency consultations

SMPCP Community Profile 2001/2002

Services to Aboriginal people

- Aboriginal people have lower life expectancy and suffer worse health than non-Aboriginal communities. We have a significant number of Aboriginal people living in Gannawarra and Swan Hill. We need to develop an early intervention approach to help Aboriginal people improve their health, and as a consequence, to reduce the increasing demand on hospital services. Service providers would benefit from training in the delivery of culturally sensitive services.

SMPCP Community Profile 2001/2002

Agency consultations

Report of Consultation and Review of Allied Health Services in the Loddon Mallee Region 2002

Consumer participation

- We need to continue to improve the ways in which we involve consumers and the community.

Agency consultations

Community consultations

What are our priorities?

1. Consumer participation

Health and well being is affected by our overall environment. The complexities are best addressed by agencies and communities working together.

Health research shows that when people are more involved in their health care and are more involved in the decisions affecting the community, better health outcomes are achieved. Consumer and community participation has mutual benefits. It can help services to be more responsive and accountable. Consumer and community involvement can provide useful feedback to providers.

Our communities require:

- Greater opportunities for the community to participate in the planning, delivery and evaluation of services

2. Collaborative service planning and delivery

If services are coordinated it is more likely that people will be better able to access the most appropriate available services. Coordination between service providers can take out the guesswork for consumers. They are more likely to be referred in a timely way, and in a way that reduces their anxiety. Service coordination can reduce duplication, which is critical when services are in short supply. Service coordination can improve the end result for a consumer because providers can be complementing the work of each other, rather than working in isolation. Knowing how another service is working with a consumer can mean that a provider can better tailor his or her service to maximise the joint effort. Joint planning means that the most critical issues can be identified and decisions taken as to how best address them with available resources.

Our communities require:

- The capacity to more easily access the most appropriate services

Our goals and strategies for 2003-2006

Goal 1:

To improve service delivery by involving consumers and the community in decision making

Objective	Strategy	Participating agencies
1.1. Increase levels of consumer and community participation	Review and revise a Consumer Participation Framework for Buloke	East Wimmera Health Service

Coordinated systems

Goal 2:

To improve service delivery by coordinating our service systems

Objective	Strategy	Participating agencies
2.1. Increase access to appropriate services for people in Southern Mallee through collaborative service planning and delivery	Continue to develop IT capability and its integration into planning and service delivery	SMPCP agencies

A safe community

People live in a safe and supportive community

Why is safety important?

We all want safety for ourselves and our families, including safety from injury or illness, from crime and from environmental effects. Injury and death have a large impact on our community, not only affecting the individual concerned but also family, friends, workplace and the wider community.

Economic costs from injury and illness include the cost of emergency services, the cost of caring for the injured or sick person and costs to business in lost productivity. Long-term effects of serious injury can include depression, substance abuse and family breakdown.

What is the current situation in Southern Mallee?

Our current strengths

Immunisation rates have risen in recent years and are now higher than the state average. For example, for children aged 12 to 15 months, the immunisation rates are Buloke 100%, Gannawarra 100%, and Swan Hill 98.2%. This is compared with a Victorian average of 91%.

Community Health Plan Data Sets Feb 2003

Our agencies undertake good health promotion programs that are focused on safety issues.

Agency information

While we are concerned about falls, the rate of falls for men in Buloke is lower than for Victoria.

SMPCP Community Profile 2001/2002

We have effective Safety Committees in each of the local government areas, which are supported by a wide range of organisations.

Safety Committee Plans

Our hospitals are continuing to improve infection control through the implementation of Infection Control Strategies and Audit programs

Kerang District Hospital

Cohuna District Hospital

People in our communities feel safe

Safety Committee

Our health and well being issues

Accidents and injuries

- Road traffic accidents account for the highest injury rate in Buloke and Gannawarra. This rate is significantly higher than the state average SMPCP Community Profile 2001/2002
- Agriculture and forestry are our major industries. Agriculture has been found to have a disproportionate injury and death rate. In Gannawarra we are concerned about the ageing of farmers in our Shire (average age of 55 years, and 60 for dryland farmers) raising the potential for farm accidents SMPCP Community Profile 2001/2002
- The rate of falls is higher than average. The Southern Mallee area has been highlighted as having a high incidence of falls. SMPCP Community Profile 2001/2002

DHS Loddon Mallee

Crime

- We perceive that crime is on the rise in Swan Hill and Gannawarra, with theft from farms being a concern Safety Committee

Infectious disease

- While the current drought minimises the immediate risk of Arbovirus, Gannawarra and Swan Hill are high risk areas SMPCP Community Profile 2001/2002

What are our priorities?

1. Preventable accidents, injuries and illnesses

Accidents, injuries and illnesses create significant demand on medical and hospital services and impact upon the individual and the family. Many accidents, injuries and illnesses can be prevented through safer work practices, the use of appropriate safety equipment, immunisation, ridding homes and workplaces of hazardous items. Safe food handling is important in preventing food contamination and serious illness, or death. The very young and old are particularly susceptible to the effects of contaminated foods. Building stronger muscles and bones, and improving balance through strength training and physical activity helps to reduce falls. This in turn adds to quality of life.

Our communities need:

- Additional farming safety supports

2. Family violence

Positive family relationships are linked to quality of life. We are concerned with the increasing levels of family stress, with its potential towards family violence. Our service providers report increased levels of family stress as a result of the drought. Many people report being unable to provide for their families and that this is increasing levels of stress and an inability to cope with life's pressures.

Our communities need:

- Additional programs, services and supports to address family violence

Our goals and strategies for 2003-2006

Goal 1:

Improve the safety of our communities by preventing accidents, injuries and illnesses

Objective	Strategy	Participating agencies
1.1. Increase the level of safety in the home and workplace	Implement strategies to ensure compliance with the new Food Safety Act	<ul style="list-style-type: none"> – Buloke Shire Council – Gannawarra Shire Council – Swan Hill Rural City Council
	Implement a range of falls prevention strategies	<p>Buloke:</p> <ul style="list-style-type: none"> – Sea Lake District Health <p>Gannawarra:</p> <ul style="list-style-type: none"> – Buloke Shire Council – Cohuna District Hospital <p>Swan Hill:</p> <ul style="list-style-type: none"> – Swan Hill District Hospital – Swan Hill Rural City Council
	Implement a range of farm and workplace safety strategies	<p>Buloke:</p> <ul style="list-style-type: none"> – Buloke Shire Council – East Wimmera Health Service <p>Gannawarra:</p> <ul style="list-style-type: none"> – Kerang District Health – Northern District Community Health Services <p>Swan Hill District Hospital</p>
	Implement a range of infection control and correct medication strategies	<p>Buloke:</p> <ul style="list-style-type: none"> – Buloke Shire Council – East Wimmera Health Service <p>Gannawarra:</p> <ul style="list-style-type: none"> – Cohuna District Hospital – Gannawarra Shire Council – Kerang District Hospital <p>Swan Hill:</p> <ul style="list-style-type: none"> – Swan Hill District Hospital

Goal 2:

Improve the safety of our communities by helping address family violence

Objective	Strategy	Participating agencies
1.1. Increase the level of personal and family safety	Implement the Family Abuse Integrated Response (FAIR) program	– Mallee Family Care – Mallee Domestic Violence – Swan Hill District Hospital – Victoria Police

A sustainable community

People live in a viable community

Why is a sustainable community important?

We want our community to be sustainable to ensure all residents have the opportunity for a good quality of life. We want stability for future generations to enjoy living, working and playing here.

We need strong environmental, social and economic health in order for our community to be sustainable into the future. We need an integrated approach that recognises that these factors are dependent on each other and cannot be addressed in isolation.

What is the current situation in Southern Mallee?

Our current strengths

Our population in the Swan Hill area is expected to increase by 1.7% over the next 20 years, though this will be mainly in the 45+ age groups. The current rate is 1.4%, which is higher than the national rate of 1.2%.

SMPCP Community Profile 2001/2002

Swan Hill Rural City

Our major economic base is agriculture, forestry and fishing, with some important concentrations of manufacturing. The area has an extensive grain belt as well as dryland and broad acre farming.

SMPCP Community Profile 2001/2002

Swan Hill Rural City boasts a lower unemployment rate (4.6%) than the state average (5.6%).

Swan Hill Rural City

A safe community

Various economic development initiatives are supported by our local government councils, for example:

- The Woorinen Pipeline is assisting the stonefruit industry to further develop in the Swan Hill Rural City
- In Buloke Economic Development Incentive Packages are targeting new housing infrastructure

Swan Hill Rural City
Buloke Shire Council

Our agencies are proactive in ensuring appropriate professional development is available to staff. Many are linked to Distance Education at La Trobe, Bendigo. Some offer Traineeships to young people

Cohuna District Hospital
Kerang District Health

While there is a shortage, child care is available in each municipality

Agency information

Our communities are well catered for with primary and secondary schools.

Agency information

In Gannawarra and Buloke our housing is affordable for people on low incomes.

SMPCP Community Profile 2001/2002

We work closely with the agencies such as Goulburn Murray and the Rural Water Corporation that oversee water management and have developed collaborative water strategies

Agency consultations

People are proud of the public and community facilities in their towns.

Consultations

Our health and well being issues

Population decline

- The population in Gannawarra and Buloke is set to decline over the next 20 years, especially in Buloke. While the populations are relatively young now, the age profile is set to age over the next 20

SMPCP Community Profile 2001/2002

years.

Economic viability

- Significant numbers of our households have incomes of less than \$500 per week. In Buloke it is almost 60%. In Gannawarra it is almost 50%. In Swan Hill it is 45%. Our populations are more disadvantaged than is average for Victoria. This impacts upon people's ability to participate in their communities and to access needed services. SMPCP Community Profile 2001/2002
- Many of our communities have been adversely affected by the drought, which has severely impacted on the local economy. Farmers and small businesses are facing drastically reduced incomes, which in turn places greater demand on financial and generalist counselling. Service providers report that family stress is more noticeable and there is a greater demand for support with anger management. Real estate agents report that increased numbers of people are looking to sell and move out of the community. Shire and City Councils
Agency consultations

Employment

- Employment opportunities are diminishing, especially for young people. Murray Mallee Training and TAFE: 'Linking with LLEN Program in Swan Hill'
- There are limited opportunities for off-farm income to supplement low farming incomes because there are too few full time positions available. Agency consultation
- There is a lack of employment opportunities for people with a disability in the local Ganawarra community. Shire of Ganawarra Community Mapping 2003

Affordable and suitable housing and support

A safe community

- In Gannawarra, while there is a high level of cheap public housing stock, there is little in the way of:
 - Housing for single young people to encourage them to remain in the district
 - Emergency accommodation. We are particularly concerned about increasing homelessness among young people
 - There is a shortage of suitable rental accommodation.
- SMPCP Community Profile 2001/2002
- ‘Nowhere to go’,: Understanding the Need of St. Luke’s Clients, March, 2002
- Agency consultations
-
- While housing is relatively cheap in Buloke:
 - We do not have sufficient appropriate housing for professional staff. This makes it difficult to attract them to the area.
 - The standard of housing for older, frail people is poor.
 - There is a shortage of suitable rental accommodation
- Agency consultations
Buloke Shire Council
-
- There is a shortage of suitable rental accommodation in Swan Hill
 - The existing crisis housing and supported accommodation program does not provide specialist services for people with a disability.
 - Aged care accommodation is in short supply in the three municipalities
 - There is insufficient supported accommodation for people with a disability. Many families and carers are ageing and are finding it difficult to care for their family member. A range of accommodation supports is needed because the traditional shared accommodation is not always the correct response.
- Agency consultations
- Disability Services
Community Mapping
2003
- Agency consultations

Education and child care

- The shortage of child care is a concern in all three municipalities, with
- Agency

a particular need in smaller towns. Gannawarra needs care for both preschool and school aged children. Buloke needs centre-based child care and after school care. There is a need for child care for children with a disability. The lack of flexible child care impacts on the ability of professionals to return to work, which in turn affects recruitment and retention.

consultations

- We have difficulty in recruiting and keeping qualified preschool staff
- In Gannawarra we have very low school retention rates of Aboriginal students

Agency consultations

SMPCP Community Profile 2001/2002

Health and community services

- We have difficulty attracting and retaining qualified and skilled staff to health and community and education services - including GPs, allied health staff, family counsellors, drug and alcohol counsellors, nurses. In Buloke we also have a shortage of midwives and we have no paediatrician. Many health and community positions are part time and in Gannawarra and Buloke are sometimes sole workers, making it difficult to attract staff.
- In Buloke, there is a need to expand the School Nurse Program to Wycheproof
- The profile of the ambulance service in Buloke needs to be raised

Agency consultations

Report of Consultation and Review of Allied Health Services in the Loddon Mallee Region 2002

Agency consultations

Agency consultations

Natural environment

- The water quality of our rivers and lakes is poor

SMPCP Community Profile 2001/2002

A safe community

- Decreased water allocations because of the drought will impact on farmers in each of the three municipalities Agency consultations
- The drought has adversely affected the level of water in our lakes, limiting recreational use. This has a social and economic impact on our communities. Agency consultations
- Our land suffers from high levels of salinity

Community facilities

- People with a disability have difficulties accessing some of our public and community facilities because they are not physically accessible Disability Services
Community Mapping
2003

What are our priorities?

1. Building more sustainable services and organisations

Availability of services is critical to helping sustain communities.

We have trouble attracting and retaining qualified health and community services staff. Working conditions, and social facilities and amenities help make a location and job more attractive.

GP and allied health services are important services but are in short supply. It is sometimes difficult for us to recruit and retain qualified health staff.

Many people who need services have trouble accessing them because of poor transport, or the absence of outreach services.

We have a shortage of community mental health services, especially counselling for children under school age, young people under 16 years, relationship counselling

We have a shortage of alcohol and drug counselling services.

Poor access to GP and allied health services impacts upon people's health. Services that focus on prevention, early intervention and treatment, and rehabilitation can help minimise the impact of chronic illnesses and diseases. This can help people have better health and improved lifestyle and to help keep them out of costly hospital services.

Our communities require:

- Initiatives to improve the levels of recruitment and retention of professional staff.

2. Child care services

Our communities no longer have the extended family infrastructure to rely upon for supervision of young children. In the Southern Mallee there is very limited childcare available, with some areas without any childcare facilities. Lack of suitable childcare can result in insufficient supervision.

Our communities require:

- Additional childcare services, especially centre-based and after school care

3. Water supply and quality

Water is critical to the health and well being of our communities. We have ongoing concerns with the poor quality of water and the level of salinity.

As the current drought continues, there is a more urgent need to develop improved water management strategies. Our lakes are at extremely low levels, having an impact on our commerce and recreation.

Our communities need:

- Improved irrigation infrastructure to ensure better water allocation for commercial and recreational use

4. Economic issues

A safe community

There is a strong link between economic capacity and health and well being. Economic capacity determines where people live, how well they eat, whether they can purchase what they need and how well they can participate in their community. These all have an affect on health and well being. Many people in our communities have extremely low incomes. The drought is having significant impacts on a wide range of people in our communities. We are concerned about the economic impact on our communities.

A sustainable community also relies on the community overall being economically healthy. Economic development is important in encouraging new people to our towns as well as helping our residents remain.

Our communities need:

- Additional initiatives that support economic development
- Additional strategies to support people in economic difficulties

5. Housing

Affordable and suitable housing is a key to sustainable communities. Without it people are forced to leave our communities or to live in situations that place them at risk. Poor housing adversely affects health and well being.

Our communities need:

- Suitable housing, especially rental and emergency

Our goals and strategies for 2003-2006

Goal 1:

Improve the health and well being of our communities by building more sustainable services and organisations

Objective	Strategy	Participating agencies
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Goal 1:

Improve the health and well being of our communities by building more sustainable services and organisations

Objective	Strategy	Participating agencies
1.1. Improve recruitment and retention of needed professionals	Implement a range of strategies to encourage GPs to practice in the region	Divisions of General Practice
1.1. Improve recruitment and retention of needed professionals [continued]	Implement an allied health recruitment and retention strategy	Agencies employing allied health staff

Goal 2:

Improve the health and well being of our communities by addressing natural environment issues

Objective	Strategy	Participating agencies
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Objective	Strategy	Participating agencies
2.1. Increase the quality and supply of water to our communities	Implement a range of water improvement and conservation strategies, including: <ul style="list-style-type: none"> – Wimmera Mallee Pipeline Strategy – Woorinen Pipeline Strategy – Living Murray Strategy – Water recycling – Stormwater management 	<ul style="list-style-type: none"> – Buloke Shire Council – Swan Hill Rural City Council

Goal 3:

Improve the health and well being of our communities by developing our economies and growing our facilities

Objective	Strategy	Participating agencies
3.1. Develop our communities through fostering economic growth	Implement a range of economic development strategies	<ul style="list-style-type: none"> – Buloke Shire Council – Gannawarra Shire Council – Swan Hill Rural City Council

Goal 3:

Improve the health and well being of our communities by developing our economies and growing our facilities

Objective	Strategy	Participating agencies
3.2 Increase community infrastructure and facilities	Implement Buloke Economic Development Incentive Packages to target new housing infrastructure	Buloke Shire Council
	Identify the needs for child care in Buloke Shire	Buloke Shire Council
3.2 Increase community infrastructure and facilities [continued]	Develop strategies to address the issue of homelessness of young people	Mallee Family Care

SMPCP Health Promotion Projects 2003/2004

Gannawarra Health Promotion Projects 2003/2004

Gannawarra Gait – Promoting Physical Activity in small towns
Working Wander – Improving Workplace practice

Swan Hill Health Promotion Projects 2003/2004

Girls Get Active – To increase participation in physical activity of teenage girls in Swan Hill and District
Mallee Women on the Move - To improve the health of rural women living in the Swan Hill District.

Buloke Health Promotion Projects 2003/2004

Active Buloke - increase the levels of physical activity for people living in the Buloke Shire region

Youth Strategy Implementation - To respond to the identified issues from the Buloke Youth Policy

Drought Plan - To strengthen the capacity of service providers to develop and implement effective health promotion programs

Gannawarra Gait

2.1 Problem Definition

Program Goal: Increase the levels of physical activity of midlife men and women in small communities

Program Objectives: Residents in smaller communities of Gannawarra shire are engaged in physical activity
"Increasing participation in physical activity has positive outcomes on a communities well being."(Smith, 2001)
Development of an assessment tool to identify levels of physical activity

Target Population Group

Men and Women aged between 30 and 60 residing in Cohuna, Leitchville & Koondrook

A secondary target could be the elderly residents residing in Cohuna Leitchville & Koondrook

Solution Generation

1. Use existing data from Northern District Community Health Service, Cohuna Hospital and Murray Plains Division of General Practice.
2. Identify barriers to physical activity in conjunction with Rural Disability Access worker and Gannawarra Shire

Reflecting statewide and regional initiatives

Walking School Bus, Walking Wimmera, Walk & Talk

Stakeholders

- ❖ Cohuna Hospital,
- ❖ Department of Sustainable Environment,
- ❖ Disability Access Officer.
- ❖ Kerang District Health,
- ❖ Llen,
- ❖ Mallee Sports Assembly,
- ❖ Murray Plains Division of General Practice,
- ❖ Northern District Community Health Service,
- ❖ Rotary clubs,
- ❖ Schools,
- ❖ Sporting Clubs,
- ❖ Vic Roads.

Access and allocate resources

Project Officer – Cohuna

Northern District Community Health Strong & Beyond Program

Cohuna Shire Recreational Plan

Murray Plains Division of General Practice Active Script

Key capacity building strategies for success

The undertaking of an audit to map physical activity in the first instance will then inform the ongoing implementation of the key objectives. Increasing access and opportunity to become involved in walking by creating walking groups, establishing environments conducive to walking by improving walking tracks for safe walks, attaching socialisation to community walks. Increasing the awareness of the benefits of physical activity. Linkages with Shire fundamental to program implementation to ensure partnership approach to health priorities occurs. The establishment of walking groups will be implemented, using existing groups and promote increased participation rates. Strength training strategies and alternative physical activity strategies such as Bocci, Croquet, tai-chai can be incorporated into the program

Plan for review and implementation

Process

Source existing data and monitor gaps

Monitor increased level of activity

Questionnaire to determine current physical activity levels

Impact

From each town 75% have been engaged in physical activity in an ongoing capacity. Participation in physical activity is also reflecting in 70% of their mental health and well being, and 50% of attendees become strong advocates for walking groups in neighbouring towns.

Program Goal: Increase the levels of physical activity of midlife men and women in small communities

Population Target Group/s: Communities in Cohuna, Leitchville, Barham aged between 30-60

Program Objectives	Health Promotion Interventions & Capacity Building strategies ⁶	Estimated Impacts ⁷ (Qualitative &/or Quantitative)	Estimated ⁸ Reach	Timelines & by which agency ⁹	Estimated Costs ¹⁰
<p>Objective 1:</p> <p>Residents in smaller communities of Gannawarra shire are engaged in physical activity</p>	<p>Screening, individual risk assessment and immunisation</p> <p>Development of an assessment tool to identify levels of physical activity</p>	<p>Barriers to physical activity identified and development of relevant strategies</p> <p>Connecting disadvantaged or socially isolated residents would be incorporated by actively advocating participation in mapped activities</p> <p>Data collected will inform baseline indicator requirements for MPHP Data will inform Cohuna Recreational Plan and Disability Access Plan</p> <p>35% of residents recognize physical activity benefits :walking to shops, post office, front gate, can be measured and monitored.</p>	<p>10 residents in each community Cohuna, Leitchville and Koondrook</p>	<p>Project Officer NDCHS Cohuna Hospital</p>	<p>Project Officer(inc oncosts)</p> <p>Advertising</p>

A sustainable community

	Social marketing /Health information Use of local media and existing networks			Project Officer NDCHS SMPCP	
	Health education and skill development Active Script awareness implementation			Project Officer NDCHS Murray Plain Div of GP	
	Community action Presentation to community groups		Gannawarra Shire Residents	Project Officer Gannawarra Shire Mallee Sports Assembly worker	
	Settings and Supportive Environments Information collected will assist in other planning processes Assist in developing local initiatives Determine stage two implementation –' Gannawarra Gait' established			Project Officer Gannawarra Shire Disability Access Worker	
	Organisational Development				
	Workforce Development Implementation of 'Strong and Beyond' program walk		Cohuna Leitic	Project Officer In kind supports NDCHS Cohuna hospital	
	Resources Using pedometers measure distances to traditional walking activities i.e.		Community members	Project Officer In kind support from NDCHS	
Total Budget per Objective					\$23,120

Working Wander

2.1 Problem Definition

A Health and Wellbeing Plan – Buloke Shire, Gannawarra Shire and Swan Hill Rural City: 2003-2006

A sustainable community

Program Goal

Increasing Physical Activity in The Workplace

Program Objectives

To encourage greater participation in physical activity and to provide opportunities for staff through a partnership approach

Target Population Groups

Men and Women in the workforce at high risk of physical inactivity

2.2 Solution Generation

Relevant Statewide and Regional Initiatives

Using existing model such as Swan Hill Business Healthy Workplace Awards

Identify existing physical activity options

Stakeholders

- ❖ Gannawarra Shire
- ❖ Mallee Sports Assembly
- ❖ Kerang Hospital
- ❖ Gannawarra Neighbourhood House
- ❖ Sporting Groups
- ❖ Northern District Community Health
- ❖ Murray Plains Division of General Practice

Program Goal: **Increasing physical activity in the workplace**

Population Target Group/s: Men and Women in the workforce at risk of physical inactivity

Program Objectives	Health Promotion Interventions & Capacity Building strategies ¹¹	Estimated Impacts ¹² (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency ¹	Estimated Costs ¹³	
Objective 1: <u>To encourage greater participation in physical activity and to provide opportunities for staff through a partnership approach</u>	Screening, individual risk assessment and immunisation	People are motivated to engage in activities Recognition of health promotion and advocacy within a workplace environment	15 workplaces	Mallee Sports Assembly VicHealth Kerang District Health	\$500	
	Social marketing /Health information Vic Health Newsletters Quit information sessions, heart health checks and Sunsmart information and policies					
	Health education and skill development Non traditional physical activity awareness – i.e. bocce, croquet, tai-chai, ballroom dancing	Previously disengaged participants have incentive to increase physical activity	25% participants engaged in new forms of physical activity	Mallee Sports Assembly Sporting Groups Occupational Therapist		
	Community action	Recognition of the value of healthy workplaces. Increased awareness of health promotion initiatives.				
	Settings and Supportive Environments					
	Organisational Development					
	Workforce Development Award created for Healthy Workplace in Kerang Business Awards held in April		15 workplaces	Gannawarra Shire SMPCP		\$2,500
	Resources					
Total Budget per Objective					\$3,000	

'Girls - Get Active'

2.1 Problem Definition

- o Program Goal- To increase participation in physical activity of teenage girls in Swan Hill and District
- o Program Objectives-

A Health and Wellbeing Plan – Buloke Shire, Gannawarra Shire and Swan Hill Rural City: 2003-2006

A sustainable community

- To increase the number of girls participating in regular physical activity
 - To increase self esteem/self confidence in 50% of girls participating in the program
 - To empower teenage girls to make informed choices about health and lifestyles that reduce individual disease risk and promote responsibility for ones own health.
- Target Population Groups-
Girls aged 12-18years

2.2 Solution Generation

- Use evidence based health promotion and good practice models
 - See details above
 - Evaluation data from Active Youth Recreation Program relating to program design and effectiveness
 - Identify relevant State-wide action
 - In line with Getting Australia Active guidelines, National Public Health Partnership 2002
-
- Identify the appropriate mix and balance of both individual and population wide health promotion interventions
 - To provide a six week program for girls to engage in recreational activities that enhance self esteem and connectedness
 - To provide opportunities within the program for girls to participate in physical activity
 - To provide opportunity for girls to link into ongoing recreational activities and leadership as part of the program.
 - To provide positive role models to facilitate the program, to ensure young girls feel confident to attend and participate in activities and to gain a sense of connectedness.
 - To provide opportunities within the program to educate girls on health and lifestyle choices through a variety of presentations and experiences.

2.3 Capacity Building-Support and Resources

- Identify the roles and responsibilities of the key stakeholders, including community, consumer and carer representatives.

Stakeholders

- Swan Hill & District Health Promotion Committee
- Swan Hill District Hospital as lead agency
- Girls in Swan Hill & District
- Swan Hill District Hospital Primary Care Departments (incorporating Allied Health and Counselling Services)
- Swan Hill Rural City Council
- Mallee Sports Assembly
- Mallee Division of General Practice
- Local recreational facilities
- Secondary Colleges (including welfare and school nursing)
- Lead On Swan Hill (youth focused program)
- Department of Human Services

- Assess and allocate appropriate resources

Project Officer- HPO, SHDH

Exercise Facilitator(s)

Service Providers – as selected based on participants needs (eg. Dietitian, CHN, Counsellor, Physiotherapist, GP)

Venue- 13 Pritchard St, Swan Hill or CRC or hire of other rural setting/physical activity centre

Consumables- Snack/afternoon tea, Handouts, Advertising, Activities-costs, Venue hire

- Identify key capacity building strategies required to ensure success

The program will build on strategies that have been successful for the Active Youth program such as use of appropriate facilitators, links with community activities and agencies.
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2.4 Plan for Review and Evaluation including process (reach indicators must be included) and impact evaluation.

Process

Monitor number of girls attending program and effectiveness of presentations/activities via questionnaire.

Monitor number of girls attending follow on recreational activities.

Impact

Of the 40 girls attending the program 75% have improved the knowledge, skills, participation and health promoting behaviours.
 Participation in physical activity is increased by 50% of the girls who attend the 'Girls-Get Active' Program. 50% of girls attending programs indicate that they have increased self esteem and confidence and are empowered to make choices about their own health.

Appendix: Integrated Health Promotion Program Summary Grid- 'Girls-Get Active' program

Program Goal: *To increase participation in physical activity of teenage girls in Swan Hill and District*

Population Target Groups: Girls aged 12-18 years

<u>Program Objectives</u>	<u>Health Promotion Interventions & Capacity Building strategies^{iv}</u>	<u>Estimated Impacts^v (Qualitative &/or Quantitative)</u>	<u>Estimated^{vi} Reach</u>	<u>Timelines & by which agency^{vii}</u>	<u>Estimated Costs^{viii}</u>
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A Health and Wellbeing Plan – Buloke Shire, Gannawarra Shire and Swan Hill Rural City: 2003-2006

A sustainable community

Objectives: <u>To increase the number of girls participating in regular physical activity by 50%.</u> <u>To increase self-esteem/self confidence in 50% of girls participating in the program.</u> <u>To empower teenage girls to make informed choices about health and lifestyles that reduce individual disease risk and promote responsibility for ones own health.</u>	Health education and skill development 1. Education of all participants in program by range of health experts 2. Education and participation in a range of exercises by all participants in the program	Of the 40 girls attending the program 75% have improved the knowledge, skills, participation and health promoting behaviours. Participation in physical activity is increased by 50% of the girls who attend the 'Girls –Get Active' Program. 50% of girls attending programs indicate that they have increased self-esteem and confidence and are empowered to make choices about their own health.	40 girls (4 programs)	HPO, and Allied Health staff, Counsellor, GP, exercise facilitator(s) as required (stakeholder agencies). 1 program per term, (2 per school per year)	HPO 0.1EFT = \$4,896 (including oncosts) Activities costs (@\$5 per person x session per program) plus venue hire & admin \$1630
	Community action Facilitation of support/exercise group formation and linking into existing services within the local community to build capacity to continue lifestyle changes		1-2 support/exercise groups formed	HPO, SHDH By end of June 2004	Snack/AT @ \$3 per person per session \$800
Total Budget					7,326

Mallee Women on the Move

2.1 Problem Definition

- o Program Goal- *To improve the health of rural women living in the Swan Hill District.*
- o Program Objectives -
 - To provide an intensive 6-7 week women's health program focussing on physical activity & social connection.
 - To increase knowledge and awareness of women's health issues in 75% of women participating in the program
 - To increase the number of women participating in regular physical activity (at least weekly)
 - To increase social connectedness in 50% of women participating in the program

- To empower rural women to make informed choices about health and lifestyles that reduce individual disease risk and promote responsibility for one's own health.
- To encourage local workplaces to support healthy lifestyle change in female employees.
- Target Population Groups -
 - Women aged 35 years and over
 - A secondary target is the local workplaces of rural women that will be facilitated in promoting the health of this target group.

2.2 Solution Generation

- Use evidence based health promotion and good practice models
 - See details above
 - Evaluation data from local Men of the Mallee program relating to program design and effectiveness
- Identify relevant Statewide action
- Identify the appropriate mix and balance of both individual and population wide health promotion interventions
 - Provide health presentations to community groups that include women.
 - Promote women's health issues in local media.
 - Develop and implement a women's health program to individuals
 - Provide opportunities for women to discuss health issues with a range of health professionals
 - Provide opportunity for rural women to participate in physical activity
 - Provide opportunity for rural women to participate in health assessment and intervention.
 - Provide local workplaces with incentives to promote physical activity and healthy eating for female staff.
 - Provide guidelines to assist workplaces to promote healthy eating and physical activity to staff.
 - Use criteria developed for assessment of workplaces that promote healthy eating and physical activity.

2.3 Capacity Building-Support and Resources

- Identify the roles and responsibilities of the key stakeholders, including community, consumer and carer representatives.

Stakeholders

- Swan Hill & District Health Promotion Committee
- Swan Hill District Hospital as lead agency
- Women in Swan Hill & District
- Partners and families of women in Swan Hill & District
- Sea Lake & District Health Service
- Manangatang District Hospital
- Mallee Division of General Practice
- Swan Hill District Hospital Primary Care Departments (incorporating Allied Health and Counselling Services)
- Swan Hill Rural City Council
- Department of Human Services
- Local businesses
- Swan Hill Inc. (Local committee of business representatives committed to enhancing business outcomes in the area)
- Swan Hill Rotary Club (organizers of the Swan Hill and district Business Awards)

A Health and Wellbeing Plan – Buloke Shire, Gannawarra Shire and Swan Hill Rural City: 2003-2006

A sustainable community

- o Assess and allocate appropriate resources

Project Officer- HPO, SHDH
 Exercise Facilitator(s)
 Service Providers – Dietitian, CHN, Counsellor, Physiotherapist, GP
 Venue-13 Pritchard St, Swan Hill or CRC or hire of other rural setting/exercise centre
 Consumables - Supper, Handouts, Advertising, session materials, gym access cost per participant

- o Identify key capacity building strategies required to ensure success

The program will build on strategies that have been successful for the Men's health program such as follow on exercise groups, regular support/incentive newsletter, and other capacity building strategies that will link women into existing opportunities to participate in physical activity and other health promoting activities. The program will be reported to the Swan Hill & District Health Promotion Committee on a regular basis with broader exposure to the community and agencies. This program will also be linked to the Promoting Health in the Workplace program that will focus on working women for the next period.

2.4 Plan for Review and Evaluation including process (reach indicators must be included) and impact evaluation.

Process

Questionnaire to participants attending health presentations for community groups, number of women in attendance.
 Questionnaire to women attending Women's Health program identifying effectiveness of publicity media.
 Monitor number of women attending program and effectiveness of presentations/activities.
 Monitor number of articles in local media and expected reach
 Monitor number of support/exercise groups formed

Impact

Of the 80 rural women attending the program 75% have improved the knowledge, skills, participation and health promoting behaviours.
 Participation in physical activity is increased by 75% of the women who attend the Women's Health Program. 50% of women attending programs indicate that they have increase social connectedness and are empowered to make choices about their own health.

Appendix: Integrated Health Promotion Program Summary Grid- 'Mallee Women on the Move' program

Program Goal: *To improve the health of rural women living in the Swan Hill District.*

Population Target Group/s: Women aged 35 years and over

<u>Program Objectives</u>	<u>Health Promotion Interventions & Capacity Building strategies¹</u>	<u>Estimated Impacts¹ (Qualitative &/or Quantitative)</u>	<u>Estimated¹ Reach</u>	<u>Timelines & by which agency¹</u>	<u>Estimated Costs¹</u>
Objective 1: To provide an intensive 6-7 week women's health program focussing on physical activity & social connection. a) To increase knowledge and	Screening, individual risk assessment and immunisation Individual assessment of each participant in women health program	80 women participate in programs provided in Swan Hill and district. 75% of women attending programs increase knowledge of health	80 women (5 programs)	Community Health Nurses, SHDH (each program)	HPO 0.1EFT = \$4,897 (including oncosts)
	Social marketing /Health information 1. Promotion of women's health issues in local media 2. Presentation of information at women's groups	issues and increase participation in regular physical activity. 50% of women attending programs indicate that they have increase social connectedness and are	11,000readers & 12,300listeners to local media 3 women's group presentations	HPO, SHDH	Exercise facilitator @ \$25/hour 100 hours

	Health education and skill development 1. Education of all participants in program by range of health experts 2. Education and participation in a range of exercises by all participants in the program		80 women (5 programs)	HPO, Allied Health staff, Counsellor, GP, exercise facilitator(s)	
	Community action Facilitation of support/exercise group formation and linking into existing services within the local community to build capacity to continue lifestyle changes		1-2 support/exercise groups formed	HPO, exercise facilitator(s)	
Budget objective 1					10,397

Appendix: Integrated Health Promotion Program Summary Grid- ‘Mallee Women on the Move’ program

Program Goal: To improve the health of rural women living in the Swan Hill District.

Population Target Group/s: Local workplaces of rural women

Program Objectives	Health Promotion Interventions & Capacity Building strategiesⁱ	Estimated Impactsⁱ (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agencyⁱ	Estimated Costsⁱ
Objective 2: <u>To encourage local workplaces to support healthy lifestyle change in female employees.</u>	Screening, individual risk assessment and immunisation Individual assessment of each participant in women health program (part of Objective 1)	80 women participate in programs provided in Swan Hill and district. 75% of women attending programs increase knowledge of health issues and increase participation in regular physical activity. 50% of women attending programs indicate that they have increase social connectedness and are empowered to make choices about their own health.	80 women (5 programs-see Objective 1)	Community Health Nurses, SHDH (each program)	HPO 0.1EFT = \$4,897 (including oncosts)
	Social marketing /Health information Promotion of women’s health issues in target workplaces		10 workplaces are provided with health promotion strategies	HPO, SHDH	Guest speakers (by agencies)
	Health education and skill development 1. Education of all participants in program by range of health experts 2. Education and participation in a range of exercises by all participants in the program		2 workplaces are provided with education programs	HPO, Allied Health staff, Counsellor, GP, exercise facilitator	Advertising Printing & admin costs \$1000
	Settings & Supportive Environments 1. Provide local workplaces with incentives to promote health for female staff. 2. Modify criteria developed for assessment of workplaces that promote healthy behaviours.		3-5 workplaces nominate for the ‘Healthy Workplace Award’ 1 winner selected	HPO, Business Award organizers, selection committee, Sept 2004	Business Award entry \$2500
Budget objective 2					8,397

Total budget	18,794
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CARDIOVASCULAR DISEASE (PHYSICAL ACTIVITY) STRATEGY

- **Problem Definition**

- Goal: To reduce the effects of the risk factors for cardiovascular disease by implementing a sustainable integrated cardio vascular health promotion project to increase the levels of physical activity for people living in the Buloke Shire region
- Objectives
 - To implement an effective referral and feedback system process for physical activity (Active Script)
 - To promote physical activity across the Buloke Shire
 - To ensure the walking environment is safe and supportive for individuals to participate in physical activity

Population Target Groups: Primary focus: Persons over 35 who need assistance with their lifestyle and behaviour change to reduce their risk factors of cardiac problems, through increased physical activity.

Secondary focus: Older persons aged 50 - 65 years of age who are at risk of cardiac problems and the youth aged 12-25 years of age to increase there physical activity.

- **Solution Generation**

- Use evidence based practice and good practice models/Identify relevant statewide action.
 - G.p'S SNAP Model, Getting Australia Active Guidelines
- Identify the appropriate mix of interventions:
 - Implementation of the Active Script Program
 - Social Marketing component including:
 - Promotion of Active Buloke Communities
 - Promotion of Active Script program
 - Promotion of physical activity options
 - Promotion of becoming active
 - Promotion of safe walking tracks
 - Promotion and engagement of people into joining a walking group
- Audit of walking tracks
- Identify the activities required: Implementation of the CVD Strategy (physical Activity)

- **Support and Resources**

- Key stakeholders: Involve members of the CVD Reference Group are East Wimmera Health Service Primary Care staff, Bendigo Health Care Group, West Vic and Murray Plains Division of General Practice, Buloke Shire Council, Rural Access Disability worker, Sea Lake Neighbourhood House, Wycheproof resource centre.

- Assess and allocate appropriate resources: Coordination by the Buloke Health Promotion Officer (SMPCP)
- Identify key capacity building strategies required to ensure success: Health Promotion Group involvement with the cardiovascular disease Reference Group, to increase the understanding of health promotion practice and planning
- Identify proposed timelines for each activity: Implementation of CVD strategy commenced and evaluation within CVD strategy document

Program Goal: To reduce the effects of the risk factors for cardiovascular disease by implementing a sustainable integrated cardio vascular health promotion project to increase the levels of physical activity for people living in the Buloke Shire region

Population Target Group/s:

Primary focus: Persons over 35 who need assistance with their lifestyle and behaviour change to reduce their risk factors of cardiac problems, through increased physical activity.

Secondary focus: Older persons aged 50 - 65 years of age who are at risk of cardiac problems and the youth aged 12-25 years of age to increase there physical activity.

<u>Program Objectives</u>	<u>Health Promotion Interventions & Capacity Building strategies</u> ^{viii}	<u>Estimated Impacts</u> ^{viii} (Qualitative &/or Quantitative)	<u>Estimated</u> ^{viii} Reach	<u>Timelines & by which agency</u> ^{viii}	<u>Estimated Costs</u> ^{viii}
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Objective 1: <u>To implement an effective referral and feedback system process for physical activity (Active Script)</u>	Screening, individual risk assessment and immunisation Engage service providers in the delivery of the Active Script Program (ASP)	6 Service providers involved with ASP	80% of service providers have an increased understanding of the ASP	CVD Reference Group December 2003	\$1000
	Social marketing /Health information Develop an information package for service providers and individuals on the ASP and the physical activity options available	Information package developed	80% of service providers and 40% of population have an understanding of the ASP and Physical activity options available	CVD Reference Group November 2003	
	Health education and skill development				
	Community action				
	Settings and Supportive Environments	10 Service providers involved in the training			\$300
	Organisational Development				
	Workforce Development Upskill service providers in the referral process and delivery of the ASP and the benefits of promoting increased physical activity.		80% of Service providers have an increased knowledge of the ASP and benefits of physical activity	Health Promotion Officer and CVD Reference Group	

	Resources				
Total Budget per Objective					

BULOKE YOUTH POLICY/STRATEGY AND FAMILIES

- **Problem Definition**
 - Goal: To respond to the identified issues from the Buloke Youth Policy/Strategy 2002-2004 and the Buloke Youth Reference Group
 - Objectives:
 - Increase opportunities and capacity for the Buloke Youth Reference Group (BYRG) to implement and sustain the Buloke Youth Policy/Strategy
 - To prioritise the completion of the following strategies from the BYRG
 - To investigate the needs of parents of young people across the Buloke Shire
 - Population Target Group: Young people aged 12-25 years with a primary focus on 12-18 years of age
- **Solution Generation** (changes in practices, processes, protocols and systems designed to meet the objectives).
 - Identify relevant statewide action: respect document literature review completed of state/national youth policies and strategies
 - Identify the appropriate mix of interventions/Identify the activities required: Refer to Buloke Youth Policy/Strategy 2002-2004 document
- **Support and Resources**
 - Key stakeholders: Buloke Youth Reference Group whose members represent the following organizations: East Wimmera Health Service, Charlton P-12 College, Donald High School, Buloke Shire Council, Buloke Active Youth Program, Police, Northern District Community Health Service, School Focused Youth Service, North Central Rural Youth Service, Department of Education and Training, Tyrrell P-12 College, Wycheproof P-12 College, Donald Community Centre, North Central and Murray Mallee Local Learning and Employment Network, Southern Mallee Primary Care Partnership, Buloke Local Safety Committee, Buloke Learning Towns and especially the youth of the Buloke Shire.
 - Assess and allocate appropriate resources: Buloke Health Promotion Officer to coordinate project

Appendix: Integrated Health Promotion Program Summary Grid

Program Goal: To respond to the identified issues from the Buloke Youth Policy/Strategy 2002-2004 and the Buloke Youth Reference Group

Population Target Group/s: Young people aged 12-25 years with a primary focus on 12-18 years of age

Program Objectives	Health Promotion Interventions & Capacity Building strategies^{viii}	Estimated Impacts^{viii} (Qualitative &/or Quantitative)	Estimated^{viii} Reach	Timelines & by which agency^{viii}	Estimated Costs^{viii}
Objective 1: <u>Increase opportunities and</u>	Screening, individual risk assessment and immunisation				

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	<p>Social marketing /Health information To increase the profile of the activities the (BYRG) conduct</p>		<p>5 agencies and or community groups to become involved in BYRG</p>	<p>BYRG and Health Promotion Officer (HPO) November 2003</p>	
	<p>Health education and skill development</p>				
	<p>Community action</p>				
	<p>Settings and Supportive Environments</p>				
	<p>Organisational Development Strengthen the partnership and relationship between the (BYRG) and the Schools</p> <p>BYRG to continue to meet on a regular basis and report back to the Buloke Health Promotion Group</p> <p>BYRG to investigate funding opportunities to pursue strategies of the Buloke Youth Policy/Strategy</p>		<p>Increased representation of Schools on BYRG</p> <p>1 activity perm term conducted</p> <p>1 funding submission developed</p>	<p>BYRG and HPO February 2004</p> <p>HPO July 2003</p> <p>BYRG March 2004</p>	
	<p>Workforce Development The (BYRG) members to be involved in training/education in an identified need eg submission writing/ project briefs/health promotion principles</p>		<p>80% of BYRG have increased knowledge in the training identified</p>	<p>HPO April 2004</p>	
	<p>Resources Coordination of BYRG</p>		<p>Continuation of the BYRG</p>	<p>SMPCP & HPO 2003-2004</p>	
<p>Total Budget per Objective</p>					

Program Goal: To respond to the identified issues from the Buloke Youth Policy/Strategy 2002-2004 and the Buloke Youth Reference Group

Population Target Group/s: Young people aged 12-25 years with a primary focus on 12-18 years of age

Program Objectives	Health Promotion Interventions & Capacity Building strategies ^{viii}	Estimated Impacts ^{viii} (Qualitative &/or Quantitative)	Estimated ^{viii} Reach	Timelines & by which agency ^{viii}	Estimated Costs ^{viii}
Objective 2: <u>To prioritise the completion of the following strategies from the BYRG</u>	Screening, individual risk assessment and immunisation				
	Social marketing /Health information Develop and distribute youth focused youth cards	Each School has involvement in the youth card development 1 session conducted for all Schools	50% students have an increased awareness of the services available	BYRG September 2003	\$1000 \$1000 \$2000
	Health education and skill development Develop and implement health focused sessions Develop and implement career focused information sessions	1 session conducted for all Schools 5 Schools implement PACT program within there curriculum	80% of students have increased knowledge on healthy living practices 80% of students have an increased knowledge of careers that exist	BYRG June 2004 NCLLEN and BYRG October 2003	
	Implementation of the PACT Parenting Program ongoing	Family Fun Day to be conducted incorporating all six Schools students	60% of adolescents and their parents have an increased knowledge of communicating together more effectively	PACT Program trained professionals and BYRG 2003-2004	\$2500

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	<p>Community action Conduct the Annual Buloke Family Fun Day</p> <p>Encourage and support young people to be involved in the organising of FReeZA</p> <p>Encourage and support young people in each Buloke Shire town to be involved in the Youth Alliance group</p>		<p>Community have an increased acceptance of young peoples achievements and talents 80% of young people involved in the FReeZA organising have an increased knowledge of event organising All youth alliance group members have an understanding of Council processes</p>	<p>Buloke Shire Fun Day Committee and BYRG</p> <p>Active Youth in Buloke Program 2003-2004</p> <p>Active Youth in Buloke Program and BYRG February 2004</p>	
	<p>Settings and Supportive Environments</p>				
	<p>Organisational Development Support the continuation of the Charlton Drivers education</p> <p>Encourage sporting clubs to implement the 'Good Sports Program'</p>		<p>Charlton Drivers Education receive further funding support</p> <p>10 Sporting clubs have an increased understanding of the good sports program aims</p>	<p>BYRG November 2003</p> <p>Goods sports project worker and BYRG December 2003</p>	

	Workforce Development				
	Resources				
Total Budget per Objective					

Appendix: Integrated Health Promotion Program Summary Grid

Program Goal: To respond to the identified issues from the Buloke Youth Policy/Strategy 2002-2004 and the Buloke Youth Reference Group

Population Target Group/s: Young people aged 12-25 years with a primary focus on 12-18 years of age

Program Objectives	Health Promotion Interventions & Capacity Building strategies^{viii}	Estimated Impacts^{viii} (Qualitative &/or Quantitative)	Estimated Reach^{viii}	Timelines & by which agency^{viii}	Estimated Costs^{viii}
Objective 3: <u>To investigate the needs of parents of young people across the Buloke Shire</u>	Screening, individual risk assessment and immunisation				
	Social marketing /Health information				
	Health education and skill development				
	Community action				

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	Settings and Supportive Environments				
	Organisational Development Conduct a needs analysis of what the parenting needs are within the Buloke Shire		Development of the parenting needs analysis	HPO May 2004	
	Workforce Development				
	Resources				
Total Budget per Objective					\$1000

Capacity Building

- **Problem Definition**
 - Goal: To strengthen the capacity of service providers to develop and implement effective health promotion programs
 - Objectives
 - **To improve the understanding of health practice and planning**
 - **To address the mental health effects of the drought**
 - Population Target Group: **Health Promotion Group**
- **Solution Generation** (changes in practices, processes, protocols and systems designed to meet the objectives).
 - Use evidence based practice and good practice models/identify relevant statewide action: Community Drought Recovery Strategy

Program Goal: To strengthen the capacity of service providers to develop and implement effective health promotion programs

Population Target Group/s: Health Promotion Group

<u>Program Objectives</u>	<u>Health Promotion Interventions & Capacity Building strategies</u> ^{viii}	<u>Estimated Impacts</u> ^{viii} (Qualitative &/or Quantitative)	<u>Estimated Reach</u> ^{viii}	<u>Timelines & by which agency</u> ^{viii}	<u>Estimated Costs</u> ^{viii}
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Objective 1: To improve the understanding of health practice and planning	Screening, individual risk assessment and immunisation	50% of service providers have involvement in Health Promotion Group 2 Health Promotion education sessions 75% of health promotion Group contributing to the identification of training needs			
	Social marketing /Health information				
	Health education and skill development				
	Community action Presentation to community groups				
	Settings and Supportive Environments				
	Organisational Development To raise the profile of health promotion group and their health promotion activities		30% of population have an increased awareness of Health Promotion Group aims	HPO & SMPCP Health Promotion Group October 2003	
	Workforce Development Creation of a universal proposal and evaluation form for health promotion projects Identify professional development opportunities for the Health promotion Group		5 service providers using health promotion form	HPO and Health Promotion Group September 2003	
	Resources		10 Health promotion group members have an increased knowledge of health promotion	HPO and Health Promotion Group September 2003	
Total Budget per Objective					

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