Nillumbik Community Health Service

Health Promotion Plan

2006-2009

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1. Introduction

Over the past 9 months, NCHS has undertaken significant work on reorienting our health promotion planning and practice. This plan represents the culmination of our efforts towards this goal in what we expect will be an on going process. The change management process involved in achieving this shift has been time consuming, challenging and incredibly rewarding for the Manager of Health Promotion.

Staff at NCHS have been both enthusiastic and apprehensive about the changes which represent a very different way of working and for some a major shift in focus of their roles. As an organisation, the challenge remains for us to ensure that staff are adequately supported and trained to carry out the health promotion activities which we have planned. We recognise that the type of activities that we have planned will take some staff away from their traditional roles as clinicians and require them to develop more skills in project management, particularly planning and evaluation.

This year, careful consideration has been given to the question of which staff will participate in our Integrated Health Promotion. We have moved away from the general expectation that all Community Health funded staff devote 25% of their time to Health Promotion. Instead, we have been more strategic in allocating different and specific portions of certain staff members' time to particular objectives within our plan. We believe that this will offer staff as well as the organisation more clarity in relation to how we allocate health promotion hours and who will be responsible. Accordingly, all objectives in the plan have an allocated "champion". This person is not responsible for undertaking all the activities linked to the objective but will be the driver of initiatives and report back to our health promotion working group. For each objective we are forming a small, often interdisciplinary, team which will support the champion. Our champions will receive additional support and workforce development to enable them to carry out their role.

In part three of this plan, Community Health funded staff have notional hours allocated against objectives. These hours have been included in the plan to assist staff in prioritising their Health Promotion work and devoting time specifically to allocated objectives. SWITCH does not enable us to report back on the objective level and therefore it is not envisaged that these hours will be reported against in 12 months time. However, these hours do give an indication of resource allocation across all areas. We have not attempted to capture or cost the hours of staff who are not in Community Health funded programs. However, this plan does reflect the work that will be undertaken across the organisation and in particular reflects significant input from our Youth and Maternal and Child Health teams.

The goals that we have selected are 3 year goals. Our objectives cover between one and three years as noted in the plan. They will be reviewed each year alongside the review and development of specific strategies. This plan represents an integrated planning approach drawing in staff from different program areas outside of traditional Community Health funded areas. In particular, our Youth and Maternal and Child Health teams have been especially active in developing and participating in planning and Health Promotion activities. In the future, we are very keen to be more inclusive of other teams within our organisation especially our dental and disability programs. This is a developmental and incremental process.

Our planning processes and in particular our choice of objectives have been much more rigorous this year than in the past. We have been mindful that we may not always have demonstrated clear program logic in previous years. This year, we have attempted to be much more evidence based in relation to our choice of objectives. An important element of this has been to capitalise on existing programs which are being made available at a Statewide level. This is particularly the case in relation to programs such as Kids Go For Your Life, Start Right Eat Right and the Walking School Bus programs. Where such statewide initiatives are taking place, we recognise that these have been selected following extensive research and evaluation requiring resources that we are unable to match. We also recognise that adding our efforts to supporting these initiatives is likely to result in additional cumulative benefits in relation to potential impacts. This approach will also capitalize on the social marketing occurring at a broader level around the priority areas of Physical Activity and Food and Nutrition.

In drawing together this plan, we have drawn upon the QIPPS program as well as DHS IHP guidelines. Where QIPPS does not cover material requested by DHS, we have endeavored to include this information as well.

2. Vision and priority setting

2.1 Vision Setting

What is your organisation's vision for Health Promotion and in which organisational documents is it stated?

Health Promotion is one of five strategic priorities identified in the Strategic Plan which states:

"Health Promotion is the means by which we seek to increase the capacity of the community to make choices to increase health and well-being both at individual and community level."

In addition, the HP Vision statement in our 2005/06 plan states:

"Nillumbik Community Health Service will be seen as a provider of accessible and high quality health services that are responsive to the needs of the community.

As part of this vision Nillumbik Community Health Service regards health promotion as a key platform to address issues affecting the health and well being of the Nillumbik Community. We recognise the importance of working in partnership with our community to develop Health promotion activities

Nillumbik Community Health Service is committed to:

1. Upholding a social and community construct of health which assumes positive discrimination towards disadvantaged groups;
2. Providing services that are accessible, culturally acceptable and relevant;
3. Being accountable to stakeholders;
4. Inclusive services planning and evaluation which encourages wide stakeholder and community participation;
5. Being pro-active in meeting the challenges of emerging health issues and changes within the Community;
6. Collaborative work within the Centre and with external partners."

As we move into our 2006-09 Plan we have reflected further on our vision and in particular our desire to focus increasingly on population based approaches to Health Promotion. Accordingly, we feel it appropriate to redefine our vision taking into account the two aforementioned statements.

Therefore, our vision for Health Promotion which will be adopted by the organisation and worked towards in the 2006-09 Plan is:

"Health Promotion is the means by which we seek to increase the capacity of the community to make choices to increase health and well-being both at individual and community level.

We will achieve this through:
- collaborative planning and program implementation processes
- developing partnerships with the community
- basing our plans and actions on an evidence base
- concentrating our efforts in addressing the social determinants of health."

Our current Health Promotion policy does not include a vision for Health Promotion. However, it does state:

"Health Promotion is a strategic priority of Nillumbik Community Health Service. NCHS is committed to working with other agencies and across programs in delivering integrated health promotion activities across the catchment. Health promotion initiatives will be targeted at the highest priority needs and issues within the community, be evidence based and reflect best practice. Initiatives will be delivered in line with the values of NCHS."

This policy will be reviewed as part of our planning process.

2. What health promotion policies and procedures do you have in place and which important health promotion concepts and strategies do they incorporate?

NCHS has a number of organisational policies which relate to Health Promotion. These include:

- Health Promotion policy
- Diversity Policy
- Community and Consumer Participation policy
- Centre Wide Planning, Evaluation and Monitoring policy

The Health Promotion policy lists the definition of Health Promotion as outlined in the Ottowa Charter:

... the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing. (Ottawa Charter 1986)

This policy follows the framework for Health Promotion that is outlined in the DHS Integrated Health Promotion Resource Kit (2003) with its five categories of intervention from screening, risk factor assessment and immunisation to community action.

The Community and Consumer Participation policy identifies the "Ladder of Participation" and encourages us to consider the level at which consumers can optimally participate in program planning, delivery and evaluation. Furthermore, this policy recognises that consumer engagement is the key to "the development of an environment where individuals are more likely to take responsibility for their own health".

The Diversity Policy of the organisation states:

"Nillumbik Community Health Service (NCHS) is committed to delivering health services in ways that are effective, fair, inclusive, respectful and culturally competent....
NCHS recognises that discrimination based on designated group identity has a direct impact on the health and well being of members of those groups. In line with our role as a major provider of health promotion in the area, NCHS will use staff development, communication tools, policies, plans and organisational strategies to promote an environment that supports diversity. ... This policy is therefore a framework to help us promote respect, equity and sensitivity in all aspects of our work. Furthermore, as a provider of health services and health promotion in Nillumbik we have an important role in promoting and encouraging these values and in influencing other services providers, businesses, voluntary and community groups and other partners to do likewise."

This policy therefore emphasizes our role both within our organisation and within the community in improving health through the promotion of an inclusive community.

The Centre Wide Planning, Evaluation and Monitoring policy identifies Health Promotion as a key area for integrated organisation wide planning. It states:

"All agencies in receipt of health promotion funding under the Community Health Program are expected to produce an annual health promotion plan. To ensure the needs of the community are addressed with health promotion strategies, this requirement is extrapolated to all program areas across the centre. Staff from all programs come together to determine what the centre health promotion priorities and strategies will be. This is documented both in a centre wide plan and in individual program operational plans."

3. What capacity building strategies will the organisation undertake this year?

We have planned a number of capacity building strategies to enhance our ability to plan, deliver and evaluate Health Promotion activities. These include:

- A review of the structure, roles and responsibilities, resourcing and workforce development for the Health Promotion working group
- The employment of a specific Community Development / Health Promotion worker
- Identifying staff to do the 5 day short course in HP
- Using BNPCA resources in relation to workforce development for capacity building
- Exploring the possibility of contracting an external provider to deliver targeted HP training to staff
- Individual team reviews of workforce development needs
- Increasing our connections with the NSC Municipal Public Health Plan (MPHP), Austin Primary Health Advisory Committee and others
- Development and expansion of the use of volunteer models for investigating community needs

2.2 Priority Setting

1. **What does the local population health data indicate are the important health issues in your community (Commonly referred to as Normative Need)?**

Burden of Disease data indicates the following are major causes of death and disability:
Cancer
Cardiovascular disease
Mental disorders, especially depression
Asthma
Alcohol and substance abuse

This data reflects similar patterns across the state.

In relation more specifically to Nillumbik, our strategic plan was identified as a major source of information in respect to this question as it summarises health data from a number of different sources:

Burden of Disease and Health Risk Factors
The Shire of Nillumbik follows many of the trends for health risk and disease that

you would expect to find in any part of the country. However, careful analysis also reveals a number of areas that are of particular concern in this catchment.
High incidence of mental illness, depression and suicide
In spite of the relative prosperity of the NCHS catchment, some of the data on mental health is alarming. The data suggests that the physical isolation that characterises some parts of the catchment, as well as the higher numbers of younger people, may be of significance. As a result, any programs aimed at providing social support and/or preventing mental illness will be needed on an ongoing basis.
Smoking and substance abuse
From the available data it is clear that the community served by NCHS is particularly inclined to smoke and abuse drugs or alcohol. Given the relatively high incidence of mental illness, it is likely that significant numbers within the community suffer from both mental illness and addiction disorders (dual diagnosis).
Poor lifestyle decisions
In addition to the high incidence of smoking and substance abuse, the Nillumbik community engages in other lifestyle habits which will continue to negatively impact on their health. In particular, lack of exercise, obesity and lack of adequate intake of fruit and vegetables will result in poor health outcomes and growing demand on health services.
(Nillumbik Community Health Service, Strategic Services Plan Executive Summary Nov 2005)

2. **What does the community consultation that the organisation has undertaken, suggest are the major health challenges for the organisations service population (commonly referred to as Felt Need)?**

The organisation has not consulted widely with the community. Some work was undertaken with families in Hurstbridge as part of a consumer engagement strategy where parents of young children were engaged and trained as volunteers to survey other parents about current and future health needs. Results as follows:

The meeting recommended further work in this area:
As a focus of the consumer engagement working party
As a priority for the HP / CD worker when they come on board.

In the absence of significant data, we can draw on other consultations - especially those undertaken by the Shire:
NSC Early Years plan
Consultations for council planning processes
Youth Services consultations with young people
Community Panel
Aged Care Strategy

Council conducted significant community consultations in 2003 focusing on the questions:

- What makes the town you live in and its surrounding areas special for you?
- What are the main changes that you think would make your town and surroundings a better place?
- What are the obstacles that prevent people in your town being involved in their local community?
- How can we overcome these obstacles, how can we get people more involved in shaping, planning, participating in their local community?
- Especially, how can we strengthen communication and interaction between people and groups in our town, and in Nillumbik generally, how can Council help?
- Where do we go from here, what should be the next steps (if this is to be an ongoing process)?

Whilst these questions were not specific to health and health services, the answers indicated strong importance being placed on open spaces in Nillumbik and towns and communities with a sense of social connectedness. Questions 1 & 2 yielded specific, comparative local area responses, leading to the development of health and well-being indicators at a local or township level. Responses to Question 3 identified barriers to participation and will be used by Council in determining appropriate methods for running future consultations, in an attempt to reduce under-representation from certain groups. Questions 4- 6 yielded mostly Shire- wide suggestions and data. Responses to questions 3, 4 and 5 will be of use to Council when considering actions to take before running future community engagement activities.

This data will be most useful when deciding how and where to intervene rather than in identifying priority areas.

Previously in 2000 Council undertook another community consultation which found that:

5.3 Major issues of concern for residents were about local determinants of health and quality of living in Nillumbik:

- Planning decisions, and processes leading to them, which threaten the Green Wedge, public amenity of the Shire and enjoyment of living in their chosen environment.
- Developing a community culture of mutual support that values diversity, equity and builds on Nillumbiks well-established and unique aesthetic and heritage traditions.

- Access by all residents to quality public transport and provision of safe facilities for walking and cycling.
- Developing relevant and sustainable economic activity in the Shire, to support local employment and quality of local life.
- Having convenient, accessible and relevant quality primary health care that is geared to prevention and health promotion. This is especially important for people who for various reasons might be vulnerable to threats to health (they might be unemployed, have little social support, have chronic health problems, require rehabilitation and so on).
- Enabling young people to have healthy lifestyles, in particular their access to safe and appropriate recreation, leisure, arts and cultural activities, and work.

(Nillumbik Health Issues 2000 - Themes and Issues about Health, Well-being and How We Can Take Action)

In 2004 the Council undertook a disability needs consultation. This consultation found that the two most common needs that were identified included respite and transport. Other issues which were also important included:
Parking Bays,
Physical infrastructure and access including buildings as well as roads, paths and seats,
Recreation and leisure services,
Psychiatric disability issues,
Information Availability, Access and Dissemination
(Nillumbik Shire Council Disability Needs Analysis Report 2004)

3. **What does the data that the organisation collects indicate about the needs of the community (commonly referred to as Expressed Need)?**

Members of the working group presented the following information in response to expressed needs:

Counselling / Casework

For the period 1ST Feb to 30TH April 2006 the counselling team had a total number of referrals of 95. Reasons for referral are listed in the table below. This data takes note of the fact that many clients referred for a number of reasons.

Reason for Referral to Counselling Numbers:

Child abuse 1	Child stress 1	Sexuality 1
Housing 1	Pregnancy 1	Family of Origin Issues 1
Criminal Activity 1	Anger 3	Panic attacks 3
Mood swings 3	Self harm 3	Financial problems 5

Drug and Alcohol Abuse 8	Past Childhood Abuse 8	Grief and Loss 9
Mental Health (apart from Depression) 9		Medical problems 9
Anxiety 10	Family Issues 10	Parenting 15
Relationship Problems 19	Family Violence 22	Depression 39

It is clear from the above that depression, violence and relationship/family issues are the key reasons for referral.

Maternal and Child Health (M&CH) Service

The primary health needs in the M&CH population are related to isolation and depression which affect the family's capacity to parent their children effectively and the overall emotional wellbeing of the family.

In 2004-2005 M&CH referred 65 women for emotional issues. In 2005-2006 MCH has so far referred 55 women for emotional issues relating to experiencing or being at risk of Post Natal Depression. This represents 13% of mothers for whom birth notifications are received.

In addition, M&CH has referred to the Family Support worker, reinforcing the data from counselling that family issues are significant.

Youth

The School Focussed Youth Service within the Youth Team undertook a Needs Analysis in 2005. From this survey, peer and family relationship issues were reported to be the most significant concern for the majority of young people. Other significant concerns reported by young people included fears about violence and crime, education, self image, body image, self-esteem, and depression. A common issue identified by the three groups of survey respondents was that whilst there is a wide range of ways young people can have input, many young people are not actively involved in decision making and planning of wellbeing/welfare programs within their schools or communities. Additionally, schools and some agencies indicated that some youth participation was staff driven rather than student led. This was reflected by some young people, reporting they felt that adults within their community do not hear or listen to them. Key issues in relation to young people can therefore be identified as:
a) Safety in the community for young people.
b) Peer relationships: friendships, making friends.
c) Mental Health: self esteem, addressing depression and anxiety.
d) A need for greater effective youth participation.

Dental / Oral Health

The Community Health dental service in Nillumbik has one of the longest waiting lists in the state. Some of the dental health issues in this area arise from the lack

of fluoridation in some areas of the Shire where people depend on tank water.

Allied Health

Data from the SWITCH program is not especially useful in relation to identifying underlying health issues because of the way in which the reason for referral is documented. This has been identified as an issue which will be considered in the future in relation to the way in which health professionals record the reason for referral. (ie currently a referral for someone who has diabetes may be recorded as coming in only for some form of treatment to their feet by the podiatrist.

Disability Services

Our disability services report that they have a minimal waitlist in Nillumbik. The primary area of concern in relation to the health of their population is for the health and well-being of carers.

4. **How does this region compare to other similar regions/communities (commonly referred to as Comparative Need)?**

Areas in which Nillumbik fared poorly when compared to other municipalities include:

- Depression, post-natal depression and suicide rates
- Tobacco related deaths and illnesses
- Asthma
- COPD
- Low levels of fruit and vegetable intake
- Low levels of PA
- High levels of isolation

This data is effectively gathered in our strategic services plan which makes comparisons within the Shire, across the Region and throughout the State.

5. **Create a list of the health issues that were identified in the previous questions, in the table below and select the type(s) of need which suggests that these are issues:**

Selected Health Issues	Summary of Need
Food and Nutrition	Comparative need suggest low levels of fruit and vegetable intake. Strategic services plan also highlights obesity as an issue.
Access to public transport	This was particularly identified in the community consultations and affected some population groups more than others. Young people and the elderly can not move around readily and public transport is not adequate. Particularly low rates of use of PT to commute to work. Increases social isolation and opportunities for transport related exercise.
Tobacco, Alcohol and Other Drug issues	Comparative need suggest high rates of smoking in Nillumbik. Local population health data (normative need) also suggests high rates of alcohol misuse.
Healthy Weight	Obesity is identified as an issue in the strategic services plan.
Depression	Highlighted as the number one issue for referrals to the counselling team and also very prevalent in youth team and Maternal and Child Health with PND. Identified also in Burden of disease data and related to high rates of suicide and self-harm.
Mental illness	Identified in burden of disease data and through referrals
Suicide	Comparative data suggests this is a real issue in Nillumbik.
Self Harm	Data particularly from the youth team suggests this is a significant issue especially for young people.
Smoking	Comparative data suggests rates of smoking in Nillumbik are high.
Family issues	Data from counselling, youth and M&CH teams indicates that family issues are a significant health issue
COPD	Burden of diease data indicates high rates.
CVD	Burden of disease data indicates CVD is a significant cause of death.
Diabetes	Diabetes is the underlying condition of a number of people referred to Allied Health and a significant contributor to burden of disease.
Asthma	Nillumbik has higher than average rates of asthma.

Cancer	Cancer is one of the major causes of death and disability in Nillumbik according to Burden of Disease.
Family violence	Family violence is the second highest reason for referral to the counselling team and the most significant contributor to burden of disease for women aged 20 - 40.
Physical Activity	Comparative data suggest that people in Nillumbik experience low levels of Physical Activity.
Social connectedness	High rates of depression, mental illness and suicide reflect poor social connectedness. This is sometimes combined with rural isolation and poor access to transport.
Capacity Building	This plan represents a significant shift in relation to the way in which NCHS undertakes HP. Significant workforce development and support will be required to make sure that we are able to effectively deliver on our goals and objectives. Furthermore, there is considerable networking and partnership building required at an organisational level to ensure that we are collaborating with other agencies and organisations. Some of this work does not fit within particular priority areas and will be recorded here.

6. Summarise the key contributing factors that are impacting on the occurrence of each of the health issues in the table below? Consider the wider social, environmental and policy context fully when completing this section.

Selected Health Issues	**Key Contributing Factors**	**Organisation has a role?**
Food and Nutrition	1. Lack of affordability 2. Lack of public awareness 3. Lack of access to shopping centres where there are adequate food choices. 4. Oversupply of unhealthy food to children in school settings. 5. Lack of time in busy lifestyles to prepare health food.	YES
Access to public transport	1. Municipality on the rural/urban fringe. 2. Inadequate government investment in public transport. 3. Lifestyles factors in relation to time and car use.	YES
Tobacco, Alcohol	1. Lack of social connectedness	YES

and Other Drug issues	2. Violence, discrimination and abuse. 3. Lack of treatment services 4. Poverty and inappropriate housing 5. Boredom among young people	
Healthy Weight	1. Access to good food and nutrition 2. High levels of inactivity 3. Poor social connectedness 4. Lack of knowledge in relation to food and nutrition	YES
Depression	1. Lack of social connectedness 2. Violence, abuse and discrimination 3. Substance abuse 4. Housing, income security and poverty	YES
Mental illness	1. Lack of social connectedness 2. Violence, abuse and discrimination 3. Substance abuse 4. Housing, income security and poverty	YES
Suicide	1. Lack of social connectedness 2. Violence, abuse and discrimination 3. Substance abuse 4. Housing, income security and poverty	YES
Self Harm	1. Lack of social connectedness 2. Violence, abuse and discrimination 3. Substance abuse 4. Housing, income security and poverty	YES
Smoking	1. Desire for social connectedness among young people. 2. Violence, abuse and discrimination 3. Housing, income security and poverty	YES
Family issues	1. Lack of social connectedness 2. Violence, abuse and discrimination 3. Substance abuse 4. Housing, income security and poverty	YES
COPD	1. Lack of physical activity 2. Smoking 3. Lifestyle factors	YES
CVD	1. Lack of physical activity 2. Poor diet and nutrition 3. Obesity 4. Lack of social connectedness 5. Smoking	YES
Diabetes	1. Poor diet 2. Obesity 3. Lack of physical activity 4. Smoking	YES

	5. Lack of social connectedness	
Asthma	1. Inappropriate diet	YES
Cancer	1. Poor or inappropriate food and nutrition 2. Smoking and substance abuse	YES
Family violence	1. Poverty 2. Inadequate housing / income / employment security 3. Lack of social connectedness 4. Substance abuse	YES
Physical Activity	1. Lack of access to opportunities for recreation 2. Lack of funds to participate (poverty) 3. Lack of knowledge about benefits of PA 4. Lack of time due to lifestyle constraints 5. Poor social connectedness	YES
Social connectedness	1. Time poor lifestyles 2. Low levels of access to and usage of public transport 3. Insecure /inadequate income / poverty 4. Discrimination and violence 5. Disability 6. Lack of social and community supports 7. Inadequate housing	YES
Capacity Building	Collaboration and partnership building have been demonstrated to be important in achieving positive Health Promotion programs and outcomes. Without appropriate workforce development we may not be able to deliver on the goals and outcomes outlined in this plan.	YES

7. Based on the above information, what will be the agency's Priority Health Issues for the next 12-24 months?

Priority Health Issues	**Rationale for Assigning Priority**
Food and Nutrition	Poor food and nutrition is a significant contributor to a number of the health conditions that we have identified as significant in Nillumbik (especially diabetes, obesity, CVD). Furthermore, there is increasing evidence and community concern about the rising levels of obesity among children. For this reason, prioritising food and nutrition is very timely.
Access to public transport	This is particularly an issue for people in the Northern part of the Shire where PT is poor or non-existent. Given our Strategic Plan direction to focus on a new site in Hurstbridge, it is particularly timely to invest some energy on this issue.
Physical Activity	Physical activity consistently appears as the most significant

	protective factor against a wide range of health conditions. For this reason, intervening in this area is likely to have significant positive impacts.
Social connectedness	Comparative needs data suggest that Nillumbik fares poorly in relation to other locations in the area of mental health and well-being. Social connectedness is the single greatest protective factor against these conditions. It is also a protective factor for a number of the other health conditions that we have identified as being significant in our population.
Capacity Building	This plan represents a significant shift in relation to our Health Promotion activity. This shift will not work if not supported by adequate training and development.

8. **Who are the key stakeholders? Are there resources that can be provided by these stakeholders?**

Health Issue	**Stakeholders**	**Potential or Current Stakeholder Contribution**
Food and Nutrition	Schools / childcare / pre-schools, Dieticians, Shop owners, Consumers	Ped. dietician currently runs programs in pre-schools
Public and community transport	Consumers Local government State government Public transport providers Businesses	Assist consumers to lobby for more effective PT Work with businesses to develop active transport plans Work with local government to identify transport needs
Physical Activity	Consumers, Families, NCHS YMCA, Sports clubs and associations, Local government, Kinect, Schools, KGFYL	Existing partnerships with YMCA and local schools Will tap into KGFYL program
Social connectedness	Consumers, Families, Social and community groups, Sports clubs and associations, Local Government, Neighbourhood Houses, Living and Learning centres	Limited existing consumer participation expansion of which could become a major focus
Capacity Building	NCHS BNPCA NSC Consumers Other community organisations	Existing participation on networks Existing strong uptake of training opportunities

3. Target Groups, Goals, Objectives, Strategies and Estimated Impacts

3.1 Health Issue: Food and Nutrition

Program Goal

Program Goal	To increase the consumption of healthy food within Nillumbik
Population Target Group/s	1. Children 2. Families
Estimated CH budget for this priority area	$31,625

Objective 1

Objective	The proportion of mothers breastfeeding at 6 months will increase from by 5% by 2009 as assessed through MaCHs data.
Estimated Impact	100 women and babies
Rationale for choice of objective	There is abundant literature on the benefits of breastfeeding and the link between early cessation of breastfeeding and childhood obesity.
Team and time allocation	MCH Team ABA
Start Date	2006-07-01
End Date	2009-06-30

Strategies	**HP Intervention Type**
To design (by September 2006) and implement (March - May 2007) a survey to determine reasons for cessation or continuation of breastfeeding at 6 months.	Resources
To utilise data from the survey to design interventions to promote breastfeeding.	Resources
To review research and literature relating to promoting breastfeeding.	Workforce Development

Objective 2

Objective	The proportion of mothers continuing to breastfeed beyond 12 months will increase by 5%.
Estimated Impact	35 women and babies

Rationale for choice of objective	There is abundant literature on the benefits of breastfeeding and the link between early cessation of breastfeeding and childhood obesity. In Nillumbiik breastfeeding rates drop significantly beyond 6 months despite the benefits of extended breastfeeding. For this reason, we are keen to put in place direct and specific interventions to increase breastfeeding in this cohort.
Team and time allocation	MCH Team ABA
Start Date	2006-07-01
End Date	2009-06-30

Strategies	**HP Intervention Type**
To meet with the local Australian Breastfeeding Association to establish partnership arrangements.	Community action
To hold discussion with the NEDGP re promoting breastfeeding to Doctors.	Workforce Development
To encourage and promote the use of MCH centres by ABA groups	Settings and Supportive Environments
To review the language used by MCH nurses in relation to breastfeeding.	Workforce Development
To display promotional information about extended breastfeeding at MCH centres.	Social Marketing/Health Information

Objective 3

Objective	We will facilitate 8 schools achieving Kids Go For Your Life accreditation by 2009.
Estimated Impact	8 schools to achieve accreditation by 2009
Rationale for choice of objective	**RATIONALE:** NCHS will support Early Childhood Services & Primary Schools to create healthy environments to encourage children to develop healthy habits for life on basis of the following evidence: • High incidence of childhood weight issues: 20% of Australian kindergarten children are overweight and 27% of Australian Primary School children are obese. • Estimates indicate that if the current increase in childhood obesity is not addressed ½ of all young Australians could be overweight by 2025. • Food habits are established primarily in the first 5 years of life. • The KGFYL Program has been researched at a Statewide level and is evidence based in terms of what works in

	reducing obesity and inactivity.
Team and time allocation	Nadine – 200 hours Sally – 130 hours Judy – 20 hours Total this objective = 350
Start Date	2006-07-01
End Date	2009-06-30

Strategies	**HP Intervention Type**
To provide information and support to 12 schools to access the KGFYL information package and access funding.	Settings and Supportive Environments
To provide information and support to 12 schools to access the "Healthy Schools Community Grant" by July 2007.	Settings and Supportive Environments
To link 6 Primary Schools into the existing school nutrition and Physical Activity network by 2008.	Community action

Objective 4

Objective	4 Childcare Centres in Nillumbik will participate in the Start Right Eat Right Program to improve the quality and nutritional value of food served by July 2007.
Estimated Impact	4 Childcare Centres
Rationale for choice of objective	**RATIONALE:** NCHS will support Early Childhood Services & Primary Schools to create healthy environments to encourage children to develop healthy habits for life on basis of the following evidence: • High incidence of childhood weight issues: 20% of Australian kindergarten children are overweight and 27% of Australian Primary School children are obese. • Estimates indicate that if the current increase in childhood obesity is not addressed ½ of all young Australians could be overweight by 2025. • Food habits are established primarily in the first 5 years of life. • The SRER Program has been researched at a Statewide level and is evidence based in terms of what works in reducing obesity.
Team and time allocation	Nadine - 100 hours Sarsha – 125 hours Total this objective = 225
Start Date	2006-07-01
End Date	2007-07-01

Strategies	HP Intervention Type
To apply for funding to participate in and implement the SRER Program.	Organisational Development
To provide information on the SRER Program to 8 Childcare centres in Nillumbik.	Social marketing/Health Information
To train and support 4 childcare centres through the implementation phase of SRER.	Health Education and Skill Development

3.2 Health Issue: Public and community transport

Program Goal

Program Goal	To increase the available options and use of healthy and sustainable forms of transport among the residents of Nillumbik with a focus on public, community and active transport.
Population Target Group/s	1. Workers / regular commuters 2. General population 3. Locational- and mobility- disadvantaged residents
Estimated CH budget for this priority area	$37,950

Objective 1

Objective	Reduce the frequency and extent of individual car trips to regular or daily destinations such as work or school through increased use of car pooling, travel blending and public transport.
Estimated Impact	25 residents will replace independent car travel to work or school with more environmentally friendly means of transport.
Rationale for choice of objective	• Reduce greenhouse gas emissions and limit air pollution • Decrease traffic congestion and improve road safety • Healthy environments lead to improved health outcomes for populations and individuals
Team and time allocation	Carolyn – 150 hours Melissa – 60 hours Total this objective = 210 hours
Start Date	2006-07-01
End Date	2009-06-30

Strategies	HP Intervention Type
Support, promote and implement TravelSmart strategies in a variety of workplace/education settings (link to *Health Issue - Physical Activity*, Obj 1. Strategy 1)	Settings and Support environments
Explore the viability of a Reward/Awards Scheme for residents who adopt	Social marketing

more sustainable forms of transport on a regular basis	

Objective 2

Objective	Replace frequent short car trips to local destinations such as work, school or shops with more active and healthy means of getting around such as walking and cycling.
Estimated Impact	80 people who previously drove cars to work, school or other local destinations will travel using active means of transport.
Rationale for choice of objective	• Improve fitness and health, reduce the risk of obesity, diabetes and heart disease • Increase social and community connectedness by becoming familiar with the local neighbourhood, getting to know the people who live there
Team and time allocation	Carolyn – 150 hours Melissa – 60 hours Total this objective = 210 hours
Start Date	2006-07-01
End Date	2009-06-30

Strategies	**HP Intervention Type**
Support the expansion of the Walking School Bus program, 10,000 Steps and other recognised initiatives to raise awareness and promote behaviour change to more active forms of transport.	Social Marketing
Support, promote and implement *Travel Smart* (Vic Gov't initiative) aims and strategies in the broader Nillumbik Population (link to *Health Issue - Physical Activity*, Obj 1. Strategy 1)	Settings and supportive environments

Objective 3

Objective	NCHS will be actively involved in advocating for increased public and community transport in Nillumbik, with a focus on transport disadvantaged individuals and isolated communities
Estimated Impact	Provision of improved transport options to 20 residents who suffer locational and/or mobility disadvantage, eg. people without cars who live in rural parts of the Shire, people with disabilities
Rationale for choice of objective	Lack of transport is acknowledged as a major barrier and health concern for many individuals to access essential services and participate in community life. Some groups of people and some places in Nillumbik experience significant transport disadvantage. Community Health has a role in addressing this disadvantage at the local level to create a healthier, stronger community overall.
Team and time allocation	Carolyn – 200 hours Melissa – 70 hours Total this objective = 270 hours

Start Date	2006-07-01
End Date	2009-06-30

Strategies	HP Intervention Type
Consult with community organisations, transport providers and local/state government authorities to initiate community partnerships and develop local transport solutions through better use and coordination of existing transport resources such as public transport, community vehicles, taxis and volunteer drivers.	Community Action
Seek additional resources to address local transport disadvantage by promoting and participating in the development of a collaborative submission for "Flexible Transport Solutions" - *Transport Connections Program* project funding (through the Victorian Government's key policy, *A Fairer Victoria*), and.	Resources
If successful in obtaining the above resources, support subsequent collaborative projects / initiatives that address transport disadvantage in Nillumbik	Settings and supportive environments

3.3 Health Issue: Physical Activity

This is a catchment priority

Program Goal

Program Goal	To increase participation levels in physical activity within Nillumbik
Population Target Group/s	1. Children 2. Families 3. Workers
Estimated CH budget for this priority area	$55,275

Objective 1

Objective	There will be an increase of 10% in the number of primary and secondary school students traveling to and from school by active means by 2009 as assessed through school surveys.
Estimated Impact	10% increase (to be determined following establishment of some baseline data)
Rationale for choice of objective	Levels of physical inactivity and childhood obesity are rising in our society. Initiatives such as the WSB have been demonstrated to increase levels of PA among children who participate. This objective will build upon our existing work in this area by focusing on ways to get more children to school by active means, whether or not in the context of a WSB like program.

Team and time allocation	Linda – 255 hours Sarsha – 130 hours Joan – 15 hours Nadine – 5 hours Janine – 100 Total this objective = 505
Start Date	2006-07-01
End Date	2009-06-30

Strategies	**HP Intervention Type**
To link with the NSC / Eltham High School Travel Smart Program and explore the viability of implementing Travel Smart in other schools.	Community action
To assist schools to meet the Physical Activity requirements for KGFYL accreditation.	Settings and Supportive Environments
To link 1-2 additional primary schools into the Walking (or Riding)School Bus program.	Settings and Supportive Environments
To develop and implement a reward scheme to encourage children to walk to school.	Health education and skill development

Objective 2

Objective	6 businesses will develop and implement a workplace based physical activity program by 2009 as assessed by an organisational audit.
Estimated Impact	6 businesses or workplaces
Rationale for choice of objective	The National Physical Activity guidelines for Australians recommend 30 mins of moderate exercise a day. Given that for many people, half their waking hours are spent at work, it would be beneficial to increase levels of Physical activity in the workplace in order to achieve this target.
Team and time allocation	Judy – 300 Jan - MCH Andrea – 100 Karl – 100 Total this objective = 500
Start Date	2006-07-01
End Date	2009-06-30

Strategies	**HP Intervention Type**
To develop and implement a model for workplace based P.A. at NCHS.	Settings and Supportive Environments
To identify workplaces where workers experience low levels of P.A. and associated indicators for poor health outcomes.	Screening, individual risk assessment and immunisation
To develop a program for increasing P.A. in the workplace with identified workplaces.	Settings and Supportive Environments

3.4 Health Issue: Social connectedness

This is a catchment priority

Program Goal

Program Goal	To increase social connectedness and decrease social exclusion
Population Target Group/s	1. Mothers of pre-school aged children 2. Residents of Hurstbridge 3. Men
Estimated CH budget for this priority area	$34,650

Objective 1

Objective	Localities of 1-2 streets in Hurstbridge will establish environmental projects which will bring people together.	
Estimated Impact	Target pop: 1-2 streets / neighbourhoods in Hurstbridge (30 people)	
Rationale for choice of objective	Health Promotion and environmental health are integrally linked. Community consultations in Nillumbik have consistently highlighted that residents consider environmental conditions to be key to ensuring the health and well-being of the community. Furthermore, the sustainability street program operating in a number of municipalities in Victoria has demonstrated that when people in small local groups work together on environmental projects, there are considerable increases in social connectedness.	
Team and time allocation	Carolyn – 200	Total this objective = 200
Start Date	2006-07-01	
End Date	2009-06-30	

Strategies	HP Intervention Type
Consult broadly with the local community to collaboratively determine a suitable site, target group and proposed activities for a neighbourhood-based environmental project to increase local community connectedness and an enhanced sense of belonging.	Community action
Conduct a local neighbourhood environmental enhancement pilot project, evaluate and report on the pilot to develop a model for future projects	Community action

Objective 2

Objective	The number of mothers of 12 month old children who belong to a new

	parents group will increase by 10% by 2009.
Estimated Impact	10 % increase with a particular focus on a target pop of women with PND, premature babies, transfer in to the area, significant gap between children, young mothers, women for whom their allocated new parents group has not been successful.
Rationale for choice of objective	Post Natal Depression rates in Nillumbik are high and the condition contributes an overwhelming number of referrals to our enhanced MCH and counseling / family support programs. There is a strong link between PND and social isolation and initiatives which increase the social connectedness of new mothers have been demonstrated to improve outcomes.
Team and time allocation	MCH Team Joan – 20 Kathy – 50 Total this objective = 70
Start Date	2006-07-01
End Date	2009-06-30

Strategies	**HP Intervention Type**
Undertake survey of mothers at child's 12 month visit to ascertain whether they attend a NPG. If not – why not? And would mother like to attend a group?	Risk Assessment
Utilise data from survey to identify mothers wishing to attend a group and their particular needs.	Health Education and Skill Development
Prioritise a group from needs identified.	Community Action
Implementation of group	Health Education and Skill Development

Objective 3

Objective	NCHS will actively involve 50 community members in projects and/or processes which contribute to service planning, implementation and review by 2009.
Estimated Impact	50 community members
Rationale for choice of objective	The literature on consumer participation cites many benefits including: • Improvements in the quality of health care and improved health outcomes • More appropriate public policy • Organisations set priorities about areas of improvement that matter to consumers • Increased consumer control over health and health services (Health Issues Centre, 2006)
Team and time allocation	Carolyn - 300 Kylie - Youth Consumer Engagement WG – 60 Total this objective = 360
Start Date	2006-07-01

End Date	2008-06-30

Strategies	HP Intervention Type
Engage 8-10 young people in a youth research project to establish the health needs of young people in rural areas of Nillumbik and how services could best be delivered to them (as per objective 4).	Community Action
Participate in the Hurstbridge Traders group in order to create stronger links to the community	Community Action
Respond to and liaise with the community in Hurstbridge in relation to health needs and services	Organisational Development

Objective 4

Objective	We will provide opportunities for 38 young people to participate in leadership, youth participation activities and community action.
Estimated Impact	38 young people
Rationale for choice of objective	Youth participation has been shown to have a positive impact on young people's health and well being and is an effective intervention in increasing social connectedness. *Consulting Young People About their Ideas and Opinions* (2004)
Team and time allocation	Youth Team
Start Date	2006-07-01
End Date	2007-06-30

Strategies	HP Intervention Type
To engage 8 young people in planning and organising an event to celebrate diversity	Community Action
To engage 8 young people in a peer research project about the health needs of rural youth in Nillumbik (as per objective 3)	Community Action
To engage 16 young people in promoting safe use of information technology	Community Action
To engage 6 young people in evaluating NCHS events and functions	Health Education and Skill Development

3.5 Health Issue: Capacity Building

Program Goal

Program Goal	To ensure that NCHS is positioned to effectively deliver quality evidence based Health Promotion.
Population Target Group/s	1. Staff 2. External agencies
Estimated CH budget for this priority area	$38,500

Objective 1

Objective	NCHS will ensure that all staff involved in the delivery of our identified objectives and strategies have the skills and knowledge required to effectively carry out their roles.	
Estimated Impact	20 staff	
Team and time allocation	Management – 150 Janine – 100 Carolyn – 100 Total this objective = 350	
Start Date	2006-07-01	
End Date	2007-06-30	
Strategies		**HP Intervention Type**
Staff who have been identified as "champions" of particular objectives will receive individual mentoring and support as they formulate and implement strategies.		Workforce Development
Staff who have been identified as "champions" of particular objectives will attend training in project management to assist them to meet identified impacts.		Workforce Development
Staff who have been identified as "champions" of particular objectives will receive on going supervision and support as they implement those objectives		Workforce Development

Objective 2

Objective	NCHS will ensure that all staff in the organisation have a sound understanding of Health Promotion theory and practice and are able to situate their own work within this context.
Estimated Impact	60 staff
Team and time allocation	Management – 100 Carolyn – 50 Total this objective = 150
Start Date	2007-01-01

End Date	2008-12-31
Strategies	**HP Intervention Type**
All staff in the organisation will attend the 4 hour introduction to HP course if they do not have other training on HP.	Workforce Development
The HP plan will be presented to all teams within the organisation and discussion held about their role in relation to HP activities.	Organisational Development

Objective 3

Objective	NCHS will ensure that we are active in all partnerships and collaborative ventures which facilitate the delivery of quality health promotion work across our catchment.
Estimated Impact	Network and partnership participation as appropriate
Team and time allocation	Management - 100 Janine – 50 Carolyn – 50 Total this objective = 200
Start Date	2006-07-01
End Date	2009-06-30

Strategies	HP Intervention Type
Continue to participate in BNPCA working parties.	Organisational Development
Continue to participate in NSC MPHP.	Organisational Development
Ensure that we participate in relevant forums and networks which facilitate health promotion planning and activity.	Organisational Development

4. Evaluation

In considering evaluation over the first 12 months of our 3 year plan, we are decided to focus on the Physical Activity Priority. We are taking this focus because Physical Activity is the area in which we have been working for longest and in which we expect to be able to demonstrate the most significant impacts in a 12 month period. We envisage that other priority areas will take longer to plan for and consolidate and that we will focus more on evaluating them in subsequent years.

In thinking about our evaluation, we have made use of the QIPPS program planning tool. Objective One of increasing the number of children traveling to and from school by active means has been entered into QIPPS as a distinct program which has enabled us to develop a workplan as well as an evaluation plan. The questions from the evaluation section of this plan are recorded below.

1. What do you (or your agency) want to achieve from the evaluation? What information might be expected (and helpful) and what difference will the information make? Who is likely to read this information?

We would like to gain greater understanding of the effectiveness of our work. This is especially important to us over the coming three year period as we have significantly changed the focus of the work that we are doing in relation to Physical Activity. In the past, our activities tended to centre around the delivery of exercise groups. We are moving into a period of more upstream Health Promotion work and the evaluation is essential if we are to understand the extent to which we have been successful with this shift. The evaluation will also enable us to ascertain which interventions have been successful and should be repeated and which, if any, should be changed. We plan to distribute and use the evaluation widely within NCHS. We also imagine that it will be of use to our partner agencies in the BNPCA. Finally, we will distribute the evaluation to DHS so that they are able to understand the shift that we have undertaken and the extent to which we have been successful in meeting our targets.

2. What are the key evaluation questions? Examples of questions might include: Did we reach our target group?; Did the activities go to plan?

The key evaluation question that we will be seeking to answer is: "Have we been successful in increasing the number of children who get to and from school by active means?". We will answer this by undertaking a number of evaluation activities which are further detailed in the next section.

3. Specific activities

Objective/Strategy	Performance Indicator	Evaluation Activity	Findings
To link 1-2 additional primary schools into the Walking (or Riding)School Bus program.	No. of schools participating in walking school bus program. No. of active bus routes. No. of implementation plans developed for schools to commence program in their school	Count of number of schools participating in WSB. Audit of active WSB routes. Audit of implementation plans.	
Visit 4 rural primary to establish barriers to children getting to and from school by active means	Barriers identified across 4 rural primary schools. Barriers identified for children getting to and from school by active means. Identify number of children travelling to school by active means. Identify where children are travelling from.	Interview Principal, gather data related to numbers of children using active means to get to and from school and where they live. Survey to identify barriers - parents and children. Focus group with parents	
To audit the physical environment of 4 rural primary schools for walkability and ridability	Completed audits of local environment for walking and bike tracks/footpaths within walking distance to school and riding distance to school. Identified barriers to walking and riding to school.	Identify walking and riding tracks/footpaths using Shire maps. Conduct audits of identified paths/tracks using Shire engineer dept audit tools.	
To assist schools to meet the Physical Activity requirements for KGFYL accreditation.	No. of schools meeting physical activity requirements for KGFYL accreditation.	Count number of schools meeting physical activity requirements for KGFYL	
To familiarise ourselves with KGFYL program	Relevant staff have clear understanding of KGFYL program goals, programs, resources and marketing campaigns clearly. Staff utilising KGFYL resources in work with local schools	Documentation of staff presentation of KGFYL material. Partnerships analysis tool or similar	
To link with the NSC / Eltham High School Travel Smart Program and explore the viability of implementing Travel Smart in other schools.	Report completed recommending the viability of implementing Travel Smart in other schools. No. of schools that have implemented the Travel Smart program	Count the number of schools who implement the Travel Smart Program.	
To develop and implement a reward scheme to encourage children to walk to school.	No. of children walking to school. No. of schools with implemented reward system.	Survey no. of children walking to school Count no. of schools using implemented reward system.	

5. Budget summary

Priority Area One – Food and Nutrition	$31,625
Priority Area Two – Public and Communal Transport	$37,950
Priority Area Three – Physical Activity	$55,275
Priority Area Four – Social Connectedness	$34,650
Priority Area Five – Capacity Building	$38,500
Total	**$198,000**