Campaspe Primary Care Partnership

'Working Together for Healthy Communities'

Campaspe Primary Care Partnership

Strategic Plan 2013-2017

Contents

Foreword

We are proud of the continued partnership approaches we deliver at Campaspe PCP. The last four years has seen improvements from our members in embedding service coordination and chronic disease management with implementation of 12 organisation level initiatives that progressed care planning practices; improved intake and needs identification; strengthened communication processes - particularly e-referrals, and diabetes service developments. We are committed to continuing this quality improvement journey with our 2013-2017 priority areas extending those worked on over the last four years.

We have continued our strong catchment wide focus for integrated health promotion reducing fragmentation and duplication of effort. We are pooling the resources and skills of 12 member organisations for greater impact in our catchment wide plan for 2013-2017 with the extension of mental health and healthy eating priority areas. Our prevention focus in the last four years resulted in 15 workplaces engaged in workplace health promotion – Wellness at Work initiatives that engaged staff to create healthy policies, provide staff education and information and complete WorkHealth checks. Additionally, our focus on mental health promotion supported addressing problem gambling to achieve better mental health literacy and social connectedness.

Supporting leadership and collaboration with Njernda Aboriginal Corporation has been a key partnership activity since 2010. Campaspe PCP is facilitating the Aboriginal Health Partnership Group in conjunction with Njernda. We also developed a health promotion plan for Njernda Aboriginal Corporation with a key focus to coordinating smoking cessation strategies; mental health promotion and promoting cultural diversity; healthy lifestyles and chronic illness prevention and linking to education and employment strategies.

We have applied our robust partnership platform to the Healthy Communities Initiative, funded by the Australian government Department of Health and Ageing with Murray Shire as the lead alongside 11 implementation partners. This has provided Murray and Campaspe regions with funding for three community gardens (two within Aboriginal communities); five community kitchens; establishment of five strength and balance exercise programs in Murray shire; 12 Heart Foundation walking groups; along with eight other programs addressing physical activity and healthy eating targeting people with a disability, older adults and unemployed adults across our area. Developments with council infrastructure and strategic planning will complete this initiative in March 2014.

We understand our community needs and have recently developed our second Campaspe Health and Wellbeing Profile providing a terrific resource for member organisations to better understand and plan with our communities. Our strong connection and integration focus with local government has resulted in direct linkages with four priority areas within the Municipal Public Health and Wellbeing Plan for 2013-2017.

Campaspe PCP is committed to continuing to pursue the opportunities that our experienced and robust partnership can deliver to gain community benefits. Sustaining the value that PCP achieves is of paramount importance for us for this next four year period.

Merrin Prictor
Chair, Campaspe PCP Management Group

Emma Brentnall
Executive Officer

Introduction

The Primary Care Partnership Strategy (PCP) is a Victorian Government initiative that provides Primary Care Partnerships across the State with funding to strengthen relationships, improve service coordination, integrate health promotion activities and reduce the preventable use of hospital services. Each PCP represents a specific region within Victoria and forms a voluntary alliance with a range of service providers.

The main motivation for service providers to become PCP members is to improve relationships, reduce duplication of services, address gaps in service provision and achieve better health and wellbeing outcomes for their community.

Campaspe PCP fully supports the Department of Health goal for the statewide PCP strategy;

Partnership Goal

To strengthen collaboration and integration across sectors, in order to:

- maximise health and wellbeing outcomes
- promote health equity
- avoid unnecessary hospital presentations and admissions[1]

The foundation of PCP work is the partnership platform itself. Primary Care Partnerships are established networks of local health and human service organisations working together to find smarter ways of making the health system work better, so that the health of their communities is improved[1].

Our vision

Working together for healthy communities
Campaspe Primary Care Partnership will lead and assist members in building healthier communities through partnership, collaboration and integration

Campaspe PCP has a shared commitment to addressing health inequities and social determinants of health through the key domains of partnership work. These include;

- Partnering across sectors involving collaborative planning processes
- Integrating approaches to health promotion and prevention initiatives that enable healthy communities
- Early intervention and integrated care by ensuring better coordination and integration of the service system to improve the consumer journey
- Support for member organisations to improve and maintain community participation and involvement.
- Facilitating chronic disease service system integration and change management

[1] Statewide PCPs Communication Strategy 2012

Campaspe PCP acknowledges the traditional custodians of this land and extends respect to elders and all Aboriginal Australians. The diversity of the local community is one that is to be celebrated, promoted and enhanced.

The PCP works with the community, member organisations and the Department of Health on priority health needs of the Campaspe catchment and leads and assists members in building healthier communities through partnership, collaboration and integration.

The Campaspe PCP Strategic Plan for 2013-2017 reflects partner organisations commitment and contribution to this catchment plan by way of aligning priority issues and sharing responsibility for implementing objectives and strategies.

About Campaspe PCP

Campaspe PCP is one of 30 Primary Care Partnerships across Victoria that commenced in 2000 by the Victorian government. Today, Campaspe PCP has a diverse membership that reflects the social determinants of health with 32 members across the health and human services and the education sectors.

Campaspe PCP is governed by the Management Group. The function of the Management Group is to assume responsibility for the governance and management of the Primary Care Partnership as it relates to the municipality of Campaspe and to be accountable to the members for discharging this responsibility. The Partnership is supported by a Partnering Agreement which specifies the partnership rules and outlines the three levels of membership.

Campaspe PCP members have shared responsibilities through a portfolio structure. The two main portfolios are Integrated Health Promotion and Service Coordination. Echuca Regional Health is the portfolio holder for Integrated Health Promotion supported by the Health Promotion Leadership Group. Additionally, Kyabram and District Health Services is the portfolio holder for Service Coordination supported by the Service Coordination Steering Committee. The Shire of Campaspe fulfills the role of fund holder and Rochester and Elmore District Health Services is the employer organisation for the PCP staffing group.

Campaspe PCP have invested in providing quality data - the Campaspe PCP Community Health and Wellbeing Profile presents a broad range of data from a variety of sources, providing insight to the social and health status of the Campaspe PCP population. The profile has been used to inform and support this strategic plan particularly to define key priorities. This resource is also a valuable planning tool for Campaspe PCP members. It specifies data indicators for demographic characteristics; social determinants of health; access to health services; chronic disease risk factors; health screening and checks; prevalence of health conditions; families, children and young people; Older persons; mental health; social exclusion and support; environment including accidents, crimes and housing data.

http://www.campaspepcp.com.au/community-profile.php

Who are we?

Level 1 Members: Members of the Governing Board

Bendigo Health
Community Living and Respite Services
Echuca Regional Health
Goulburn Valley Health
Kyabram and District Health Services
Rochester and Elmore District Health Service
Shire of Campaspe
St Lukes Anglicare

Level 2 Members: Active Members participating in key portfolio area

Campaspe Cohuna Local learning and Employment Network
Campaspe Cohuna Youth Connections Inc.
Echuca Specialist School
Greater Murray YMCA
Intereach (NSW)
Kyabram Community and Learning Centre
Lifeline Central Victoria and Mallee
Lockington and District Bush Nursing Centre
Loddon Mallee Murray Medicare Local
Murray Human Services
Murray Shire Council
Njernda Aboriginal Corporation
Sports Focus
The Centre for Non Violence
Victoria Police Campaspe Police Service Area
Womens Health Loddon Mallee

Level 3 Members: Network and Information Sharing Members

Benetas
Centacare Sandhurst
Crossenvale Community Group Inc
Department of Primary Industries
Echuca Neighbourhood House
Haven Home Safe
Interchange Loddon Mallee
Kyabram P12 College
Rochester Community House
Rochester Secondary College
Rushworth Community House
St Augustine's College Kyabram
St Joseph's College Echuca
Tongala Community Activities Centre
Tongala and District Memorial Aged Care Services Inc.
Worktrainers

Strategic Framework

The Campaspe PCP Management Group has agreed on two key strategic areas to focus on for the 2013 – 2017 period.

1. Access to services - To determine service access needs within Campaspe and advocate for improvements that support better access to services
2. Improve health services availability and accessibility for young people in Campaspe

Underpinning the strategic areas are the guiding principles for Campaspe PCP. These include;

Partnership platform
Providing effective and accountable governance
Cross sector partnering
Supporting innovation, service developments and responding to emerging issues
Ensuring sustainability and viability of the value that PCP provides for our local area

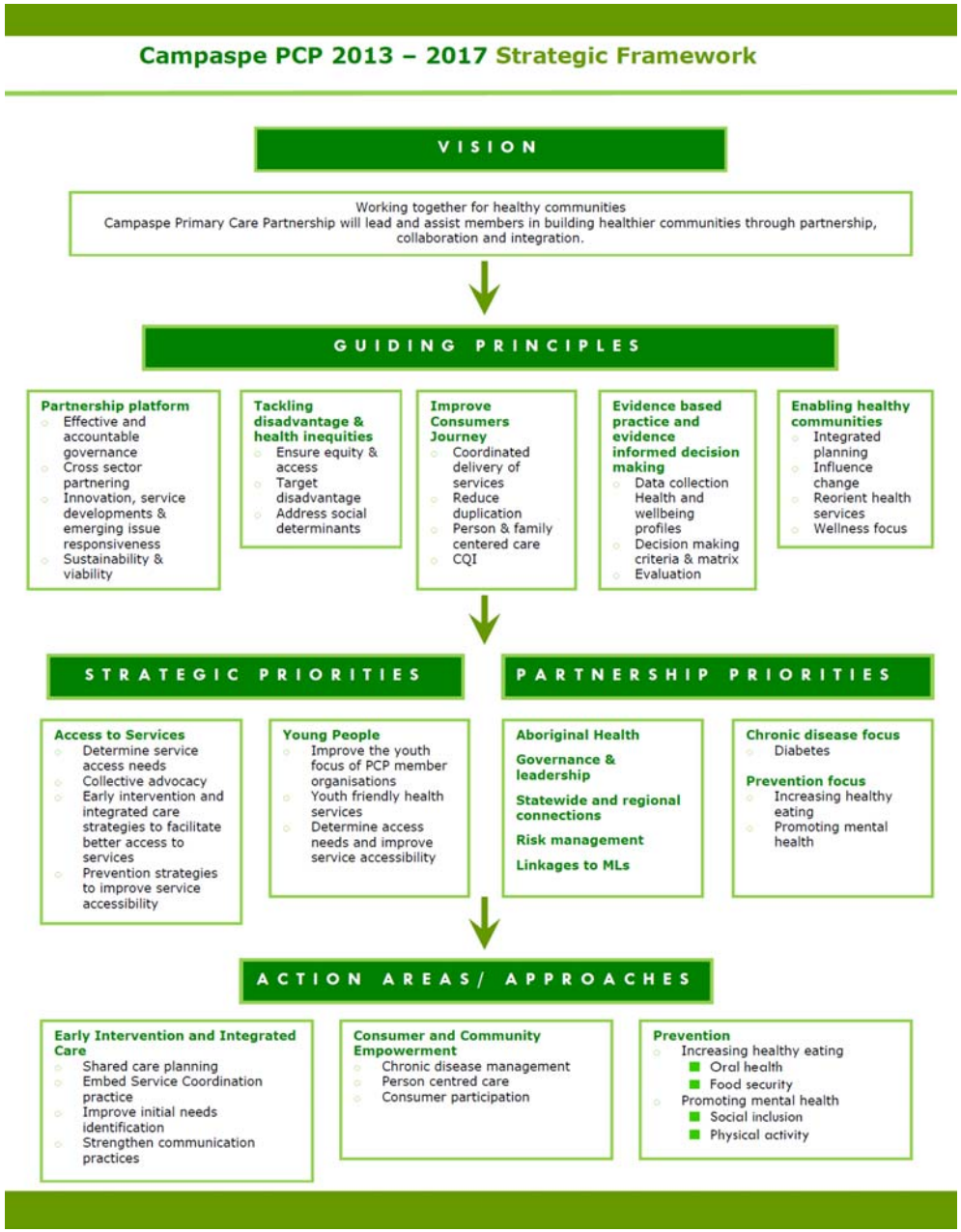
Tackling disadvantage and health inequities
Ensuring equity and access for all, particularly those most at need
Targeting at-risk or disadvantaged population groups for programs at an operational level
Addressing the social determinants of health

Improving the consumer journey
Striving for coordinated delivery of services
Reducing duplication of effort
Providing person and family centered care
Continuous quality improvement

Evidence based practice and evidence informed decision making
Maintaining Campaspe-specific data to aid planning and design of community level initiatives as well as providing indicators for success
Ensuring decisions are based on evidence of need
Application of evidence based approaches to health promotion interventions – making sure strategies are known to provide maximum impact
Evaluating progress and impact of the programs and strategies implemented

Enabling healthy communities
Integrating planning with member organisations and across PCP domains
Influencing change and improving practices
Reorienting health and community services
Focusing on wellness rather than illness.

These principles will be actioned by the three domains of early intervention and integrated care; consumer and community empowerment; and prevention. Operational plans are provided later in this document for each of these action areas or domains.



Partnership Plan

In addition to the partnership operations, the Campaspe PCP Management Group has identified two key strategic areas to advance in the 2013-2017 period along with core functions required to maintain the partnership operations.

Key Strategic Area

Access to Services

Objective 1

Determine service access needs within Campaspe and advocate for improvements that support better access to services

Key actions	Measures
Undertake data collection/needs assessment with partner organisations to identify consumers unmet need for services due to limitations with; - transport access - financial access and - service availability Conduct data collection over minimum 6 month period	Needs assessment report/documentation
Access/link with existing needs identification data - Medicare Local needs analysis reports - Taxi directorate data - Campaspe community planning groups - Loddon Mallee Health Alliance & government - telehealth initiatives - Transport Connections project findings and outcomes - Community bus/car programs	
Source mapping of current transport resources and program initiatives that address access issues within Campaspe	Advocacy plan
Create linkages with key stakeholders and investigate strategic opportunities	Governance group regular agenda item
Disseminate findings and outcomes with Campaspe PCP members	Dissemination of findings
Develop advocacy plan based on results - advocate to government and relevant organisations	

Key Strategic Area
Young people

Objective 2
Improve health services availability and accessibility for young people in Campaspe

Key actions	Measures
Identify health issues and service gaps for young people particularly for sexual and reproductive health; body image and mental health	Service availability mapping documentation Partnership arrangements with youth services Youth friendly health service audits completed with PCP members Improved youth focus by PCP member organisations
Partner with youth providers (ie. local government, Campaspe Cohuna Local Learning & Employment Network, Youth Partnerships, regional providers including headspace, schools, Centrelink, GPs and Campaspe Cohuna Youth Connections) to review access needs and identify opportunities to create better access for young people	Young people employed in local health services Increase in service access of young people
Develop youth friendly services and enhance service provider skills in working with young people	
Promote local health and community service employment opportunities with young people	

Key Area

Partnership Operations

Objective 3

Provide transparent governance and leadership

Key actions	Measures
Evaluate the governing board /partnership functionality	Evaluation survey conducted every 2 years
Review Partnering Agreement for implementation from 2015 – 2018/in line with new Funding and Service Agreement (FASA) timeframe	Partnering Agreement in place with membership
Ensure membership structures meet the needs of partner organisations	Membership survey
Continue to support portfolio leadership model; - Share responsibilities of the partnership between member organisations - Partners to chair working groups/steering committees	Portfolio and steering committee chairing roles undertaken by member organisations All decisions made transparently via Management Group
Support member participation in decision making – shared and transparent decision making - Priority setting - Planning workshops - Steering committee recommendations to Management group	Annual Partners review report
Implement the vision of the partnership and strategic framework - Support for chair and deputy chair roles - Partnerships with key stakeholders	

Objective 4

Provide Statewide and Regional PCP support and leadership

Key actions	Measures
Active participation in the Statewide Chairs and Executive Officers (EOs) networks to; - Progress advocacy for the PCP strategy - Implement statewide strategic directions - Partnerships with government departments and cross sector engagement	Alignment of statewide priorities and actions with local plans Regional progress of PCP domains Alignment of regional priorities with local plans

Active participation in the Loddon Mallee Region PCP Network including the Chairs and EOs group; EOs group and PCP Staffing Network group to; - share resources and learnings - regional opportunities - regional representation - collaboration and synergies between PCPs
Support implementation of regional Department of Health priorities

Objective 5
Continue to support partnership approaches to address Aboriginal Health through the Aboriginal Health Partnership Group

Key actions	Measures
Convene the local Aboriginal Health Partnership Group and support Njernda Aboriginal Corporation's leadership of this committee	Partnership Group evaluation and monitoring of progress and successes Njernda Aboriginal Corporation chairing of meetings and working groups
Undertake annual evaluation of the partnership group to ensure relevance for members participating	
Ensure relevant working groups are supported to progress the partnership plans	

Objective 6
Continue to progress linkages with Loddon Mallee Murray Medicare Local (LMMML)

Key actions	Measures
Support PCP partners participation with LMMML; act as conduit for information dissemination and provide coordination of linkages to programs as required	Participation in regular meetings with LMMML Participation in LMMML advisory groups
Progress opportunities for integration between ML programs/initiatives with PCP - Participate and contribute to regular meetings with LMMML executive staff	Partner with LMMML on agreed initiatives
Participate (where relevant) in LMMML advisory/reference groups as a non-member stakeholder	

Support participation by LMMML staff in local working groups where relevant	

Objective 7
Manage the risks for Campaspe PCP

Key actions	Measures
Financial viability Continue to monitor and review the financial viability of Campaspe PCP considering appropriate feasibility measures as required	Budget planning and forecasting
Source funding options if available that support and align with the strategic framework	Source funding options Conduct annual audit of members contributions and implementation of PCP Strategic plan
Partner capacity Monitor partners capacity to implement the operational plans outlined in the Strategic plan	Monitoring of PCP staffing group capacities
Monitor partners capacity to implement the key strategic goals	
Workforce capacity Continue to monitor and review the staffing needs of the Campaspe PCP team in line with DH requirements and funding	

Early Intervention and Integrated Care
Operational plan

Key Area
Service Coordination practice

Goal:	Embed Service Coordination practice in all relevant PCP member organisations		
Partners:	Shire of Campaspe; Rochester & Elmore District Health Service; Echuca Regional Health; Kyabram & District Health Services; Goulburn Valley Health; Bendigo Health; Community Living & Respite Services, St Lukes Lockington & District Bush Nursing Centre, Njernda Aboriginal Corporation		
Objectives	**Strategies**	**Timeframe/ When**	**Measures**
Integration of the Service coordination framework into orientation processes	Audit members orientation processes for inclusion of service coordination information, namely; - Victorian Service Coordination Practice Manual - Service Coordination Tool Templates and - Connectingcare	December 2013 – March 2014	Audit results
	Provide members with standard rationale and training tools to add Service coordination framework principles into orientation programs based on improved consumer outcome aims/no wrong door/better access to services	December 2013 – August 2014	Feedback from orientation participants
	Explore opportunity to take key new staff on bus tour of services throughout Campaspe and promote service coordination framework throughout journey	March 2014	Participation in orientation
Ensure health practitioners participate in service coordination	Encourage uptake of the Service Coordination Online Learning Module - e-learning tool to support the practice of Service Coordination	Ongoing	Training participation by new and existing staff
	Encourage uptake of the Service Coordination Tool Template (SCTT) Online Module e-learning tool to support the implementation of the SCTT	Ongoing	

workforce development opportunities	2012 suite of templates		
	Promote participation in Department of Health funded Service Coordination course (6 places available for Campaspe; 40 hour course available from Chisholm TAFE in Bendigo or via videoconference/virtual classroom for senior clinicians and middle managers; 3 days with tutor, 2 days offline). Purpose of the training: *To build capacity within organisations to embed SC practice across the whole of organisation, by providing education (course qualifications) to staff who support organisational change management and build staff capacity (e.g. Continuous Quality Improvement; Policy Development; Professional Development).*	2014	
	Provide training on the Victorian Service Coordination Practice Manual and practice standards to member organisations	Ongoing	>70% of referrals sent using the SCTT
Facilitate sharing of good practice that enhances service coordination	Provide workforce development in health literacy and its application within the Service Coordination framework	April 2014	
	Conduct service coordination forums to showcase good practice, service information and knowledge, and networking opportunities.	Annually/bi-annual	Forum participant satisfaction & learnings
Ensure all [relevant] PCP members participate in the annual service coordination survey	Timely communication to members that participation in the annual survey is a PCP membership requirement within the Partnering Agreement Review survey questions adequacy in meeting quality improvement needs – *do we need to report more measures than the current basic survey?* Support and coordinate participation in annual survey	August – October annually	90% of [relevant] PCP members conduct survey annually
Consult with consumers for feedback on re-telling of story and system navigation	Survey consumers and conduct focus groups to gain feedback on service coordination processes through the consumer journey/experience	December 2013 – August 2014	

Key Area

Needs Identification

Goal:	To identify consumer needs to improve opportunities for early intervention		
Partners:	Shire of Campaspe; Rochester & Elmore District Health Service; Echuca Regional Health; Kyabram & District Health Services; Goulburn Valley Health; Bendigo Health; Community Living & Respite Services, St Lukes		
Objectives	**Strategies**	**Timeframe/ When**	**Measures**
Improve needs identification (INI) processes	Design an INI audit tool based on the step-by-step Victorian Service Coordination Practice Manual flowchart Review intake and INI processes for each Level 1 member organisation Review organisations ability to implement the SCTT One page screener as minimum practice for INI Determine opportunities for improvement in needs identification for each organisation by preparing a quality improvement plan addressing audit results	September 2014 – May 2015	INI audit of agency practices Organisation Quality Plans that address INI
	Consult with consumers on needs identification processes particularly Service Coordination Tool Template (SCTT) One page screener (consumer version) and gain feedback on process satisfaction	September – November 2014	Community consultation
	Promote recognition of when needs identification should occur (and when it is not required)	September 2014 – May 2015	>70% of consumers had an initial needs identification conducted
	Explore non-funded intake models and their applicability to Campaspe members		Models shared with SCSC
	Seek funding opportunities as they arise that supports INI & intake practice		Funding applications made
Encourage INI outcomes to be	Ensure needs identification outcomes are included in Communication agreements to be developed with GPs		>70% of INI processes have

shared in referral and feedback processes			resulted in documented decisions about referrals and assessments
Advocate for software management systems to update to SCTT12	Develop template letter for member organisations to request SCTT12 upgrade with software vendors Member agencies to each request SCTT12 forms to be incorporated into client information management system software/with relevant vendors	By December 2014	70% of client management software have SCTT12 embedded

Key Area
Communication

Key area:	Communication		
Goal:	Strengthen communication practices across PCP members and with GPs & private providers		
Partners:	Shire of Campaspe; Rochester & Elmore District Health Service; Echuca Regional Health; Kyabram & District Health Services; Goulburn Valley Health; Bendigo Health; Community Living & Respite Services, St Lukes GP Practices; Loddon Mallee Murray Medicare Local; Private providers		
Objectives	**Strategies**	**Timeframe/ When**	**Measures**
Improve service/ program knowledge and awareness	Provide GP practices with up-to-date service information; eligibility and key contact information - Service profiles to be prepared by organisations and circulated to GPs and GP practices - Distribute service directories to GPs and GP practices	Ongoing	Improved sharing of consumer information on referrals received by PCP members
Develop local communication agreements to support quality referral; referral outcomes and care planning feedback	PCP to develop local communication agreement template including (to be based on best practice examples) - Use of General Practice Referral template (new VSRF) as standard referral tool - Referral acknowledgement - Needs identified and reason for referral - GP referral outcome feedback tools to be developed specific to service/program areas ie HACC; disability, allied health, mental health - GP care planning feedback tools to be developed for Chronic disease management Member organisations to approach GP practices (where possible) with communication improvement suggestions (agreement template) and modify if necessary/as required Stage approaches by local area ie. Echuca; Rochester; Kyabram; Rushworth & Lockington	May 2015 – January 2016	Local agreements developed

	Implement local communication agreements; review processes regularly to ensure communication tools are being used and provide useful information		Local agreements implemented
Improve quality of referrals from acute to community services	Work with acute/hospitals and encourage to share consumer information when referring to community based services	Ongoing	Improved quality of referrals from acute services
Ensure referral and acknowledgement practices are being conducted securely	Encourage secure messaging processes are applied by all PCP members	Ongoing	Number of e-referrals and messages via Connectingcare
Support interface applications of electronic data/ communication systems	Explore Argus (GP messaging program) and Connectingcare interface; determine suitability for adoption/local application initially within Kyabram. Review for other Campaspe based services if warranted	November 2013 – June 2014	Local referrals from Argus to Connectingcare
	Explore other applications that facilitate shared care planning as they arise	Ongoing	

Key Area

Shared Care Planning

Goal:	Improve shared care planning practices across PCP members		
Partners:	Shire of Campaspe; Rochester & Elmore District Health Service; Echuca Regional Health; Kyabram & District Health Services; Goulburn Valley Health; Bendigo Health; Community Living & Respite Services, St Lukes GP Practices; Loddon Mallee Murray Medicare Local; Private providers		
Objectives	**Strategies**	**Timeframe/ When**	**Measures**
Implement local agreement for shared support/case planning	Identify barriers that have prevented organisations implementing the *Care Planning key worker roles and responsibilities* document/agreement - Review and update Campaspe care planning key worker roles and responsibilities document (include SCTT12 updated resources)	By February 2014	Use of SCTT12 Shared support plan Implementation of care planning agreement
	Support PCP members that have not implemented local agreement to date with care planning training package	January – August 2016	Training conducted
	Educate health practitioners on the triggers/alerts for when to instigate a shared care/support plan	January – August 2016	>70% of consumers with multiple or complex needs who are receiving services from more than one service provider have a shared care/case plan
Promote case conferencing options	Review case conferencing requirements and communicate needs Members to instigate case conferencing for chronic and complex consumers	January – August 2016	
Ensure consumer participation in shared	Person-centered care approaches applied in practice – chronic and complex consumers to be involved in development of shared care plans	Ongoing	

support/care plan process			
Communicate shared care plan with consumers GP	Ensure care plan outcomes are included in Communication agreements to be developed with GPs	Ongoing	
Investigate suitable e-care planning software	As opportunities arise	Ongoing	

Consumer and Community Empowerment
Operational plan

Key Area
Chronic Disease Management

Goal:	All Level 1 members will improve diabetes chronic disease management practices/ person centred care practices within organisations and the service system		
Partners:	Shire of Campaspe; Rochester & Elmore District Health Service; Echuca Regional Health; Kyabram & District Health Services; Goulburn Valley Health; Bendigo Health; Community Living & Respite Services, St Lukes Njernda Medical Practice/Aboriginal Corporation, GP Practices; Loddon Mallee Murray Medicare Local; Private providers		
Objectives	**Strategies**	**Timeframe/ When**	**Measures**
Re-establish focus by members on chronic disease management practices to meet the needs for chronic and complex consumers	All L1 member organisations to re-visit Chronic Disease management principles including the Wagner Chronic Care Model; provide training resource/powerpoint to organisations to support this review process	December 2013 – June 2014	Agenda item at team meeting
	Identify barriers that have prevented organisations implementing the *Self Management roles and responsibilities* document/agreement - Review relevance of the Self-Management Roles and Responsibilities agreement	By February 2014	Agreement review outcomes documented
	Review and explore development of a 'how to' guide for ACIC & PACIC survey use; ensure member organisations are knowledgeable in using and interpreting results of the surveys	January – April 2014	Guides developed/sourced
	Undertake Assessment of Chronic Illness Care (ACIC) Survey with each organisation and prepare priority recommendations (baseline and follow-up survey after 2 years)	2014 & 2016	ACIC completion
	Develop organisation based work plans that address the ACIC priority recommendations that are achievable and localized for each organisation	July – September 2014	Improvement in ACIC key areas Improvements in PACIC

	Undertake Improvement in the Patient Assessment of Chronic Illness Care (PACIC) Survey (based on previous 6 months of consumer activity)	Early 2015 & 2017	PACIC completion
Improve disease management practices to meet the needs for Aboriginal chronic and complex consumers	Continue to support implementation of Njernda Aboriginal Corporations Chronic Care work plan and working arrangements with Echuca Regional Health and other providers as required	Ongoing	
Encourage members to upskill staff in chronic disease management practices	Alert member organisations to training opportunities for chronic disease management and person-centred care planning approaches	Ongoing	

Key Area

Consumer Participation

Goal:	Support ongoing consumer involvement practices in PCP and member organisations		
Partners:	L1 members: Shire of Campaspe; Rochester & Elmore District Health Service; Echuca Regional Health; Kyabram & District Health Services; Goulburn Valley Health; Bendigo Health; Community Living & Respite Services, St Lukes		
Objectives	**Strategies**	**Timeframe/ When**	**Measures**
Support members to engage with consumers and apply consumer participation processes particularly for - young people - Aboriginal people	Ensure consumer participation resources developed are available to member organisations		
	Continue to have standing agenda item at SCSC meetings to share programs/strategies and learnings on consumer participation practices across PCP members		
	Promote consumer stories with PCP publications (bulletins, newsletters) and forums		

Support engagement and empowerment strategies detailed in the *Early Intervention and Integrated Care operational plan*	Engage and consult with consumers to gain insight, knowledge and feedback on service coordination practices particularly system navigation, needs identification, re-telling of information and care planning – refer to key areas – Embed Service Coordination and Needs Identification		
	Person-centered care approaches applied in practice – chronic and complex consumers to be involved in development of shared care plans	Ongoing	
Support engagement and empowerment strategies detailed in the *Prevention/ Integrated Health Promotion operational plan*	Engage with consumers and recruit participation in Oral Health working group – refer to IHP Catchment plan key area Oral Health		
	Engage with consumers regarding food security issues locally – refer to IHP Catchment plan key area Food Security		
	Member organisations to conduct community engagement to identify areas within own organisation (physical and social) that are contributing to perceived discrimination – refer to IHP Catchment plan key area Mental Health promotion		

Prevention Operational Plan

Priority Area
Increasing Healthy Eating – Oral health

Problem Definition/Rationale

Oral health is increasingly being recognised a significant health issue. Improving oral health is one of the nine priority health areas identified in the Victorian Health and Wellbeing Plan (VPHWP) 2011-2015. Oral health is fundamental to an individual's overall health and wellbeing status and quality of life. In addition poor oral health not only affects an individual through pain, discomfort and embarrassment but it also affects the general population through economic and health system costs.
The need to address oral health relates to;

- Community identified need;
- The ability to integrate priorities and programs and strong potential for intersectoral collaboration by working with other service sectors;
- Ambulatory care sensitive conditions (ACSCs) are considered one indicator of unmet demand for dental services. Hospitalisations for oral health related conditions for the age groups 0-4, 5-9 and 10-14 in Campaspe have consistently been above the state average. In 2010-2011 dental conditions represent the highest number of admissions in Campaspe of all conditions for children aged 0-4 and 10-14 years.
- There is a four chair public dental clinic in Campaspe Shire at Echuca Regional Health. Some communities are nearer public dental services in Bendigo (Bendigo Health Care Group) and Shepparton (Goulburn Valley Health). Residents of the townships of Colbinabbin, Rushworth and Stanhope are more than 50 km from a public dental service.
- The only townships which have fluoridated water supplies are Echuca, Kyabram and Tongala. The rest of the water supplies within the Shire are not fluoridated.
- Poor oral health is a significant health issue in Campaspe and oral health conditions are expensive to treat. It is important to take a health promoting and preventative approach to address this issue.

Summary of Interventions – Oral Health

The integrated health promotion interventions planned for the priority area of Oral Health will be informed by an initial phase of community consultation with "at risk" consumers to identify barriers they face accessing dental services.
The primary target groups are:

- Aboriginal

- Aged (65+)People living with a disability
- People living with mental illness.

Based on the findings of the needs assessment, a working group will be established to support organisational development and address the identified barriers. The findings will also be presented to local community health, primary care and private dental practitioners at a forum.

Increasing the oral health promotion (OHP) knowledge of local health professionals and informing them of the identified access barriers to dental care will implemented at an organisational level through an "Oral Health Champion" model. The champions will coordinate the oral health strategies within their organisation and identify program areas and staff for oral health promotion training.

The oral health literacy of the primary target groups will also be targeted through the delivery of dental health education and settings-based interventions through the local community health organisations.

An advocacy strategy will be developed for increased fluoride access for non-fluoridated Campaspe communities. The primary aim will be to secure fluoridated water for these communities with a secondary goal of promoting other means of accessing fluoride for improved oral health.

Enablers	**Health Promotion** Interventions
Workforce ○ Build capacity of local professionals in Oral Health Promotion and fluoridation ○ IHP workforce to participate in developing an advocacy strategy *Continuous quality improvement* ○ Evaluation embedded into strategies ○ Organisational development in response to community consultation *Consumer and community engagement* ○ Initial needs assessment undertaken with target groups to identify access issues and barriers. Results will inform interventions.	○ Information or education increasing self-efficacy and health literacy ○ Create supportive environments ○ Strengthen community action ○ Screening, individual risk assessment ○ Social marketing ○ Reorienting Health Services

Priority Area	**Oral Health**			
Goal: To improve oral health outcomes for "at-risk" groups across the Shire of Campaspe				
Target Population Group/s	Primary target groups 'At risk'; ○ Aboriginals - access and participation ○ 65+ year olds - Aged & Disability – Planned Activity Groups (nutrition based information) ○ People with Disabilities living independently (including carers) ○ People with Mental Illness – priority group, low uptake Secondary target groups'; ○ 10 – 14 year olds – transition children to adolescence/tweens - gap, evidence of high caries ○ Mums and bubs – Maternal Child Health; key ages and stages visits monitor & support ○ Health Professionals/Clinicians – Capacity Building ○ Early years settings (via Smiles for Miles)			
Budget and Resources (include evaluation budget)	EFT: ERH (0.3), KDHS (0.15), CPCP HPPM (0.1) In kind: SoC, CLRS, St Lukes, Bendigo Health, Njernda, REDHS			
Key evaluation question/s	Decrease in ACSC hospital admissions for dental conditions Is there an increase in 'at risk; groups accessing dental services? Is there an increase in relevant organisations using a partnership approach to support oral health promotion? Do health professionals report increased oral health literacy levels? Are we reaching the relevant target groups? Do the target groups have increased oral health literacy levels and improved knowledge of good oral health practices? Increased fruit and vegetable consumption (VPHS) Is there an increase in fluoride access for Campaspe communities without fluoridation?			
1. Objective 1	**Impact indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
To improve 'at risk' target groups access to dental services and support relevant organisations in creating a supportive environment for oral health promotion via a partnership approach.	• 20% increase in at risk target groups accessing local dental services i.e. ERH • 100% of relevant member organisations implement changes that support	As per strategies	2013-2017	ERH, Njernda, PCP, CLRS, SoC, KDHS, St Lukes

	increasing target group access • Improved members knowledge of oral health barriers and increase ability to use information to inform behaviour • Increase in referrals to dental services			
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
1.1. Consult with 'at risk' dental consumers to identify barriers to accessing services (needs assessment). - Support Loddon Mallee Region Closing the Gap Oral Health project: link to consultation & Model of Care	• At risk target groups participate in consultation • Barriers to accessing dental services identified, results communicated, • Key stakeholders consulted	Focus groups with relevant target groups Survey Process report template: to be completed by each professional undertaking consultations with target group (set questions, who was consulted, outcomes, etc)	2013-2014 6 months Refer to 1.2	ERH, Njernda, PCP, CLRS, SoC, St Lukes, KDHS, Bendigo Health LM Oral Health Network
1.2. Establish a working group with key partners to support organisational development needs and address identified barriers. - Gain baseline information on current consumer groups accessing dental services - Investigate familiarisation program for ATSI & Disability (including children) i.e. DHSV & Smiles 4 Miles - Develop recommendations /strategies that will address the identified barriers for organisations to adopt. i.e. cultural understanding, accessibility, challenging	• Working group formed • 100% of relevant organisations represented/participate in the working group • Number of organisations participate in cultural awareness/understanding programs • Dental health promotional material targeting at risk groups developed Who is distributing material? How many people are receiving material/information?	Local/state data sources Meeting minutes Working group progress reports (to be completed quarterly) LM region ATSI oral health survey	Working group to be established by early 2014 Meetings to be held bi-monthly	Public dental service Njernda CLRS ERH HP PCP (Secretariat) Loddon Mallee Oral Health Network

behaviours, transport. - Support the public and private dental services to develop and implement procedures and policies that address the barriers - Promote to the consumers the public and private dental services available - Link with LMARG to promote ATSI Oral Health promotional material - Distribute ERH Dental flyers with fee schedule				
1.3. Investigate use of oral health screening and assessment tools across services and referral to dental services and promote oral health messages where possible - Advocate for use of oral health screening in general health checks with relevant services - Promote the development of oral health care plans for high need consumers - Review LMR Oral Health Network Model of Care and implementation of needs for Campaspe services	• Use of health and chronic conditions SCTT profile • Number of oral health screening and assessment tools used • Number of health professionals / organisations incorporating oral health into health assessments	Audit of local health services Pre/Post survey of providers (regarding screening tools and consumer care plans implemented)	2015-2017	PCP, KDHS, ERH, CLRS, Njernda, SoC, St Lukes, Bendigo Health All PCP partners

2. Objective 2	Impact indicators	Evaluation methods/tools	Timelines	Responsibilities
By the end of 2017 increase the oral health promotion knowledge and expertise of local health professionals and organisations in Campaspe and inform them of the issues facing the 'at risk' target groups	• 75% of relevant PCP member organisations have completed oral health promotion training • 80% of training attendees report increase in knowledge and skills • Oral health packages relevant to target groups	As per strategies	2013-2017	ERH, SoC, KDHS, ERH, Njernda, CLRS
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
2.1. Host a forum to present findings of consultations to local health professionals and organisations including; - Community Health - Primary Care - Private/public dental - Participants of consultations	• Number of people attending forum • Participant changes in knowledge	Forum feedback	2014	PCP All partners
2.2. Member organisations to identify and support an oral health champion to assist the development and implementation of oral health strategies within their organisation - identify program areas for oral health promotion training	• Number of oral health champions identified • Number of organisations who participate	Database of oral health champions to be developed and updated by PCP as necessary	2014-2017	SoC, KDHS, ERH, Njernda, CLRS, PCP
2.3. Advocacy/mapping of current training: Build on existing oral health promotion training	• Oral health promotion training package/s developed	Availability of education training packages Resource list	2014-2015	ERH HP & ERH dental to develop. ERH to deliver with

packages (relevant to nominated target groups) to suit member organisations and community groups including; - Community Health - Maternal Child Health - HACC & PAG - Pools & leisure - Disability Carers	• How many groups participating in training			options for local CH to deliver training pending capacity.
2.4. Investigate and conduct training for health professionals in oral health promotion	• Number of health professionals receiving oral health promotion training	Training session feedback forms: post session to determine participant changes in knowledge, satisfaction with content	2015-2017	SoC, KDHS, ERH, Njernda, CLRS, REDHS

3. Objective 3	Impact indicators	Evaluation methods/tools	Timelines	Responsibilities
By 2017 improve the dental health literacy of our target groups through delivery of a dental health education program through a settings approach	• Increased dental health skills and knowledge of consumers	As per strategies	2015-2017	KDHS, ERH, SoC, CLRS, Njernda
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
3.1. Member organisations to determine settings for intervention and opportunities to integrate into other programs / education sessions - PAG groups - Schools - Club teen - Mother's groups - Sports & Leisure facilities - Parent engagement - Align with achievement program as appropriate	• Number of settings identified	Database of settings developed and updated as necessary Training Plan	2015	KDHS, ERH, SoC, CLRS, Njernda
3.2. Community health services to develop (or source) and deliver oral health education to settings within geographical area or as determined i.e. Smiles for Miles and other existing programs	• Number of education sessions conducted • Relevant target groups receiving education; people with disabilities and mental illness, Aboriginal, older people	Registration and attendance lists Training session feedback forms: post session	2016	ERH, KDHS
3.3. Social marketing publication: Develop and distribute bi-monthly newsletter/tip-sheet including oral health promotion messages as per annual communication strategy	• Number of tip sheets/newsletters developed • Number of recipients of tip sheet and how it is used	Social Marketing Survey Copy of publications Communication Strategy	Communication Strategy annually Tip sheet 2013-2017	PCP Partners to contribute content

4. Objective 4	Impact indicators	Evaluation methods/tools	Timelines	Responsibilities
Advocate for fluoride access for non-fluoridated Campaspe communities by the end of 2017	• At least two Campaspe communities have implemented alternative strategies to address water fluoridation • Increased opportunities for fluoridation for community members	As per strategies	2013-2017	PCP, SoC, ERH
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
4.1. Develop an advocacy strategy to support water fluoridation for non-fluoridated Campaspe communities - Problem definition - Solutions - Community Action	• Advocacy strategy developed	Advocacy strategy	2014	PCP, SoC, ERH
4.2. Promote other means for fluoride access and promote oral health messages in communities without fluoridation i.e. fluoridated bottled water; consumption of food processed in fluoridated communities; fluoride varnish programs etc.	• Fluoride programs and messages promoted • Who is receiving fluoride information and oral health messages	Process report detailing promotional material reach and frequency	2015-2017	PCP All partners, as appropriate
4.3. Support the Shire of Campaspe oral health advocacy and align with the MPHWP oral health priority area where appropriate	• Number of strategies aligning	Campaspe PCP IHP Catchment wide plan 2013-2017 SoC MPHWP	2013-2017	PCP All partners, as appropriate
Evaluation design	A mix of qualitative and quantitative evaluation designs will be implemented to undertake process and impact evaluation. This includes; pre & post comparison surveys, focus groups, local data sources, progress reports, meeting minutes and audits. Local data will also be sourced from the Victorian Population Health Survey and NHPA			

	Myhealthycommunities.gov.au measures. Work with Local Government to support coordination of strategy implementation and evaluation between IHP Plan & MPHWP
Data analysis and interpretation	Qualitative analysis will identify and group themes Quantitative – frequency measurements and statistical calculations
Evaluation dissemination	All evaluation results will be reported to Department of Health annually Evaluation report communicated to PCP member agencies on an annual basis. The secretary will distribute meeting minutes and supporting documents to all key agencies and consumer representatives Regular reporting at Management/Board meetings Evaluation dissemination will occur through local newsletters, summary reports, updates on Campaspe PCP, ERH & KDHS websites and through working group/partnership meetings.

Priority Area

Increasing Healthy Eating – Food security

Problem Definition/Rationale

Adequate and nutritious food is a basic human right and the basis of good health. A large number of Australians do not have regular access to affordable and nutritious food. The complexity of food security encourages us to implement an integrated health promotion approach to addressing the issue. To address food security we need to take a social determinants approach and examine why people are experiencing food insecurity; is it because it is not affordable, not available or that they do not have the skills and knowledge to prepare and cook their own food? It is important that we determine the underlying cause and implement a range of different interventions and capacity building strategies if we are to be effective.

Food security is a concern for everyone not just the individual. On an individual scale; dignity, hunger, and anxiety affects overall health and wellbeing status. Individuals can experience food insecurity by not necessarily relying on emergency food but buying cheaper food with less nutritional content.

The need to address food security relates to;

- The opportunity to build on current health promotion work being implemented to address food security;
- Community identified need;
- The 2008 Victorian Population Health Survey found that 1 in 20 individuals reported running out of food in the last 12 months. According to Community Indicators Victoria (2007) 5.6% of respondents living in Campaspe had experienced food insecurity (ran out of food in the previous 12 months and could not afford to buy more) compared to 7.6% regionally and 6% state-wide.
- In 2008 compared to Victoria, there were a much higher proportion of the Campaspe population that reported not being able to access the quality or variety of food they wanted because 'Some foods are too expensive' (36.5% compared to 28.3%).

Summary of Interventions – Food Security

The food security priority area will focus on population groups who are experiencing poverty and are already linked to services. These target groups include:

- Low income earners
- People with insecure housing or those experiencing homelessness
- Single parent households
- People living independently with a disability
- Aboriginal people
- Older adults (65+)

Initial strategies include consulting with the target groups and reviewing current data to determine the main barriers to food security within these populations. Following this, strategies will be developed to address the identified barriers. Work will also continue to support programs that are already in place such as community kitchens, gardens and breakfast programs.

Is it envisaged that programs and education sessions on budgeting, healthy eating, cooking skills and links to community kitchen and gardens will be offered to the target populations. Linkages will be made with local emergency food relief providers and package content will be reviewed to provide healthy recipes tailored to these packages and available cooking facilities. Financial literacy programs will also be investigated and delivered as appropriate.

Enablers	**Health Promotion** Interventions
Workforce ○ Build capacity of local professionals in food security *Continuous quality improvement* ○ Evaluation embedded into strategies ○ Review equity in programs	○ Participation opportunities leading to increased healthy eating ○ Information or education increasing self-efficacy and health literacy ○ Create supportive environments ○ Strengthen community action ○ Practical skill development

Priority Area	Food Security			
Goal: To increase knowledge of and access to affordable nutritious foods for 'at risk' groups in Campaspe				
Target Population Group/s	Low income earners People with insecure housing or those experiencing homelessness Single parent households People with disabilities Aboriginals Older Adults (65+)			
Budget and Resources (include evaluation budget)	EFT: ERH (0.3), KDHS (0.1), PCP (0.1) In kind: St Lukes, CRLS, Njernda, REDHS, GVH, SoC, Murray Shire, ENH, REDHS			
Key evaluation question/s	A decrease in the percentage of the Campaspe population that report not being able to access the quality or variety of foods they wanted because "some foods are too expensive" (VPHS) Increased fruit and vegetable consumption (VPHS) Are we creating environments that support increased access to fresh and nutritious food? Is there increase availability of fresh and nutritious food for our target groups? Are we delivering programs that address food security issues for our target groups?			
1. Objective 1	**Impact indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
By 2017 create supportive environments which facilitate increased access and availability to fresh and nutritious foods	• Increased physical access to fresh and nutritious food • 80% of early years settings accredited with Healthy Together Achievement Program • Increase in the number of workplaces in Campaspe participating in Healthy Together Workplace Achievement Program • Greater community and professional awareness of	As per strategies	2013-2017	PCP, ERH, KDHS, St Lukes, CLRS, Njernda

	food security issues and barriers			
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
1.1. Conduct a needs assessment/ community consultation with target groups to; - Determine issues with food security - identify barriers to food security in Campaspe - Map relevant programs - Compare cost/availability of fresh fruit and vegetables across Campaspe	• Needs assessment completed, results disseminated • Number of community members consulted • Survey data to include disaggregated data; age, gender, culture, income, housing, disability	Focus Group Survey Process report template: to be completed by each professional undertaking consultations with target group (outlining who was consulted, outcomes, etc) Local and state data sources (Victorian Population Health Survey, CIV) Informal interviews: to capture information regarding existing/relevant programs Meals on Wheels consumer survey	2015	PCP, ERH, KDHS, St Lukes, CLRS, Njernda, SoC, REDHS, GVH
1.2. Develop recommendations for strategies based on outcomes of community consultation (i.e., transport options) and assist relevant member agencies to implement strategies	• Strategies identified and communicated	Recommendation report	2015	SoC, PCP
1.3. Support healthy eating initiatives that target at risk groups including; - Healthy Together Achievement Programs - School breakfast programs (Food Bank) - Workplace programs	• Number of schools with breakfast programs • Number of schools registered for the Healthy Together Achievement program	HTV Achievement Program database Activity Report Form completed by CH/HP when support provided	Ongoing By 2017	Community Health: KDHS, REDHS, ERH, GV Health

1.4. Support ongoing sustainability of the Healthy Communities Initiative including Community Kitchens and Community Gardens	• Healthy lifestyle programs continue post 2014 • Funding applications made	Annual mapping of program availability	2013-2017 Post March 2014	HCI partners; KDHS, ERH, REDHS, CLRS, Murray Shire, Njernda, ENH, SoC
1.5. Review Service Agreements with Community/neighbourhood houses for potential of annual contribution to programming towards food security education/workshops & existing Community Kitchens and Gardens	• Service agreements reviewed • Number of changes to current service agreements	Review of Annual Service Agreements	Annually	SoC, PCP
1.6. Ensure all programs are applying equity and inclusion principals by conducting audit of programs	• Number of members programs audited with equity tool	Equity and inclusion checklist	Initial audit 2014 Annual follow up	PCP
1.7. Support the Shire of Campaspe and align with the MPHWP food security priority area where appropriate	• Number of strategies aligning	Campaspe PCP IHP Catchment wide plan 2013-2017 SoC MPHWP	Ongoing, as necessary	PCP SoC, All partners, as appropriate

2. Objective 2	Impact indicators	Evaluation methods/tools	Timelines	Responsibilities
By 2017, deliver a range of programs to address the food security issues identified for 'at risk' population groups	• Increased knowledge and skills of healthy food preparation • Increased consumption of nutritious food • Increased stability and regular healthy food use	As per strategies	2013-2017	ERH, KDHS, St Lukes, PCP, Njernda
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
2.1. Offer nutrition education sessions to 'at risk' groups and provide incentives to attend. - Including education/Information on budgeting, healthy eating, basic cooking skills, promotion of easy/affordable recipes - Promote access to local community kitchens & gardens	• Number of education session delivered • Attendance rates at education sessions • Participant changes in knowledge, satisfaction with content	Health information session feedback forms: post session	2015-2017	CH, ERH, KDHS, St Lukes
2.2. Engage local emergency food relief providers and review food relief packages content. Determine healthy food options within the packages and provide; - Information regarding budgeting, healthy eating, basic cooking skills, promotion of	• Development of resource • Review of emergency food relief packages undertaken • Changes to food relief content • Referrals to CK & CG	Emergency Food Relief package from each provider Meeting minutes Pre/Post audit of emergency food relief content	Pre 2014 Post 2017	ERH, KDHS PCP Njernda St Lukes Emergency Food relief providers

easy/affordable recipes - Promotion of access and referral to community kitchens & gardens				
2.3. Advocate for the delivery of Financial Literacy programs that includes budgeting skills for the target groups	• Number of financial literacy programs conducted, attendance rates	Feedback forms	2015-2017	St Lukes, PCP
2.4. Social marketing publication: Develop and distribute bi-monthly newsletter/tip-sheet including food security and healthy eating messages as per annual communication strategy	• Number of tip sheets/newsletters developed • Number of recipients of tip sheet and how it is used	Social Marketing Survey Copy of publications Communication Strategy	Annually	PCP Partners to contribute content
Evaluation design	A mix of qualitative and quantitative evaluation designs will be implemented to undertake process and impact evaluation. This includes; focus groups, surveys, process report, local data sources, informal interviews, database development, reports, mapping, document review, checklist. Local data will also be sourced from the Victorian Population Health Survey and NHPA Myhealthycommunities measures. Work with Local Government to support coordination of strategy implementation and evaluation between IHP Plan & MPHWP			
Data analysis and interpretation	Qualitative analysis will identify and group themes Quantitative – frequency measurements and statistical calculations			
Evaluation dissemination	All evaluation results will be reported to Department of Health annually Evaluation report communicated to PCP member agencies on an annual basis. The secretary will distribute meeting minutes and supporting documents to all key agencies and consumer representatives Regular reporting at Management/Board meetings Evaluation dissemination will occur through local newsletters, summary reports, updates on Campaspe PCP, ERH & KDHS websites and through working group/partnership meetings.			

Priority Area

Promoting Mental Health – Social inclusion

Problem Definition/Rationale

Mental health promotion contributes to general health promotion by taking action to ensure social conditions and factors create positive environments for the good mental health and wellbeing of populations, communities and individuals. Mental health promotion requires action to influence determinants of mental health and address inequities through the implementation of effective multi-level interventions across a wide number of sectors, policies, programs, settings and environments.

Mental health promotion recognises the importance of community and social life and the promotion of mental health and wellbeing for both individuals and populations.

The need to address mental health promotion (social inclusion) relates to;

- In 2008, compared to regional Victoria, males and females in Campaspe were more likely to have a mental health or behavioural problem. In addition, both males and females were also more likely to have reported having mood problems.
- Strong community identified need.
- The Victorian Government surveyed community strength indicators as part of the 2008 Victorian Population Health Survey, Campaspe surveyed lower on 'multiculturalism makes life in the area better' compared to Regional Victoria and Victoria, (55.5% vs 65% and 76% respectively).
- Studies have consistently demonstrated people who are socially isolated or disconnected from others have between two and five times the risk of dying from all causes compared to those who maintain strong ties with family, friends and community.
- Community and population level studies have consistently shown the association between higher levels of self-reported discrimination and poorer mental health.
- Cultural celebrations and events promote cooperation, bring new skills and capacities to communities, promote awareness of local issues and reduce social isolation, while promoting economic development. All of these outcomes are clearly linked to individual and community health.

Summary of Interventions – Social Inclusion

The interventions relating to our social inclusion priority area will target the wider community to promote acceptance of diversity and inclusive practices to reduce the occurrence of discrimination across Campaspe. Reflective of the composition of our community, the groups we will focus on promoting acceptance of will be young people, the rurally isolated, Aboriginal people, people with a mental illness and people living with a disability.

Local businesses will be targeted to participate in an "inclusive achievement program" that will be developed to educate and inform practice to promote inclusive behaviour for the whole community. The program will be supported and promoted through a local social marketing campaign and linked to existing frameworks as appropriate.

The second objective of this priority area is working with the PCP member organisations to review their own inclusive practices and identify areas that need to be addressed. The organisations will consult with consumers to highlight perceived areas of discrimination and undertake an equity audit of their programs and services. Based on these results strategies and capacity building programs will be developed and implemented to overcome these issues.

The other approach we will explore for this priority area is to promote social inclusion through an arts and culture platform. The main area of work for this will be to continue to support Njernda deliver their Koori Market to celebrate and promote local Aboriginal arts and culture. We will also position ourselves to be prepared to respond to funding opportunities that further promote the local culture and increase awareness of people who may be experiencing discrimination within the community.

Enablers	**Health Promotion** Interventions
Workforce ○ Build capacity of local professionals in reducing discrimination and cultural sensitivity *Continuous quality improvement* ○ Evaluation embedded into strategies ○ Organisational development in response to community consultation ○ Review equity across member organisations *Consumer and community engagement* ○ Initial needs assessment undertaken with target groups to identify issues and barriers. Results will inform interventions.	○ Information or education increasing self-efficacy and health literacy ○ Create supportive environments ○ Strengthen community action ○ Screening, individual risk assessment ○ Social marketing ○ Reorient health services

Priority Area	Social Inclusion			
Goal: To increase social inclusion through promoting diversity across the Shire of Campaspe				
Target Population Group/s	Primary target groups; ○ Campaspe community Secondary target group; ○ Young people ○ Rurally isolated ○ Aboriginal ○ People with Mental illness ○ People with a disability			
Budget and Resources (include evaluation budget)	EFT: ERH (0.2), KDHS (0.15), CPCP (0.1), REDHS (0.025), GVH (0.1) In kind: WHLM, LMMML, Centrelink, Njernda			
Key evaluation question/s	Do local businesses have increased capacity to implement inclusive practices? Is the local community and businesses implementing inclusive practices? Are PCP member agencies perceived as socially inclusive and non discriminatory? Are we promoting a socially inclusive community through the promotion of arts and culture? Increase in Campaspe residents reporting they agree with the statement: 'multiculturalism makes life in the area better' (VPHS)			
1. Objective 1	**Impact indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
To enhance the capacity of communities and businesses within the Campaspe Shire to promote diversity and apply inclusive practices by 2017	10 businesses have implemented inclusion program % of PCP partners participating who have adopted inclusive practices	As per strategies	2013-2017	PCP, KDHS, ERH, SoC
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
1.1. Develop an inclusion/achievement strategy/program suitable for local businesses - Education program & checklist to promote diversity	• Inclusion/achievement program developed • Checklist developed • Logo developed and promoted	Inclusion checklist Media resource Inclusion/achievement program register VicHealth Equity Tool	2014-2015	PCP, KDHS, ERH, SoC

- Utilise the VicHealth Fair Foundations Framework and Rural Social Inclusion Framework to develop checklist - identify areas of need - make recommendations to address gaps - develop sample procedures and policies to support organisational development - Develop logo and promote program through local media (community recognition) - Address race, disability, youth, mental illness, breastfeeding	• Number of checklists conducted • Number of reports completed	Rural Social Inclusion Program Database		
1.2. Develop and implement a local social marketing campaign to promote diversity and inclusion - Work with local media; promote local initiatives i.e. One & All; use existing publications to promote messages	• Number of local media publications with inclusion focus	Media publications Social marketing materials	2015-2017	PCP, ERH, KDHS, SoC
1.3. Support member agencies to implement relevant identified strategies that support social inclusion	• Number of member agencies implementing strategies • Number of social inclusion strategies implemented	Annual operational plans: PCP and member agencies	Ongoing, as necessary	PCP Relevant partners
1.4. Social marketing publications: develop and distribute bi-monthly newsletters/tip-sheets including mental health	• Number of tip sheets/newsletters developed • Number of recipients of tip	Social Marketing Survey Communication Strategy Copy of publications	2013-2017 Annually (Survey & Com Strategy) Bi-monthly	PCP Partners to contribute content/articles KDHS, ERH,

promotion/social connection messages as per Communications Strategy	sheet and how it is used		publications	GVH, REDHS, Njernda, SoC

2. Objective 2	Impact indicators	Evaluation methods/tools	Timelines	Responsibilities
By 2017, consumers report increased satisfaction and decreased discrimination within PCP member organisations.	Measurable increase in consumer satisfaction as reported by member organisations Increase patronage of target populations at member organisations	As per strategies	2013-2017	ERH, KDHS, PCP, LMMML, Centrelink, Njernda, partners
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
2.1. Member organisations to conduct community engagement to identify areas within own organisation (physical and social) that are contributing to perceived discrimination (needs assessment)	• Number of community members engaged	Focus groups Survey	2014-2015	ERH, KDHS
2.2. Equity tool audit of member programs	• Equity tool developed • Number of member programs audited	Equity tools Vic Health Equity Tool Rural Social Inclusion Framework WHLM Gender Equity Standard	2014-2015	PCP, SoC Relevant members to audit programs within their own organisation/local community
2.3. Based on need, develop capacity building program for organisations to address discrimination issues	• Capacity building program developed • Number of organisations who have implemented Capacity Building Program	Capacity Building program developed and disseminated to relevant organisations	2015-2016	PCP
2.4. Support and implement programs that include social inclusion principles - Conduct A Framework for Understanding Poverty workshop/s	• Workshop delivered, how many workshops conducted • Number of people attending workshop	Registration and attendance lists Workshop feedback forms: post workshop	1 per year 2013-2017	PCP

2.5. Conduct Mental Health literacy training (i.e. Mental Health First Aid)	• MH training delivered, how many sessions conducted • Number of people attending training	Registration and attendance lists Training feedback forms: post training	2 per year 2013-2017	LMMML Centrelink
3. Objective 3	**Impact indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
Utilise local arts and culture to promote diversity	Increase on community strength indicator 'Feels multiculturalism makes life in the area better'	As per strategies Victorian Population Health Survey	2013-2017	Njernda, PCP
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
3.1. Continue Koori Market support to celebrate and promote local Aboriginal arts and crafts	• Number of members on market committee • Number of people attending Koori market • Number of stall holders at market	Market survey	Annually April	Njernda, PCP
3.2. Seek funding opportunities that; - Promote culture - Increase awareness	• Number of funding applications submitted • Additional funding accessed	Copy of funding submission/s	2013-2017	PCP
Evaluation design	A mix of qualitative and quantitative evaluation designs will be implemented to undertake process and impact evaluation. This includes; attendance lists, surveys, focus groups, checklists, media publications, database/register Local data will also be sourced from the Victorian Population Health Survey and NHPA Myhealthycommunities measures.			
Data analysis and interpretation	Qualitative analysis will identify and group themes Quantitative – frequency measurements and statistical calculations			
Evaluation dissemination	All evaluation results will be reported to Department of Health annually Evaluation report communicated to PCP member agencies on an annual basis. The secretary will distribute meeting minutes and supporting documents to all key agencies and consumer			

	representatives Regular reporting at Management/Board meetings Evaluation dissemination will occur through local newsletters, summary reports, updates on Campaspe PCP, ERH & KDHS websites and through working group/partnership meetings.

Priority Area

Promoting Mental Health – Physical activity

Problem Definition/Rationale

The need to address physical activity relates to;

- Compared to Victoria (5.3%), a slightly higher proportion of Campaspe residents are sedentary (5.5%).
- Compared to Victoria (regional and state-wide), Campaspe had a higher rate of physical inactivity per 100 population.

In the context of mental health promotion participation in physical activity contributes to;

- Direct mental health promotion benefits. Regular physical activity has been shown to contribute to better stress management, alleviate depression and anxiety, strengthen self-esteem and confidence, enhance mood and feelings of wellness and boost mental alertness.
- Social benefits through increased social interaction and integration and hence overall positive mental health in populations.
- Among children and adolescents, regular physical activity and exercise has been associated with improved school performance, a greater sense of personal responsibility and group cooperation, and less drug and alcohol consumption.
- Mental health and wellbeing through strengthening relationships and links, building active cohesive communities and enhancing access to safe and supportive environments Fi
- Linking young people and their families through schools, communities, networks.
- Mediating risks for depressive symptoms providing that participation in team sport in a positive experience.

Summary of Interventions – Physical Activity

The goal of this priority area is to improve the mental wellbeing of the wider community through participation in physical activity. The initial activities for this priority will involve auditing local physical activity programs to ensure they are delivered in an equitable manner and identifying any barriers to participation. We will then host a forum to promote and discuss the mental health benefits of physical activity along with local opportunities and programs for people to participate in physical activity. The forum will be targeted at local practitioners to inform them of new and alternative opportunities for physical activity and how they can promote this to their clients.

The other activity area of this priority is to ensure existing physical activity programs are supported and sustained into the future, especially once funding from the Healthy Communities Initiative ends.

Enablers	**Health Promotion** Interventions
Workforce ○ Build capacity of local professionals in physical activity *Continuous quality improvement*	○ Participation opportunities leading to increased physical activity ○ Information or education increasing self-efficacy and

○ Evaluation embedded into strategies ○ Review equity in physical activity programs	health literacy ○ Create supportive environments ○ Practical skill development ○ Social marketing

Priority Area	**Physical Activity**			
Goal: To improve mental wellbeing through increased participation in physical activity				
Target Population Group/s	○ Wider community			
Budget and Resources (include evaluation budget)	EFT: ERH (0.2), KDHS (0.2), REDHS (0.075), GVH (0.1), PCP (0.1) In kind: SoC, Sports Focus, YMCA, CLRS, Njernda REDHS			
Key evaluation question/s	Is there an increased knowledge of PA opportunities within the Shire of Campaspe? Do PCP member agencies and target groups have an increased knowledge of the mental health benefits of being physically active? Are there a range of PA opportunities available across the Campaspe catchment? Decreased physical inactivity reported for Campaspe residents in VPHS			
2. Objective 1	**Impact indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
By 2017 promote and raise awareness of physical activity opportunities within the Campaspe catchment and increase member and target group knowledge of PA benefits to mental health and wellbeing	• Increased knowledge and awareness of PA programs available	As per strategies	2013-2017	PCP, ERH, KDHS, SoC, Sports Focus, GVH, REHDS, Njernda
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines**	**(Responsibilities**
1.1. Conduct equity tool audit of PA programs/opportunities to identify barriers to participation in PA	• Equity audit complete • Barriers identified and communicated	Survey Focus group Process report template	2014	ERH, KDHS, CLRS
1.2. Host a forum to; Promote existing opportunities for participation in PA in Campaspe including;	• Resource developed and distributed • Number of organisations utilising the Wellness at Work Kit	Forum feedback survey	2014-2015	SoC Sports Focus PCP to promote in existing publications

- Incidental PA - Green Space & Council owned facilities - Non-traditional PA - Community sport database Promote and distribute resources and publications supporting PA in Campaspe (i.e. community sport database) Promote healthy lifestyle programs including; - Healthy Together Achievement Programs - Wellness at Work Kit - Workplace programs Promote evidence of mental health benefits of PA Promote identified barriers to PA	• Number of schools registered for the Healthy Together Achievement program			
1.3. Deliver education with existing groups to promote PA opportunities and MH benefits. Member organisations to determine relevant settings for interventions - MH clients - Disability clients - PAG - Schools - Support the Achievement Program - Maternal & Child Health	• Number of education sessions/focus groups conducted and number of people attending • Number of settings identified • Consumers satisfied with information delivered • Participant changes in knowledge	Health information session feedback forms: post session	Ongoing	ERH, KDHS
1.4. Social marketing publications;	• Number of tip sheets/newsletters	Social Marketing Survey Communication Strategy	2013-2017 Annually	PCP Partners to

develop and distribute bi-monthly newsletters/tip-sheet as per annual Communications Strategy	developed • Number of recipients of tip sheet and how it is used	Copy of publications	(Survey & Com Strategy) Bi-monthly publications	contribute content/articles KDHS, ERH, GVH, REDHS, Njernda, SoC
1.5. Advocate for health professionals to refer clients into healthy lifestyle & PA programs for mental wellbeing benefits - GP's - Community Health - HACC	• Number of health professionals consulted • Number of referrals into healthy lifestyle programs	Consultation and engagement log	2013-2017	CH: ERH, KDHS, GV Health, REDHS PCP
1.6. Support the Shire of Campaspe and align with MPHWP PA interventions and ICT strategy where appropriate.	• Number of strategies aligning	SoC MPHWP Campaspe PCP IHP Catchment wide plan 2013-2017 SoC ICT Strategy	2013-2017	SoC, PCP

2. Objective 2	Impact indicators	Evaluation methods/tools	Timelines	Responsibilities
Ensure availability of a range of PA programs continues within the Campaspe area particularly rural townships	The variety of PA programs in Campaspe will remain unchanged.	As per strategies	2013-2017	PCP, HCC, CH, PAG, HCI partners
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines**	**Responsibilities**
2.1. Promote the findings of the of HCI project to inform service planning and support the ongoing sustainability of the project - BEAT it - HEAL - Heart Foundation Walk Groups - Strength and balance program	Number of HCI programs operational post April 2014	Final HCI report Annual mapping of program availability	2014-2015	PCP, HCC, EO, CH, PAG HCI partners KDHS, ERH, YMCA, CLRS, Njernda
2.2. Monitor and evaluate potential for additional walk groups/PA programs in Campaspe towns that do not currently have them	• Number of additional programs implemented	Monitor program availability	2014-2016	CH
2.3. Older Adults Strength and Balance Programs to develop succession plan with staff to ensure ongoing equity across catchment	• Succession planning undertaken	Monitor Strength & Balance Program availability and sustainability	2014 - Annually	PAG providers
2.4. Seek funding for new PA opportunities as they arise	• Number of funding applications submitted • Additional funding accessed	Copy of funding submission/s	Ongoing, as relevant	PCP
Evaluation design	A mix of qualitative and quantitative evaluation designs will be implemented to undertake process and impact evaluation. This includes; focus groups, observation, surveys, publications, consultation and engagement log, process reports, feedback forms. Local data will also be sourced from the Victorian Population Health Survey and NHPA Myhealthycommunities measures.			
Data analysis and interpretation	Qualitative analysis will identify and group themes Quantitative – frequency measurements and statistical calculations			
Evaluation dissemination	All evaluation results will be reported to Department of Health annually Evaluation report communicated to PCP member agencies on an annual basis.			

	The secretary will distribute meeting minutes and supporting documents to all key agencies and consumer representatives Regular reporting at Management/Board meetings Evaluation dissemination will occur through local newsletters, summary reports, updates on Campaspe PCP, ERH & KDHS websites and through working group/partnership meetings.