



BRIMBANK **MELTON**
PRIMARY CARE PARTNERSHIP

Brimbank Melton PCP

Community Health Plan
2006-2007

Brimbank Melton PCP Member Agencies

Brimbank City Council
Djerriwarrh Health Services
ISIS Primary Care
Melton Shire Council
Mid West Primary Mental Health Team
Migrant Resource Centre North West Region
Norwood Association
Royal District Nursing Service
Western Health
Western Melbourne Division of General Practice
Women's Health West

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Vision

The vision of the Brimbank Melton Primary Care Partnership (PCP) was developed through the preparation of the first Community Health Plan in 2001. It guided the further development of the partnership and continued to provide the drive for planning and activities for the subsequent years. The vision is:

Improved health and wellbeing of the Brimbank and Melton communities through the development of a comprehensive, responsive, integrated and coordinated local primary care service system, underpinned by genuine partnerships between governments, service providers, consumers, carers and community members.

The commitment and involvement of Partnership members over the past five years have been built on shared and common values that impact on relationships and provide a foundation of shared understanding for participation in the Partnership. The shared values emphasise the importance of commitment to:

- ◆ Participation
- ◆ Collaboration
- ◆ Integration
- ◆ Empowerment
- ◆ Social Justice
- ◆ Respect
- ◆ Advocacy
- ◆ Health promotion
- ◆ Cultural sensitivity
- ◆ Consumer focus

The vision and values underpin the Strategic Objectives that reflect our commitment to consumers and carers, to their engagement in the work of the PCP and to maximising benefits for consumers through the work of the PCP. They also reflect our ongoing commitment to partnerships, service coordination and health promotion, within an evidence-based framework and in the context of the whole health system. First articulated in the Community Health Plan 2001, these strategic objectives have been updated to reflect the current primary care environment and strategic priorities within the catchment.

Strategic Objectives

Collaboration

1. To achieve better outcomes for clients, their carers and the wider community through collaboration with primary health care and related agencies.

Partnerships

2. To improve service coordination through partnerships with member agencies based on mutual support and trust.
3. To develop partnerships which respect the independence and integrity of all agencies.
4. To develop a more responsive service system which acknowledges and involves the participation of clients, their carers and the wider community in all activities and developments.
5. To review and revise the partnership agreement which includes multi-catchment, small and specialist agencies.
6. To develop relationships which encourage General Practitioner engagement in the network of primary health agencies.

Service Coordination

7. To achieve improved health and wellbeing outcomes for both local and regional communities within the Western Metropolitan Region through better service coordination.
8. To develop consistency for clients and service providers in the practices, protocols, processes and systems.
9. To improve efficiency and effectiveness in the utilisation of resources across the western region.
10. To cooperatively share capacity, skills, expertise, processes and systems for the benefit of all stakeholders.

Health Promotion

11. To deliver health promotion that both empowers individuals and groups, and improves the health and quality of life of people in the community.
12. To encourage and empower community members to self manage their health and wellbeing, especially positive health and optimum quality of life.
13. To reduce preventable hospital admissions by responding to the early signs of disease and/or people's need for support.

Service Planning

14. To assist the government to achieve effective reforms in the primary and acute health systems.
15. To facilitate the planning, development and provision of services within the Brimbank Melton PCP catchment.

PCP Joint Initiative 2006

On 4 November 2005 a joint meeting was held between Brimbank Melton PCP Steering Committee and WestBay Alliance Steering Committee. This was in response to an earlier circulated discussion paper developed by WestBay titled "West Healthy Community Partnerships". The key thrust of the discussion paper was the idea of combining efforts to more strategically influence primary care reform in the western region of Melbourne. The outcome of the meeting was agreement to develop a series of strategic forums for members of PCPs in the west.

Purpose

The purpose of the Partnership is to:

- Maintain and enhance the existing Primary Care funding from the Department of Human Services.
- Develop an inclusive and strong membership base to maximise the involvement of agencies in the western region of Melbourne.
- Develop opportunities for cooperative work on projects aimed to improve or enhance the delivery of services to the Community in the West, using agreed Standards and Protocols.
- Develop a framework for bidding for additional funding or resources.
- Develop a strategic planning and advocacy structure for the West, to strengthen the PCP processes and to provide links to other planning processes operating in the catchments, including the Municipal Public Health Plans and Metropolitan Health Service Plans.

Partners have developed and agreed on the principles on which joint work would be based. The agreed principles included:

- Voluntary partnership alliance
- Single governance
- Equal partners
- Structure consistent with Memorandum of Understanding
- Strategic focus not operational
- Implementation remains local
- Meetings/structures avoid duplication

In 2006-2007 the WestBay Alliance and the Brimbank Melton PCP will implement an alignment process that will:

- Ensure an integrated and effective strategic approach
- Provide for local responsiveness
- Optimise the benefit and impact of available resources
- Reduce (and eventually eliminate) duplication of effort
- Achieve funding and other compliance requirements
- Provide the platform for future development and cohesion

Partnership Plan

The current structure of Brimbank Melton PCP includes the Steering Committee, a Local Service Coordination Implementation Group and a Health Promotion Coordinating Committee.

An in-principle agreement to work together with WestBay Alliance was reached at the 20 April 2006 Brimbank Melton PCP Steering Committee meeting. It will be important to evaluate partnership effectiveness during 2006-2007, in preparation for fully aligned and comprehensive 2 year (2007-2009) Partnership Plans incorporating a strategic and operational focus.

The Terms of Reference for the Local Service Coordination Implementation Group were last revised in April 2004. The Terms of Reference will be revised at the beginning of 2007 to ensure that the group responds to the needs of member agencies in regard to the implementation of service coordination.

The Health Promotion Coordinating Committee Terms of Reference were agreed in November 2004, and included key performance indicators relevant to its operation. In early 2007 the Committee will review its functioning.

Key Achievements 2005-2006

Partnerships

- A PCP Cross-alliance planning project involving participants from across the western region, progressed planning activity within the region and also resulted in the production of a Health & Well-being Planning Kit
- Western Youth Futures (an initiative of three Local Learning and Employment Networks) aims to improve the educational outcomes for young people in the West (13-21 year olds), so that their future prospects are also improved. PCPs are represented on the Reference Group in order to focus on the links between good health and good educational outcomes.
- The Town Well Forum in Sydenham, which meets bi-monthly, provides opportunities for collaborative work to improve service responsiveness, involving representatives from local government, the PCP, schools and other service providers
- Primary care agencies in the West are involved in policy development and planning processes relevant to HACC and aged services. The Aged Services Network is funded by DHS and resourced by the Council On The Ageing

Service Coordination and Chronic Disease Management

- Reflecting the leadership of western PCPs in service coordination, Judy Gregurke (BMPCP Chairperson) represented the North and West region on the Statewide Committee overseeing the development of a Victorian Service Coordination Manual.
- The Local Service Coordination Implementation Group meets regularly to share information and foster further developments in service coordination and electronic referral
- Brimbank Melton agencies continue to increase the numbers of electronic referrals
- An Intake Workers Forum held in November 2005 provided an invaluable opportunity for more than twenty participants from across the western part of the region to receive some training and discuss their service coordination roles
- The Living Well Program (Early Intervention in Chronic Disease Management) has documented its Project Plan, Communication Strategy and its Risk Management Strategy. The Steering Committee has agreed upon its Terms of Reference and meets bi-monthly. The Working Group met more frequently while the program was in the establishment phase

- The Living Well Staff team developed an interim service delivery model in consultation with program managers that includes:
 - Referral pathway for internal referrals
 - Prioritisation tool
 - Client consultation guidelines
 - Service Delivery Plan
 - Allocation of key worker that occurs at weekly referral allocation meetings

- The GP Engagement Strategy has been finalised and components of the Strategy have started to be implemented. The Western Melbourne Division of General Practice has identified a GP Champion for the Living Well Program. His role will be to review documentation, chair Living Well GP activities and liaise with the Living Well Program

Integrated Health Promotion

- Health promotion processes have been reviewed
- Two facilitated sessions were held in 2006 to select the 2006-2009 IHP priorities
- Participation from the majority of member agencies occurred and strengthened the directions of the Health Promotion Coordinating Committee
- Working with a variety of key stakeholders to promote optimal health outcomes has continued
- Health Promotion and Violence Against Women: Assistance with the conference organisation and implementation along with Moonee Valley Melbourne PCP, WestBay Alliance, Women's Health West and other women's and community health agencies
- The PCP has worked with member agencies around a number of projects including:
 - Seniors 'Go for your life': Implementation of Physical Activity Life Scripts at Djerriwarrh Health Services. Strengthened partnerships with local leisure services, community groups, Victoria University and local government
 - Community Walking Grants: Provision of physical activity options for people with a disability, psychiatric illness and for mothers. Strengthened partnerships and links with the Melton Shire Council and Brimbank City Council Walking Out West Program to support sustainability of walking projects established including joint purchasing of merchandise, co-organisation of events etc.
- Participation in a number of local networks and forums including the Town Well Forum for the Melton East community, Melton Shire CALD forum, and meets with key community groups for the development of submissions including local residents associations, CALD communities, senior citizens

Brimbank and Melton Facts and Figures

Brimbank

The City of Brimbank is located in Melbourne's western and north western suburbs. Development from the original settlements of Keilor, St Albans and Sunshine spread rapidly after the Second World War as significant numbers of overseas migrants settled in Brimbank. In 1994, the majority of the Cities of Sunshine and Keilor were merged to create the City of Brimbank. With an area of 123 square kilometers, Brimbank is the second largest municipality in Melbourne and the largest in the western region. It is approximately 20 kilometres from the CBD.

In 2006, the total population of the municipality is more than 177,000. It is estimated to increase by 24,580 to 201,580 residents by the year 2016. Some 40 per cent of Brimbank's residents were born overseas and more than 54 per cent speak a language other than English.

Forecast Population (Key statistics)	Change between 2006 & 2016				
	2006	2011	2016	Number	Average Annual % Change
City of Brimbank	179,478	194,467	201,580	22,102	1.17
Albanvale	5,856	5,780	5,784	-72	-0.12
Albion	3,872	3,908	3,973	101	0.26
Cairnlea	6,435	10,487	10,366	3,931	4.88
Deer Park-Derrimut	15,435	22,221	24,845	9,410	4.88
Delahey	9,686	9,893	10,549	863	0.86
Kealba	3,461	3,470	3,553	92	0.26
Keilor	4,525	4,565	4,652	127	0.28
Keilor Downs	11,872	11,622	11,606	-266	-0.23
Keilor Park	2,881	2,857	2,891	10	0.03
Kings Park	9,073	8,779	8,663	-410	-0.46
St Albans East	22,234	22,081	22,116	-118	-0.05
St Albans West	13,826	14,044	14,491	665	0.47
Sunshine	8,318	8,905	9,305	987	1.13
Sunshine North	10,876	13,147	14,168	3,292	2.68
Sunshine West-Ardeer	19,260	20,351	22,181	2,921	1.42
Sydenham-Hillside	11,304	11,700	11,694	390	0.34
Taylors Lakes	20,564	20,657	20,742	178	0.09
Grasslands Ward	50,624	61,310	64,150	13,526	2.40
Harvester Ward	42,326	46,311	49,628	7,302	1.60
Horseshoe Bend Ward	33,102	32,973	33,212	110	0.03
Taylors Ward	53,425	53,873	54,591	1,166	0.22

Health related information for Brimbank:

<p>Disadvantage Socio-Economic Indexes for Areas (SEIFA) Index</p>	<ul style="list-style-type: none"> ➤ Brimbank is one of the most culturally and linguistically diverse municipalities in Victoria ➤ The SEIFA index ranks Brimbank as Melbourne’s 3rd most disadvantaged municipality
<p>Burden of Disease</p>	<ul style="list-style-type: none"> ➤ Ischaemic heart disease, depression, diabetes and stroke are the top 4 ranked Disability Adjusted Life Year (DALY) for males and females in Brimbank ➤ Male DALY rates for diabetes in Brimbank are 7.4 compared to the Victoria rate of 6.5. Female DALY rates for diabetes in Brimbank are 8.2 compared to the Victoria rate of 5.7 ➤ Male DALY rates for depression in Brimbank are 6.3, higher than the Victorian rate of 5.9, female DALY rates for depression 8.6, higher than the Victorian rate of 7.1 ➤ Male DALY rates for cardiovascular disease in Brimbank are 25.8, higher than the Victorian rate of 25.5
<p>National Healthy Survey 2001</p>	<ul style="list-style-type: none"> ➤ Rate of self-reported health assessment of fair or poor health status (15+years) for Brimbank respondents was higher than the Victorian average ➤ Rate of obesity in males and females (15+years) was higher than the Victorian average
<p>Department of Victorian Communities Indicators of Community Strength</p>	<ul style="list-style-type: none"> ➤ The responses of Brimbank residents for the community strength indicators reveal some of the lowest community strength levels recorded in the State ➤ Brimbank residents had lower levels of participation than the Metropolitan average across all of the participation indicators. The response rate to ‘participation in organised sport’ was 28.3% compared to the State average of 41.7% ➤ Brimbank respondents scored lower than the State average across all of the indicators, with the exception of ‘feels multiculturalism makes life in the area better’, with a positive response rate of 89.8% compared to the State average of 86.9%
<p>Local Attributes</p>	<ul style="list-style-type: none"> ➤ In the last 5 years Brimbank has welcomed to the municipality 7,564 new arrivals from 122 nations, speaking over 100 different languages

Melton

The Shire of Melton is located in the outer western fringe of Melbourne. Up until the late 1980s, Melton township was the only major population centre in the Shire, although small townships were located at Rockbank, Diggers Rest and Toolern Vale. In recent years, significant residential development has been concentrated in the eastern parts of the Shire around Hillside and Caroline Springs. This area is expected to cater for the bulk of new residential development in the Shire over the medium term and is one of the fastest growing areas in metropolitan Melbourne.

In 2006, the total population of the municipality was estimated at over 82,000. It is expected to increase by 57,530 to 139,530 by 2016.

Forecast Population (Key statistics)	Change between 2006 & 2016				
	2006	2011	2016	Number	Average Annual % Change
Shire of Melton	83,114	113,380	139,530	56,416	5.32
Burnside	7,298	12,068	12,753	5,455	5.74
Caroline Springs	12,868	22,187	24,465	11,597	6.64
Diggers Rest	2,861	3,861	4,959	2,098	5.65
Eastern Rural	113	408	8,729	8,616	54.45
Hillside	12,317	12,287	12,296	-21	-0.02
Kurunjang	6,913	9,055	9,246	2,333	2.95
Melton	7,927	8,153	8,703	776	0.94
Melton South-Brookfield	13,043	16,233	20,410	7,367	4.58
Melton West	9,249	11,099	13,913	4,664	4.17
Northern Rural	1,146	1,299	1,452	306	2.39
Rockbank	1,389	1,444	1,500	111	0.77
Southern Rural	745	3,598	8,854	8,109	28.09
Taylors Hill	7,245	11,690	12,250	5,005	5.39
Melton East	39,728	58,232	61,765	22,037	4.51
Melton Township	37,132	44,540	52,272	15,140	3.48

Health related information for Melton:

<p>Disadvantage SEIFA Index</p>	<ul style="list-style-type: none"> ➤ Melton Shire has been identified as an urban growth area under the Victorian Government’s Melbourne 2030 strategy with the population of Melton South expected to reach 20,400 by 2016, with an average annual increase of 3.4% over the next 10 years ➤ Melton Shire’s housing ratio is 0.47 jobs to one household, this falls well short of the desirable benchmark of 1:1, which would enable a community to function efficiently, equitably and without undue pressure on infrastructure. In effect, this ratio means that approximately 80% of the Shire’s working population travel outside the Shire to access employment
<p>Burden of Disease</p>	<ul style="list-style-type: none"> ➤ Depression, Ischaemic heart disease, diabetes and asthma are the top 4 ranked Disability Adjusted Life Year (DALY) for males and females in Melton Shire ➤ Male DALY rates for diabetes in Melton Shire are 7.7 compared to the Victoria rate of 6.5 ➤ Male DALY rates for depression in Melton Shire are 6.7, higher than the Victorian rate of 5.9, with female DALY rates for depression 7.7, higher than the Victorian rate of 7.1 ➤ Male DALY rates for stroke in Melton Shire are 6.5, higher than the Victorian rate of 6.2
<p>National Healthy Survey 2001</p>	<ul style="list-style-type: none"> ➤ Rate of self-reported health assessment of fair or poor health status (15+years) for Melton respondents was higher than the Victorian average ➤ Rate of obesity in males and females (15+years) was higher than the Victorian average
<p>Department of Victorian Communities Indicators of Community Strength</p>	<ul style="list-style-type: none"> ➤ The responses of residents within the Melton Township (inclusive of the suburbs Melton South, Exford, Brookfield, Melton West, Kurunjang and Melton) for the community strength indicators showed lowered levels of community strength ➤ Melton Township residents had lower levels of participation than the Metropolitan average across many of the participation indicators. The response rate to ‘participation in organised sport’ was 27%, compared to the Metropolitan Average of 41.7% ➤ Overall, Melton Township had similar perceptions of the availability of opportunities to participate to the Victorian State average. A notable exception was the indicator “there is a wide range of community and support groups” which scored 51% compared to the state average of 62% ➤ Notably the Melton Township scored low across most indicators for attitudes to the areas characteristics. Responses for ‘feels safe on the street after dark’ were only 39%, significantly less than the Metropolitan Average of 66% and the Melton Shire Average of 56%
<p>Local Attributes</p>	<ul style="list-style-type: none"> ➤ As an interface municipality, Melton Shire Council faces particular challenges in delivering human services to the urban fringe to keep up with the very high rates of population growth and large numbers of families with children under five ➤ In 2001 the overseas born population of Melton South made up 15.5% of the areas population

Service Coordination and Chronic Disease Management

Service Coordination places clients at the centre of service delivery by asking agencies to provide a seamless service system that identifies and delivers the services clients need, including opportunities for early intervention and health promotion.

The Brimbank Melton Service Coordination Implementation Group meets regularly to support improvements such as the revised version of the Service Coordination Tool Templates (SCTT 2006), and to give feedback on the development of the Victorian Service Coordination Manual. Participation by member agencies has ensured the continued relevance of the Group, and also reflects the benefit agency representatives receive by meeting together to discuss common issues and seek realistic solutions.

The aim of Integrated Chronic Disease Management is to care for people with chronic disease and usually involves multiple health care providers in multiple settings. To provide this care within an integrated system, health care providers must work collaboratively to coordinate and plan care and services. It requires a commitment by agencies to working together to achieve shared goals. In particular, people with chronic disease need a responsive, person-centred and effective system of care.

The Early Intervention in Chronic Disease Management program (Living Well) is a collaboration between Brimbank Melton PCP and WestBay Alliance, focusing on services provided by ISIS Primary Care in Brimbank and Western Region Health Centre in Maribyrnong. Good progress has already been made in developing common processes through the work of the Living Well staff, the Project Manager and Steering Group. Links with General Practice, facilitated by the involvement of the Western Melbourne Division of General Practice, are crucial in the development of a service that is responsive to the needs of chronic disease patients, and that supports better self-management in the community.

Service Coordination

Goal 1: Implement the Better Access to Services (BATS) framework by progressing common practices, processes, protocols and systems for initial contact, initial needs identification, referral, assessment and care planning by member agencies

Objective	Strategies/Interventions	Estimated Impact
<ul style="list-style-type: none"> • Improve understanding and uptake of Service Coordination within the alcohol and other drugs sector • Improve understanding and uptake of Service Coordination within the mental health sector • Improve understanding and uptake of Service Coordination within the acute sector • Improve understanding and uptake of Service Coordination within palliative care • Improve understanding and uptake of Service Coordination within integrated cancer services 	<ul style="list-style-type: none"> • Participate in regional forum and develop local implementation plan with Voyage and DASWest • Participate in regional forum and develop local implementation plan with Mid West Area Mental Health Service • Work with Western Health's Ambulatory Care Services to develop consistent referral processes • Meet with local Palliative Care Services to explain PCP Service Coordination and invite agencies to participate • Explore potential for joint work with integrated cancer services around service coordination 	<ul style="list-style-type: none"> • An implementation plan which results in increased referrals between generalist and specialist agencies • Increased referrals between Primary Mental Health Team and community agencies • Agreed protocols for referrals between Western Health Direct Access Unit and community agencies • Information sharing and protocol development with participation of Palliative Care Services and community agencies • Improved information sharing and increase in appropriate referrals between integrated cancer services and community agencies

Service Coordination

Goal 2: Improve communication about clients (especially those with chronic disease and complex needs) with general practice leading to more active general practice participation with other service providers involved in the client's care		
Objective	Strategies/Interventions	Estimated Impact
<ul style="list-style-type: none"> To develop consistency of practices, processes, protocols and systems in the chronic disease program (Living Well) To improve communication between general practice and community agencies in relation to refugee health issues 	<ul style="list-style-type: none"> Liaison between Western Melbourne Division of General Practice and agency staff in regard to the Living Well program The appointment of a Refugee Health Project Officer to work with the Division, GPs and Refugee Health nurses 	<ul style="list-style-type: none"> Consistent practices, processes, protocols and systems implemented in the Living Well program Improved communication and referrals between GPs and other health professionals
Goal 3: Successful implementation of Victorian Service Coordination Practice Manual and subsequent versions of the Service Coordination Tool Templates (SCTT)		
Objective	Strategies/Interventions	Estimated Impact
<ul style="list-style-type: none"> To participate in the development of the Victorian Service Coordination Practice Manual To participate in the development of an implementation plan for the Manual To participate in the introduction of subsequent versions of the SCTT 	<ul style="list-style-type: none"> Participation of Chairperson from Brimbank Melton PCP representing North & West Region Steering Group overseeing the development of the Manual Involvement in the development of the implementation plan Involvement in the E-business Project Control Group for E-business in the western part of the region Participate in Connectingcare User Group 	<ul style="list-style-type: none"> A Manual that reflects the service coordination improvements made in the North and West The Manual will be used by agencies to guide their service coordination work Successful implementation of SCTT versions Increased use of eReferral

Service Coordination

Goal 4: Change management support for implementation of e-referral		
Objective	Strategies/Interventions	Estimated Impact
<ul style="list-style-type: none"> To increase the participation of agency staff in eReferral training To improve levels of PCP support for eReferral implementation 	<ul style="list-style-type: none"> Continue to provide opportunities for agency staff to attend eReferral training conducted by the E-Business Project officer PCP staff to monitor and liaise with designated agency staff contact to promote effective implementation of eReferral 	<ul style="list-style-type: none"> More agency staff trained in eReferral Increased agency involvement in eReferral
Goal 5: Better depth and accuracy of service information available on the Human Services Directory to support referral		
Objective	Strategies/Interventions	Estimated Impact
<ul style="list-style-type: none"> To involve key agency staff in updating service information on Connectingcare To improve the monitoring of service information by PCP 	<ul style="list-style-type: none"> Agencies to nominate key contact responsible for updating service information PCP staff responsible for liaison with agency key contact 	<ul style="list-style-type: none"> Better depth and accuracy of service information available from Connectingcare to the Human Services Directory Improvement in quality of service information available

Integrated Health Promotion (IHP)

1. Vision

The vision of the Brimbank Melton Health Promotion Coordinating Committee (HPCC) is to promote and support best practice health promotion through partnerships of member agencies aimed at redressing the barriers to health experienced by the Brimbank Melton community

2. Priority Setting and Problem Definition

Introduction

The priority setting process involved representatives from the Brimbank Melton Primary Care Partnerships member agencies participating in two facilitated workshops. The workshops explored the current status of health promotion within the PCP and allowed members to identify the future directions of the catchments health promotion work. It became apparent that further developing the partnerships and utilising the PCPs potential to build capacity were particularly important. Through the facilitated workshops it became evident that the PCP is committed to ensuring that health promotion work and future priority selection is the result of informed community need and review of the catchment evidence.

The PCP decided after vigorous debate that the focus of the PCP should initially be one priority in order to deliver effective health promotion and build capacity of the partnerships between the member organisations. It was also decided that a further priority would be agreed in the future through ongoing research and development.

During this process several potential priorities were identified and member agencies indicated their preferences. Both local governments are committed to VicHealth "Food for All" projects, and this priority area is also an area of interest for other member agencies.

Members of the HPCC agreed that the Brimbank Melton PCP Health Promotion Priorities for 2006-2009 will be:

- Healthy Eating-Food Security
- Research and Development

Process of development of the Integrated Health Promotion Plan

A working party was actioned to develop the plan for the Healthy Eating-Food Security priority, which further built upon the initial work of the facilitated workshops. This included:

- Development of a shared priority definition

- A review of the health promotion literature pertaining to Healthy Eating-Food Security to develop a rationale and evidence base for strategy selection
- Further consultation with member agencies through a survey to ascertain the work currently taking place across the catchment with regard to Healthy Eating-Food Security
- Identifying the capacity building role of the PCP in relation to Healthy Eating-Food Security
- Development of the IHP Plan for 2006-2009

Problem Definition

The PCP priority of Healthy Eating-Food Security is based on the VicHealth definition:

“Healthy Eating encompasses the inherent cultural, economic and social factors of buying and preparing food, and sharing it with others. Food security broadens the traditional concept of hunger and embraces a systemic view of the causes of hunger and poor nutrition within a community, while identifying the changes necessary to prevent their occurrence. Irregular access to safe, nutritionally adequate, culturally acceptable food from non-emergency sources is known as food insecurity”.

Source: VicHealth: Healthy Eating-Food Security Investment Plan 2005-2010

Burden of Disease

The protective role of plant foods has been identified for a range of health concerns including coronary heart disease, hypertension, and forms of cancer, obesity, and non-insulin dependent diabetes. Inadequate consumption of fruit and vegetables is a risk factor for the development of heart disease, stroke, and cancers of the mouth, stomach and lungs. The 2001 Victorian Burden of Disease data estimates that 3.3% of total disability adjusted life years (DALY) are attributable to inadequate fruit and vegetable consumption, that is, less than 600 grams per day (*Your Health: A report on the Health of Victorians 2005*)

Food Security

Food security is broader than diet, and can affect physical, mental and social wellbeing (VicHealth, 2006).

The *causal* factors of food insecurity include:

- Lack of adequate income
- Lack of locally accessible food outlets
- Poor transport options
- Lack of community supports
- Inappropriate accommodation
- Lack of education or skills

Those particularly at *risk* of food insecurity and inadequate diet include:

- People with a physical, intellectual or mental health disability
- People who are isolated
- Single parents
- Newly arrived migrants
- Unemployed people
- Homeless people
- Older people
- Younger people
- Women
- People with a disability

The intersection between the factors of gender, class, ethnicity, age, perpetuates the risk of food insecurity.

The *difficulties experienced* in food insecurity include:

- Lack of available funds to purchase food
- Lack of resources to store or cook food
- Lack of access to culturally appropriate food
- Lack of ability to access shops and transportation of food

Healthy Eating Data

The National Health and Medical Research Councils recommended daily intake of fruit and vegetables is:

- Persons aged 19+: 2 serves of fruit (300 grams) and 5 serves of vegetables (300 grams) per day
- Persons aged 12-18: at least 3 serves of fruit and 3 serves of vegetables per day

The report on the health of Victorians, Your Health 2005, indicates that in 2004 more than half of adults (60.4%) in Victoria consumed only one or two serves of vegetables daily, with a higher proportion of males (70.4%) than females (51.0%) doing so. Approximately 51.6% percent of persons aged 18 years and over in Victoria consumed two or more pieces of fruit per day, with a higher number of females (60.2%) than males (42.6%) consuming fruit.

Australian eating habits have changed over the last few decades resulting in an increase in adult and childhood obesity. The prevalence of overweight children has almost doubled and the prevalence of obesity has more than tripled over the last 10 years. People on low incomes cannot easily or affordably purchase or prepare a variety of foods. As a result, this population group is likely to become overweight or obese. The risk of obesity is 20 to 40 percent higher in women who have low incomes and are experiencing food insecurity.

The Victorian Population Health Survey 2003 revealed that in the North West Metropolitan Region, only 38.0 percent of females and almost half of all males (49.8%) met neither the fruit nor the vegetable guidelines for healthy eating. The proportion of males in the North and West Metropolitan Region who were overweight or obese exceeded 50 percent in all age groups except those aged 18-24 years.

VicLANES

The Victorian Lifestyles and Neighbourhood Environment Study (VicLanes) includes research on the diet and exercise habits of those in the Brimbank local government area. Findings suggest that higher levels of food insecurity are evident particularly in households with children, with these families more likely to run out of food. The presence of an injury or disability that prevented people from carrying groceries is also a factor in food insecurity. According to the study, Brimbank residents appeared to have less healthy attitudes towards healthy eating than people in other parts of Melbourne and despite being high users of green grocers most people do not take into account body weight when buying food.

‘SESAW’ study – Socioeconomic Status and Activity in Women

There is significant difference between the upper and lower socioeconomic groups regarding dietary behaviours. Lower socioeconomic status groups are less likely to eat a diet consistent with the dietary guidelines and are more likely to suffer from over-nutrition. In 2004 the Australian Bureau of Statistics (ABS) reported that almost 60,000 Australians from low income working families had gone without meals in the past 12 months. The preliminary findings of the SESA W study (Socioeconomic Status and Activity in Women) indicate that women living in disadvantaged neighbourhoods are at increased risk of not consuming enough fruit and vegetables for good health when compared to other women. Barriers to healthy eating for women of low socio-economic status included not being able to afford healthy food as well as lack of knowledge about how to prepare healthy food.

Population Health Profile

The Population Health Profile of the Western Melbourne Division of General Practice (November 2005) indicates that when compared to the rest of Australia, the catchment has higher rates of obesity in males and females older than 15 years.

The Health Promotion Coordinating Committee acknowledges that the research and knowledge base regarding Healthy Eating and Food Security is continuing to grow and that current state and national data collections methods do not always represent all members of the community, for example the homeless. The Health Promotion Coordinating Committee aims to continue to access relevant data to inform the priority.

Define the goal for each identified priority issue

➤ *Goal for Healthy Eating-Food Security*

The goal of the Brimbank Melton PCP HPCC is to improve and strengthen the PCPs capacity to increase people's access to safe, affordable and culturally appropriate nutritious food.

➤ *Goal for Research and Development*

To work together to undertake effective collection and sharing of expertise, experience and evidence to support future priority selection and health promotion work of agencies and the partnership.

3. Solution Generation

Capacity building in health promotion has been defined as:

"The development of sustainable skills, structures, resources and commitment to health improvement in health and other sectors to prolong and multiply health gains many times over". (Hawe et al, 1999).

The key action areas for building capacity are organisational development, partnerships, workforce development, leadership and resources. When agencies, organisations, and communities work collaboratively to address healthy and wellness issues, system strengthening, sustainable programs and increased problem solution abilities can result (DHS, 2003).

Part A: Capacity Building for each priority:

Healthy Eating-Food Security

Objective 1: To strengthen the health promotion capacity building processes of the Brimbank Melton Primary Care Partnership to promote Healthy Eating-Food Security over the next 12 months.

Interventions/Strategies:

- HPCC meets regularly
- Active participation by members at Health Promotion Coordinating Committee meetings. Each member agency to present and provide relevant information and up to date evidence
- Identification of relevant initiatives and collective submission development including exploring the feasibility of a Food Security Council and/or establishing relevant working groups as required

Objective 2: Over the next 12 months members of the Brimbank Melton Primary Care Partnership to facilitate links between the Health Promotion Coordinating Committee and other organisations, professional groups, potential stakeholders, community groups and community members through information sharing and awareness raising activities.

Interventions/Strategies:

- Utilise the skills of member agencies with direct involvement in Healthy Eating-Food Security projects through the development and facilitation of workshops and transferability of projects, knowledge and expertise.
- PCP staff to communicate regional and statewide training information and resources amongst agencies and ensures member agencies are aware of community groups and advocacy opportunities (i.e. "parent's jury") to promote healthy eating food security.
- Pursue a range of opportunities including social marketing and information dissemination such as external newsletters and displays at forums to promote Healthy Eating-Food Security.

Objective 3: PCP members and staff to assist other agencies to promote the priority within their organisation and promote best practice collection and dissemination of food security information.

Interventions/Strategies:

- Work to support member agencies and other organisations that might not prioritise or identify food security as an issue for their client groups to identify opportunities to increase their understanding of relevant Food Security issues.
- Encourage and support agency and community involvement in a range of projects including the current work of local governments and community health centres.

****Please see Integrated Health Promotion Planning Summary Grid for Health Promotion-Food Security**

The matrix below identifies the components of capacity building, which will be dealt with across the three objectives of the IHP.

	Organisational Development	Leadership	Partnerships	Workforce Development
Objective 1	✓	✓	✓	✓
Objective 2		✓	✓	✓
Objective 3	✓	✓	✓	✓

Research and Development

The priority area of Research and Development will form the basis of future priority area identification and selection. It was agreed that this priority would be actioned at a later stage within this plan, based upon the following process:

- The PCP Health Promotion Coordinating Committee to action the Research and Development working party (February 2007)
- It is expected the working party will:
 1. Develop an action plan for identifying, assessing and deciding upon future priorities i.e. community and stakeholder consultations, needs analysis, and review of existing consultations such as those undertaken by local government.
 2. Undertake a scan of relevant evidence to support the selection of potential priorities that arise from consultations i.e. VicLanes etc.
 3. Develop a strategy to disseminate the findings of the research and development process

Partnerships

As partnerships underpin the work of the Brimbank Melton PCP HPCC, it is acknowledged that such partnerships need to be regularly reviewed to determine the nature of partnerships, the engagement of new partners and which agencies/groups are not engaged and why. The VicHealth partnership analysis tool will be utilised to assess current status of partnerships and formulate future strategies to strengthen existing and potential partnerships.

Resources

Capacity Building Components	PCP IHP Funding/Resources
Objective 1	\$12,000
Objective 2	\$16,000
Objective 3	\$12,000
Total PCP Resource/Budget Allocation	\$40,000

Funding Source/Project	Links to catchment priority	Funding
Seniors 'Go for your life'	Related to healthy eating goal	\$40,000
Whole of Community Falls Prevention Project	Related to healthy eating goal	\$210,000
Total		\$250,000

Part B: Mix of interventions

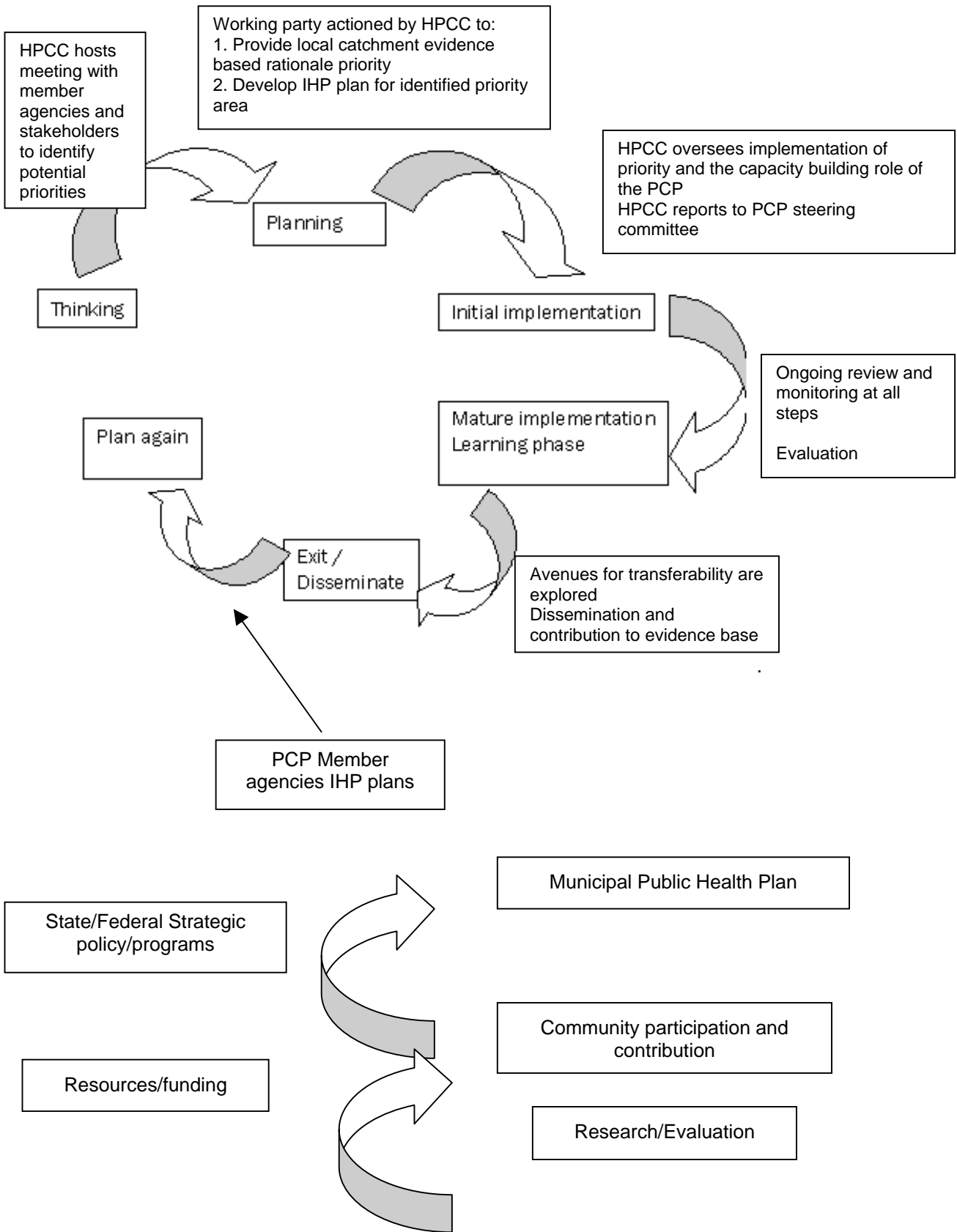
Please see PCP member agency mix of interventions template for actions and interventions around the priority.

4. Evaluation and Dissemination

To evaluate the integrated health promotion work of the Brimbank Melton PCP Health Promotion Coordinating Committee a number of evaluation strategies and tools will be utilised to measure both process and impacts.

Please see Evaluation Plan for Healthy Eating-Food Security Priority

Continuous Planning Cycle



PCP Member Agencies: Mix of Interventions

Priority: Healthy Eating-Food Security				
Position on the Health Promotion Cycle: Initial Implementation				
Level of intervention - Individual agencies				
Screening, individual risk assessment immunisation	Health education and skill development	Social Marketing Health information	Community action	Settings and supportive environments
<p>Western Health, Community Health Centres, GPs (via Divisions of GP):</p> <p>Identify clients at risk of food insecurity and provide information about cooking groups and food access services in the area.</p> <p>Western Division of General Practice: Promote "Healthy Weight" and "Healthy Eating" components of LifeScripts to GPs</p>	<p>Djerriwarrh Health Services & Melton Shire: Cooking classes for people in assisted housing provision and men specific groups.</p> <p>Brimbank Council: Provide opportunities for cooking healthy foods at neighborhood houses, community centers, community kitchens</p> <p>ISIS: Growing Great Kids health education for parents of primary school aged children</p>	<p>Brimbank Council & Migrant Resource Centre North West Region: Welcome Kit translated information in different languages about access to healthy food and nutrition for new arrivals.</p> <p>Djerriwarrh Health Services and Melton Shire: Energiser Breakfasts in primary schools</p>	<p>Women's Health West: Direct and indirect food security work with African Women's Group, Sunrise Group for women with a disability and culturally focused health days</p> <p>Aim to incorporate concept of healthy eating in other programs and projects i.e. Young Mum's Rock, Lead on Again</p> <p>Djerriwarrh Health Services: Support community to develop backyard vegetable gardens</p>	<p>Melton Shire Council and Djerriwarrh Health Services: Continue to implement Veg out Van</p> <p>Brimbank City Council & ISIS: community kitchens</p> <p>Brimbank Council: Mapping of fresh food and vegetable locations and transport routes in Brimbank</p>

Integrated Health Promotion Summary Planning Grid: Healthy Eating-Food Security

Program Goal:		To improve and strengthen the Brimbank Melton Primary Care Partnerships capacity to increase peoples access to safe, affordable, and culturally appropriate nutritious food.				
Population Target Group/s:		Key implementation partners within the Brimbank Melton Primary Care Partnership catchment				
Objective 1:		To strengthen the health promotion capacity building processes of the Brimbank Melton Primary Care Partnership to promote Healthy Eating–Food Security				
Intervention	Estimated reach	Impact Indicators	Estimated evaluation method	Timelines & by whom	Estimated Budget from HP	Estimated Other funding sources
<ul style="list-style-type: none"> ➤ HPCC meets regularly ➤ Active participation by members at the HPCC meetings. Each member agency to present and provide relevant information and up to date evidence. ➤ Identification of relevant initiatives and collective submission development including the feasibility of a Food Security Council and/or establishing relevant working groups as required 	<p>12 meetings per year</p> <p>Take place at HPCC meetings: member agencies</p> <p>Member agencies</p>	<p>Attendance numbers Engagement of agencies previously not attending</p> <p>Increased information sharing and improved local data collection/knowledge</p> <p>Strategic submission collaboration Investigation into the establishment of a Food Security Council</p>	<p>Minutes of meetings</p> <p>Minutes of meetings Agency follow up sheet i.e. have you implemented/acted upon anything that has been presented?</p> <p>Records of submission development and plans for Food Security Council</p>	<p>Monthly October 06- October 07 PCP HP Officer to record minutes</p> <p>PCP HP officer to administer and collect follow up sheet</p> <p>Feb 07- October 07 HPCC to action and establish terms of reference for Policy Committee</p>		

Program Goal:	To improve and strengthen the Brimbank Melton Primary Care Partnerships capacity to increase peoples access to safe, affordable, and culturally appropriate nutritious food.					
Population Target Group/s:	Key implementation partners within the Brimbank Melton Primary Care Partnership catchment					
Objective 2:	Members of the Brimbank Melton Primary Care Partnership to facilitate links between the HPCC and other organisations, professional groups, potential stakeholders, community groups and community members through information sharing and awareness raising activities.					
Intervention	Estimated Reach	Impact indicators	Estimated evaluation method	Timelines & by whom	Estimated Budget from HP.	Estimated Other Funding sources
<ul style="list-style-type: none"> ➤ Utilise the skills of member agencies with direct involvement in Healthy Eating-Food Security projects in the development and facilitation of workshops and transferability of projects, knowledge and expertise ➤ PCP staffing communicates regional and statewide training information and resources amongst agencies and ensure member agencies are aware of community groups and advocacy opportunities to promote healthy eating food security. ➤ Pursue a range of opportunities including social marketing and information dissemination such as external newsletters and displays at forums to promote Healthy Eating-Food Security 	<p>Member agencies and other interested partners i.e. schools & community groups</p> <p>Member agencies and other partners</p> <p>Member agencies, external partners, community groups</p>	<p>Increased opportunities for knowledge and information sharing</p> <p>Coordinated approach to communication of training opportunities and resources through PCP newsletter and at relevant meetings</p> <p>Coordinated displays and information dissemination in a variety of settings</p>	<p>Workshop participant questionnaire, Participating agency follow up sheet</p> <p>Newsletter archives, Newsletter satisfaction survey, number of agencies receiving newsletter</p> <p>Number of displays, number of information dissemination opportunities, extent of collaboration, number and type of settings i.e. schools, divisions of GP</p>	<p>Feb-Oct 2007 HPCC oversees workshop content, PCP staff oversee workshop administration</p> <p>Oct 2006-Oct 2007 PCP HP officer and Administration Officer to coordinate newsletter, Member agencies encouraged to provide content</p> <p>Oct 2006-Oct 2007 HPCC to identify opportunities and oversee</p>		

Program Goal:	To improve and strengthen the Brimbank Melton Primary Care Partnerships capacity to increase peoples access to safe, affordable, and culturally appropriate nutritious food.					
Population Target Group/s:	Key implementation partners within the Brimbank Melton Primary Care Partnership catchment					
Objective 3:	PCP members and staff to assist other agencies to promote the priority within their organisation and promote best practice collection and dissemination of food security information					
Intervention	Estimated Reach	Impact Indicators	Estimated evaluation method	Timelines & by whom	Estimated Budget from HP.	Estimated Other Funding sources
<ul style="list-style-type: none"> ➤ Work to support member agencies and other organisations that may not prioritise or identify food security as an issue for their client groups to identify opportunities to increase their understanding of relevant Food Security issues. ➤ Encourage and support agency and community involvement in a range of projects including the current work of local governments and community health 	Member agencies, partners, community groups	Increased awareness amongst member agencies and community groups about opportunities to promote healthy eating-food security	Number and types of agencies participating in food security projects	Feb 2007-Oct 2007 HPCC identifies agencies to support and engage		
	Member agencies, partners and community groups	Increased and improved collaborative partnerships in current healthy eating food security projects i.e. Food For All projects	Vic Health Partnership Analysis tool, individual project evaluation reports, reports at HPCC meetings	Feb 2006-Oct 2007 Opportunities for involvement in projects identified at HPCC meetings		

Evaluation Plan: Healthy Eating-Food Security

Goal	To improve and strengthen the Brimbank Melton Primary Care Partnerships capacity to increase peoples access to safe, affordable, and culturally appropriate nutritious food.			
Target Population				
Objective 1	To strengthen the health promotion capacity building processes of the Brimbank Melton Primary Care Partnership to promote Healthy Eating –Food Security over the next 12 months.			
Evaluation Questions	What do we need to know to decide if we have achieved the objective?	What information do we need to answer these questions?	How will this information be collected, by whom and by when?	Budget/ Resources
Strategies HPCC meets regularly Active participation by members at the HPCC meetings. Each member agency to present and provide relevant information and up to date evidence. Identification of relevant initiatives and collective submission development including the feasibility of a Food Security Council and /or establishing relevant working groups as required.	Process evaluation of strategies How many meetings were held and which agencies participated? What information and data evidence was presented and how was this utilized? What collective initiatives and submissions were undertaken? Which agencies were involved?	Number of meetings held and attendance Work carried out by member agencies Submissions and initiatives developed, partners involved	Minutes of HPCC meetings Discussions with HPCC Agency Feedback sheets/Survey	
	Impact evaluation of objectives Were there changes to collaborative work practices around Healthy Eating/Food Security between agencies as a result of participation in the HPCC? How did member agencies utilise the information presented at HPCC meetings?	Level of collaboration across the partnership regarding healthy eating food security Work practices	Vic Health partnership tool, mapping of food security healthy eating project work	

Evaluation Plan: Healthy Eating-Food Security

Goal	To improve and strengthen the Brimbank Melton Primary Care Partnerships capacity to increase peoples access to safe, affordable, and culturally appropriate nutritious food.			
Target Population				
Objective 2	Over the next 12 months members of the Brimbank Melton Primary Care Partnership to facilitate links between the HPCC and other organisations, professional groups, potential stakeholders, community groups and community members through information sharing and awareness raising activities.			
Evaluation Questions	What do we need to know to decide if we have achieved the objective?	What information do we need to answer these questions?	How will this information be collected, by whom and by when?	Budget/ Resources
<p>Strategies</p> <p>Utilise the skills of member agencies with direct involvement in Healthy Eating-Food Security projects in the development and facilitation of workshops and transferability of projects, knowledge and expertise.</p> <p>PCP staffing communicates regional and statewide training information and resources amongst agencies and ensure member agencies are aware of community groups and advocacy opportunities to promote healthy eating food security.</p> <p>Pursue a range of opportunities including social marketing and information dissemination such as external newsletters and displays at forums to promote Healthy Eating-Food Security</p>	<p>Process evaluation of strategies</p> <p>How many workshops were held, and which agencies were engaged?</p> <p>How was information communicated to agencies and how often? Was this information useful to agencies</p> <p>What social marketing and information dissemination strategies were utilised to promote healthy eating-food security?</p>	<p>Minutes of relevant meetings, records of workshop content, attendance records</p> <p>Records of agency correspondence i.e. newsletters</p> <p>Record of displays and other communication methods carried out and the target audiences</p>	<p>HP Officer Minutes of HPCC meetings and any working party's. Member agency survey Record of social marketing and information dissemination undertaken</p>	
	<p>Impact evaluation of objectives</p> <p>How did workshops and transferring of knowledge add value to work practices around Healthy Eating/Food Security HPCC? Were social marketing strategies effective in increasing awareness about healthy eating- food security?</p>	<p>Follow up sheets/discussions with targeted agencies/community groups</p>		

Evaluation Plan: Healthy Eating-Food Security

Goal	To improve and strengthen the Brimbank Melton Primary Care Partnerships capacity to increase peoples access to safe, affordable, and culturally appropriate nutritious food.			
Target Population				
Objective 3	PCP members and staff to assist other agencies to promote the priority within their organisation and promote best practice collection and dissemination of food security information			
Evaluation Questions	What do we need to know to decide if we have achieved the objective?	What information do we need to answer these questions?	How will this information be collected, by whom and by when?	Budget/ Resources
<p>Strategies</p> <p>Work to support member agencies and other organizations that may not prioritise or identify food security as an issue for their client groups to identify opportunities to increase their understanding of relevant Food Security issues.</p> <p>Encourage and support agency and community involvement in a range of projects including the current work of local governments and community health</p>	<p>Process evaluation of strategies</p> <p>What kind of support was offered to agencies to increase their understanding of relevant food insecurity issues?</p> <p>What projects did agencies have the opportunity to be involved in i.e. Food For All? Which agencies and /or community groups took part? What was their role?</p>	<p>Minutes of HPCC meetings and any working party's.</p> <p>Evaluations of Healthy Eating-Food Security projects</p>	<p>HP Officer</p> <p>Meetings with individual agencies</p> <p>Member agency survey</p>	
	<p>Impact evaluation of objectives</p> <p>Has the importance/understanding of food security-healthy eating increased amongst agencies?</p> <p>Have partnerships emerged/strengthened between agencies and with community groups as a result of participation in healthy eating-food security projects?</p>	<p>Integrated Health Promotion plans and work of member agencies</p> <p>VicHealth partnership tool</p> <p>Focus group discussions</p>		

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