

Central Highlands Primary Care Partnership IHP Plan 2009 – 2012 (revised 2011)

Healthy Lifestyles and Mental Wellbeing

Vision:

The burden of chronic disease in the Central Highlands will be reduced.

Goal: Member agencies will work collaboratively to achieve better health outcomes for people living within the Central Highlands region

Objective 1: By December 2012 the CHPCP will implement actions to facilitate collaboration between member agencies.

<p>Target groups</p> <ul style="list-style-type: none"> ▪ CHPCP Member Agencies 	<p>Partners</p> <ul style="list-style-type: none"> ▪ Central Highlands Primary Care Partnership (CHPCP) staff ▪ Ballarat Community Health (BCH) ▪ Hepburn Health Service (HHS) ▪ Djerriwarrh Health Service (DjHS) ▪ Golden Plains Shire ▪ City of Ballarat ▪ Sports Central ▪ Dept of Education & Early Childhood Development 	<p>Dept. Health Impact Measures:</p> <p>IMPACT of CAPACITY BUILDING ACTIVITIES</p> <p>1.3 <i>Enhanced organisational learning and improved practice through evaluation and dissemination of findings</i></p> <p>University of Ballarat Research will give recommendations for improved collaboration and CHPCP will take action to implement recommendations.</p> <p>5.1. <i>Partnerships</i></p> <p><i>Maturing of partnerships from networking</i></p> <p>IHP Schools Project – Development of generic audit</p>
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	<ul style="list-style-type: none"> ▪ Catholic Education ▪ University of Ballarat ▪ Schools ▪ IHP Network ▪ Womens Health Grampians ▪ CAFS ▪ Other agencies as identified 	<p>tool. Sharing of information and experiences to develop and coordinate action plans</p> <p><i>5.2. Partnerships</i> <i>Greater proportion of planned HP initiatives delivered in partnership with the local community and other organisations</i> Re-engagement of Agencies - working in partnership with University of Ballarat IHP Schools project – working in partnership with local primary schools and Dept. Education and Early Childhood Development and Catholic Education Dept.</p> <p><i>4.2. Organisations take a leadership role in IHP within a sub-region, region or catchment (e.g. leadership of PCP projects)</i> IHP Schools project – Member Agencies are leading projects within individual primary schools.</p> <p><i>5.4 Increased capacity to mobilise around new priority areas</i> Agencies are able to see the benefits of working collaboratively and are more aware of the role of different agencies and their personnel. Engaging agencies in new priority areas would be a natural progression of their work</p>
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Strategy	Task	Agency Responsible	Timeframe	Evaluation Tools
1.1 CHPCP provides a monthly forum for the IHP network to maximise stakeholder inclusion and involvement in project development and decision making	Facilitate monthly meetings of IHP Network	HP Coordinator and IHP Network Members, UB	Monthly meetings during July 2011-June 2012	Minutes
	Provide opportunities for IHP Network members and other stakeholders to participate in the Health Promoting Schools Initiative	IHP Network	As required	Minutes
1.2 University of Ballarat to conduct an evaluation of collaborative partnerships within PCP as part of Health Promotion Schools Project	<p>University of Ballarat develop research objectives and methodology and methods framework.</p> <p>Student to undertake evaluation. Will include focus groups, literature review, document analysis, observation and survey.</p>	UoB and key stakeholders	Final report Nov 2011	As per UB Evaluation Plan
1.3 IHP network reviews and implements recommendations from UoB final report	Recommendations from UoB report to be considered at IHP Network meeting and a plan of action developed from recommendations.	HP Coordinator and IHP Network members	Dec 2011	Plan of action

Objective 2: CHPCP member agencies will collaboratively plan, implement and evaluate the Health Promotion pilot project across the region by December 2015.

Target groups	Partners	Impact Measures
<ul style="list-style-type: none"> ▪ Primary School students ▪ Primary School staff ▪ Parents ▪ Primary School community 	<ul style="list-style-type: none"> ▪ Central Highlands Primary Care Partnership (CHPCP) staff ▪ IHP Network members ▪ HPS Lead Agencies: Ballarat Community Health (BCH), Hepburn Health Service (HHS), Djerriwarrh Health Service (DjHS), Golden Plains Shire ▪ School Communities 	<p>1.1 Reach - The intended target audience participates in the intervention. This will include staff, students, parents and broader community members. School selection process for pilot includes socially disadvantaged or remote area school.</p> <p>1.2 Enhanced organisational learning and improved practice through evaluation and dissemination of findings. Evaluation of project will influence future project expansion.</p> <p>2.1. Workforce Development <i>Gaps in HP skills and training needs have been identified and addressed</i> - Agency staff attend Lawrence St Ledger workshop for IHP Schools project and will continue to be offered relevant training.</p> <p>3.1. More efficient and effective targeting of resources. Strategies relating to methods of engagement, action plan development and implementation will be shared amongst Lead Agencies</p> <p>4.2. Organisations take a leadership role in IHP within a sub-region, region or catchment (e.g. leadership</p>

		<p><i>of PCP projects)</i> Lead Agencies nominated themselves to implement project.</p> <p>5.4 <i>Increased capacity to mobilise around new priority areas</i></p> <p>Schools will be better prepared to take on future health promoting initiatives.</p>		
Strategy	Task	Agency Responsible	Timeframe	Evaluation Tools
2.1 Skills and training needs to progress HPHS project are addressed	Organise Lawry St Ledger Planning and Implementation Workshops <ul style="list-style-type: none"> 1. Lead agencies workshop 2. Workshop for both lead agencies and school communities 3. Workshop for both lead agencies and school communities 	CHPCP HP Coordinator and Lead Agencies	APR, JUN, NOV 2011	Attendance at workshops
	Health promotion short course delivered to agencies/schools	CHPCP HP Coordinator	April 2012	
2.2 Establishment of a steering group with Lead Agency representation from the 4 participating LGA's.	HPS Steering Group will meet as required with a minimum of six meetings, to progress project tasks and school engagement.	BCH, HHS, GPS, DJHS & HP Coordinator, UB	As required	Minutes from meetings
2.3 Schools establish leadership group	Essential each school has: <ul style="list-style-type: none"> ▪ Commitment from school leadership to implement HPS 	Lead Agency	asap	Signed MOU

	<ul style="list-style-type: none"> ▪ Working party with includes teachers, parents, community members 	Individual Schools		
2.3 Schools to identify health promotion activities and gaps	<p>In conjunction with Lead agencies, schools will conduct an audit of their health promotion activities and identify priority areas.</p> <ul style="list-style-type: none"> ▪ Establish agreed goals and strategy to achieve them. 	Lead Agencies and schools	August/Sept 2011	Audit conducted
2.4 Schools develop health promoting charter	Charter developed and endorsed by School Board	School community		Charter
2.5 Schools implement action plan	Monitor and support schools with implementation of action plan.	Lead Agencies and school communities		Action plan
2.6 Offer relevant training to schools	Agencies offer schools relevant training to build staff capacity for action plan implementation	Lead Agencies, CHPCP and schools	ongoing	List of training & attendance

Central Highlands Primary Care Partnership IHP Plan 2009 – 2012 (revised 09Sep2011)

PRIORITY AREA TWO: Sexual and Reproductive Health

Goal: *Agencies will work collaboratively to achieve better sexual health outcomes for people living within the Central Highlands region.*

Target groups	Partners	Dept. of Health Impact Measures
<ul style="list-style-type: none"> ▪ Young people attending secondary colleges across the Central Highlands Region aged 15 - 19 ▪ Young people attending University of Ballarat (SMB campus) aged 20 – 24 years. 	<ul style="list-style-type: none"> ▪ Central Highlands Primary Care Partnership (CHPCP) staff ▪ Ballarat Community Health (BCH) ▪ Hepburn Health Service (HHS) ▪ Djerriwarrh Health Service (DjHS) ▪ Womens Health Grampians ▪ University of Ballarat (SMB Campus) ▪ Dept of Health – Grampians Region 	<p>Intervention measures</p> <p>1.1 <i>Reach-the intended target audience participates in the intervention.</i> Students at SMB campus are from a lower socio-economic group than students at Mt Helen Campus</p> <p>1.2 <i>Consumer participation and leadership</i> - SMB students are actively involved in HP planning and development.</p> <p>2.1 <i>Increased knowledge</i> - awareness of where to go and what to do to obtain health services</p> <p>3.1 <i>Change in health related behaviours</i> - adoption of safe sex practices by target groups</p> <p>3.2 <i>Action to reduce health risks</i> - information about screening programs, and possible additional screening clinics, will be promoted to target group</p> <p>Capacity Building measures</p> <p>3.1 <i>Resources - More efficient and effective targeting of resources by conducting a collaborative project.</i></p>

		<p>Chlamydia Project – Agencies have part time workers who would not have time to target problem in a holistic way.</p> <p>5.1 Partnerships - <i>Maturing of partnerships</i> Chlamydia Project – full partnership model of delivery for pilot project at University of Ballarat.</p> <p>5.3. <i>Partnership s- Reduction in fragmented and duplicated effort as organisations work together and pool their resources and skills.</i> Chlamydia Project – a media strategy will develop clear and consistent targeted messages, using various media, rather than Agencies having an ad hoc approach to the media. There will be clear roles for agencies involved in project to prevent any duplication. Outcomes of pilot project will be used to guide next phase.</p>
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Objective 1

By June 2012, the S&RH network will work collaboratively to raise awareness about Chlamydia within the target population groups.

Strategy	Task	Agency Responsible	Timeframe	Evaluation Tools
Strategy 1.1 CHPCP provides a monthly forum for the IHP Network to maximise stakeholder inclusion and involvement in project development and decision making.	Meetings of IHP Sexual and Reproductive Health Working Group held monthly	Chair: IHP Sexual & Reproductive Working Group	1 st July 2011 – 30 th June 2012	Documentation Minutes of meetings
	Plan developed	All members of S&RH network.		Documentation

<p>Strategy 1.2</p> <p>All stakeholders, including the target population groups, are actively involved in HP planning and development.</p>	<p>Organisations/agency personnel, school personnel, students, parents, adults from target group involved in project</p>	<p>All members of S&RH network</p>	<p>June 2012</p>	<p>Stakeholder forums</p> <p>Focus groups</p> <p>Anecdotal feedback</p> <p>Written feedback</p>
<p>Objective 2</p> <p>By June 2012, the S&RH network will work collaboratively to trial methods for increasing levels of knowledge about Chlamydia, and referral pathways for support and treatment within the target population groups.</p>				
Strategy	Task	Agency Responsible	Timeframe	Evaluation Tools
<p>Strategy 2.1</p> <p>Collect baseline data regarding levels of knowledge, referral rates and Chlamydia notifications for target population groups</p>	<p>BCH to record referral rates, numbers and age of clients testing positive for Chlamydia, to indicate infection rates for the Central Highlands region.</p> <p>DH to provide data on Chlamydia notifications by LGA, region and state, and pertaining to specific age group cohorts</p> <p>Surveying of target groups to ascertain baseline levels of knowledge of Chlamydia</p>	<p>Ballarat Community Health</p> <p>DH</p> <p>CHPCP</p>	<p>June 2012</p>	<p>Numbers are reported to S&R Health Network</p>
<p>Strategy 2.2</p> <p>Utilise various forms of media in order to better inform the</p>	<p>Conduct an awareness campaign at the SMB campus as part of the University Orientation Sexpo event</p> <p>Undertake a review of the 'Chlamy' website and consider actions to promote it</p>	<p>S&RH network</p>	<p>For duration of projects</p>	<p>Documentation</p>

target groups regarding the transmission, symptoms, screening and treatment of Chlamydia	Conduct a radio/print campaign to promote a greater awareness of the impacts of Chlamydia			Observation
	Utilise various settings throughout the catchment (including bus stops, etc...) to display posters to raise awareness about Chlamydia			Written feedback
Strategy 2.3 Partner with General Practitioners, practice nurses and relevant providers across the Central Highlands catchment to target Chlamydia	More opportunistic testing	<ul style="list-style-type: none"> ▪ S&RH network ▪ Division of GPs/Medicare local 	June 2014	Documentation
	Target Practice Nurse Network			
	Target Pharmacy networks			
	Inform stakeholders when implementing pilot			
Strategy 2.4 School aged teenagers will receive an additional sexual health session specifically targeting Chlamydia	Agencies develop and share resources	<ul style="list-style-type: none"> ▪ S&RH network ▪ Secondary schools 	Duration of the project	Resources identified
Strategy 2.5 Conduct a pilot program at University of Ballarat (SMB Campus)	Adopt a whole community approach using the Women's West "Girls talk, guy talk" program as a base Engage teaching/welfare staff	<ul style="list-style-type: none"> ▪ S&RH network (Health Science student project?) 	June 2012	Staff and student surveys/focus groups

Strategy 2.6 Expand pilot to include Bacchus Marsh and Daylesford areas	Following evaluation and learnings of the pilot	<ul style="list-style-type: none"> ▪ S&RH network 	Ongoing	Developme nt of plan
Objective 3: Continue to monitor Chlamydia programs directed at 45 – 65 age group				
Strategy	Task	Agency Responsible	Timeframe	Evaluation Tools
Strategy 3.1 Monitor work being done to address sexual health issues for 45 – 65 age group	Keep abreast of work conducted by Professor Deborah Bateson <ul style="list-style-type: none"> ▪ Journal articles ▪ Sexual health advice on internet dating websites 	<ul style="list-style-type: none"> ▪ S&RH network 	June 2012	Distribution of journal articles

Central Highlands Primary Care Partnership IHP Plan 2009 – 2012 (revised 2011)

Oral Health

Goal: To increase the skills and knowledge of CHPCP member agencies in health promotion.

Objective 1:

<p>Target groups</p> <ul style="list-style-type: none"> ▪ CHPCP member agencies 	<p>Partners</p> <ul style="list-style-type: none"> ▪ Central Highlands Primary Care Partnership (CHPCP) staff ▪ IHP Network ▪ CHPCP Member Agencies ▪ Other? 	<p>Impact Measures</p> <p>1.1 <i>Reach - -the intended target audience participates in the intervention.</i> Pre-schools with lower poorer health indicators have been targeted.</p> <p>2.1 <i>Increased knowledge</i> Parents are given detailed handouts outlining healthy food and drink choices. Parents are made aware of the dental health clinic. Students are made aware of healthy food and drink choices.</p> <p>3.1 <i>Change in health related behaviours</i> Adoption of a health food charter at preschools ensures that children eat healthy food.</p>		
Strategy	Task	Agency Responsible	Timeframe	Evaluation Tools
Strategy 1	<p>As per plan</p> <p>Partner agencies participating in Smile 4 Miles health promotion strategies</p>			

Central Highlands Primary Care Partnership IHP Plan 2009 – 2012 (revised 2011)

Central Highlands Problem Gambling Plan 2011 - 2012

Goal: To increase the skills and knowledge of CHPCP member agencies in health promotion.

Objective 1:

Target groups

- CHPCP member agencies

Partners

- Central Highlands Primary Care Partnership (CHPCP) staff
- IHP Network
- CHPCP Member Agencies
- Employment Agencies
- Registered Training Authorities
- Other Agencies as required

Impact Measures

5.1. *Maturing of partnerships from networking*

These are truly collaborative projects with input from a large number of agencies as members of the steering committee and working party.

5.2. *Greater proportion of planned HP initiatives delivered in partnership with the local community and other organisations.*

The target group for KL2L project come from a wide range of schools within the catchment area. All key aboriginal groups within the catchment are involved with the project.

5.3. *Reduction in fragmented and duplicated effort as organisations work together and pool their resources and skills.*

A holistic program can be offered to participants because of the broad range of agencies involved in all the projects outlined.

Strategy	Task	Agency Responsible	Timeframe	Evaluation Tools
1. Developing healthy resilient young Koori people through; mentoring, culture, and leadership to reform an aboriginal community through youth.	Implement Phase 2 of the Koori Learning 2 Lead Project (KL2L)	Steering Committee	July 2011 – June 2012	Participant surveys Parent surveys
2. To enhance the mental, physical, social and emotional wellbeing of 5 primary school communities (4 LGAs) through participation in the Health Promoting Schools initiative.	See part 1 of plan	Lead Agencies		
3. To build resilience to problem gambling or prevent development of problem gambling by enhancing social connectiveness for marginalised members of the community.	See part 1 of plan	Lead Agencies		

Strategy	Task	Agency Responsible	Timeframe	Evaluation Tools
4. Improve the health and wellbeing of women in isolated/rural communities	Identify range of services available to refugees. Identify gaps Work collaboratively to deliver services	Refugee employment, education & training network	June 2012	Agency surveys Participant surveys
5. To create pathways and opportunities for the CALD community to obtain skills and employment	Identify range of services available to refugees. Identify gaps Work collaboratively to deliver services	Refugee employment, education & training network	Ongoing	Evidence of pathways
6. Promoting Culturally Rich and Vibrant Communities.	Working with the Koori Youth Group at BADAC to design and develop placemats as a gift for General Practitioners	Division of GPs and BADAC	June 2012	Placemats created and distributed