

## **Part 2                    INTEGRATED HEALTH PROMOTION**

### **2.1 Introduction**

#### **Vision**

A diverse partnership with the capacity to work together to achieve better health and well-being of our communities.

#### **Priority setting and problem definition**

The three health promotion priorities are:

- physical activity
- nutrition and oral health
- mental health

These are consistent with the Victorian Health Promotion Priorities for 2006-09 and apart from nutrition and oral health are consistent with priorities set for the PCP for 2004-2006.

PCP members have identified the key barriers to addressing these priorities as follows:

- transport
- education
- employment
- social isolation
- housing
- family/parenting
- resourcing of primary care

The SGG PCP is committed to addressing these longer term underlying issues.

## 2.2 Background to the Plan

### Prioritisation process

The following process was used to agree on the health promotion priorities for the SGG PCP:

Phase 1 - an email survey was sent to PCP members and stakeholders from a variety of sectors. This survey provided a brief rationale of potential priorities and asked participants to rank the most relevant priorities in light of their agency and understanding of community need.

Phase 2 - a Health Promotion Planning forum was held in April 2006 with health promotion practitioners, senior managers and PCP staff. 35 participants attended, including a broad range of sectors beyond health, including education, arts, local government, sport, the police and Koori representation. The broad sector involvement in SGG PCP activities has been an ongoing focus and recognises our commitment to the social model of health.

The Planning forum was designed as a participatory process involving the creative arts. Evidence was presented, including data from Burden of Disease; Shire Community Profiles; Hospital Admissions; key reports, such as VicHealth and DHS; and other sources, eg. conference presentation by Dr Robert Hall, Chief Health Officer for DHS. Priorities identified in the Southern Grampians Municipal Public Health Plan was also considered (Glenelg Shire Plan is in progress). Input from the broader survey was used to rank the top 3 priorities. Participant input was sought to confirm or challenge whether the survey was a reflection of majority agreement. The 3 priorities were confirmed and some additional issues were identified. These issues were identified as key underlying barriers, such as poor investment in prevention initiatives compared with investment in acute services; issues restricting participation in education and community transport.

Once priorities were confirmed, participants worked in sub-groups to identify the fundamental barriers to health promotion at the 'bottom' of the iceberg for each of the 3 priorities identified. These groups then identified collaborative solutions to some key barriers for the next 3 years. These have been the basis for the IHP goals noted below.

Following the generation of solutions, participants were asked to identify key initiatives that the PCP could implement to further enhance/support organisations in their health promotion activities. This input has been the basis for the PCP's capacity building priorities for 2006-09 detailed in section 4.

The goal for each IHP priority is represented in the table below.

<b>Priority</b>	<b>Goal</b>	<b>Focus population</b>
1. Physical activity	1.1 To increase the level of activity amongst those 'at risk' of chronic illness and those who are socio-economically disadvantaged. Note: Ideally, level of activity would approach National Physical Activity Guidelines	Middle age males – 35-50 yrs Older adults - over 65 yrs Disadvantaged – including Koori
2. Nutrition + oral health	2.1 To increase the proportion of the community who are meeting recommended daily intake levels for fruit + vegetables.  2.2 To increase the proportion of parents of children under 5 years implementing effective oral health habits	Primary school children Disadvantaged – including Koori  Young children – under 5 yrs
3. Mental health	3.1 To increase the number of workplaces with strategies to foster positive mental health of their employees  3.2 To increase mental health literacy  3.3 To assist in the prevention of family violence.	Workplaces employing medium to high numbers of staff, including health.  General community  Women and children impacted by Family Violence

## 2.3 Health Promotion – Strategic Plan

The following Tables detail the 3 key initiatives that will be the focus of building capacity in integrated health promotion over the next 3 years.

### 1. Organisational Development

<b>Goal:</b>	To embed health promotion into Member Agency organisational plans.			
<b>Objective</b>	To obtain commitment from 100% of PCP members to work collaboratively on at least one of the PCP IHP priorities by March 2007			
<b>Est. Impact</b>	<ul style="list-style-type: none"> <li>• 100% of Member agency Organisational Plans reflect their collaboration on at least one PCP IHP priority</li> <li>• 60% of members report increased collaboration on IHP activities</li> <li>• Both Shire Councils achieve integrated planning with their key health service (PDH or WDHS)</li> </ul>			
<b>Objective</b>	To disseminate information regarding IHP interventions across the catchment by May each year			
<b>Est. Impact</b>	100% agencies report increased knowledge of other agency's IHP priorities and initiatives			
<b>Objective</b>	To facilitate intensive HP support for one member agency per year to assist them with preparing an organisational HP plan			
<b>Est. Impact</b>	Key non-health services prepare organisational HP Plan, including disability, neighbourhood house			
<b>Strategy</b>	<b>Stakeholders</b>	<b>Estimated timelines</b>	<b>Estimated Reach</b>	<b>Stakeholder Resources (in kind)</b>
Seek Agency commitment via signature to MOU to PCP IHP priorities and collaboration.	All members	By May 2007	20 agencies	\$2,000
To present at least annually to Counsellors and staff of SG and G Shires on IHP	SG Shire G Shire	annually	2 Shires	\$800
Circulate/make available all Agency IHP or organisational Plans to PCP members	-Initially – WDHS & PDH to circulate -other agencies	By Dec 2006 By June 2007	20 agencies	\$1,000
Complete annual snapshot of IHP interventions across the catchment and make data available via website/bulletin/other	All members/ associate members/others	Annually in May	25 agencies	\$2,500
Identify and implement agreed integrated planning process between Shire Councils and key health services	-Initially Local Govt & PDH, WDHS -other agencies	By July 2007 By July 2009	4 agencies 10 agencies	\$5,000

Support one member agency/year to develop an organisational HP Plan	3 members – based on need	Commence first agency in July 2007	3 agencies	\$15,000
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## 2. Workforce Development

<b>Goal:</b>	A skilled and knowledgeable workforce with capacity to plan, implement, evaluate and disseminate information on integrated health promotion			
<b>Objective 2</b>	To provide a range of HP professional development opportunities to meet agency needs			
<b>Est. Impact</b>	90% of HP practitioners participating in forums report knowledge and skills as a result of PCP forums			
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Stakeholder Resources (in kind)
Map workforce development needs	HP Reference Group members	By Dec each yr	20 people	\$3,500
Host training forums to meet development needs, potentially: i) Evaluation forum – Social Network Analysis (SNA) tool ii) Nutrition Forum iii) Manager development iv) Community Participation	PCP members + others-	By Nov 2006 By July 2007 By Sept 2007 By Feb 2008	10 30 15 20 Total=75	\$82,500
Facilitate SNA support group until members confident with skills	PCP members	Commence Dec 06 - continue as needed	10 agencies	\$2,700
Explore other strategies to meet workforce development needs and continual learning, such as mentoring as directed by the IHP Reference Group	IHP members	By June 2007	10 agencies	\$2,700
Revise PCP website to enhance knowledge sharing, particularly on population health data & IHP Snapshot data	PCP staff to implement	By July 2007	300 stakeholders	Not applicable

### 3. Leadership

<b>Goal:</b>	HP leaders are identified and supported			
<b>Objective 1</b>	To facilitate agency leadership to fill any IHP gaps in their agency plans by Dec 2007, as appropriate to their planning cycle			
<b>Estimated Impact</b>	<ul style="list-style-type: none"> <li>• Shared PCP agreement on IHP gaps</li> <li>• Agency leaders responsible for addressing priority IHP gaps</li> </ul>			
<b>Objective 2</b>	To implement a recognition process for local IHP champions by July 2007 – local case studies			
<b>Estimated Impact</b>	Local HP practitioners present findings at conferences/forums/in publications			
<b>Strategy</b>	<b>Stakeholders</b>	<b>Estimated timelines</b>	<b>Estimated Reach</b>	<b>Stakeholder Resources (in kind)</b>
Map current mix of interventions for IHP across PCP catchment via 'Annual IHP Snapshot'	All members	Baseline by Dec 06 Annually in May	20 agencies	Costed previously
To identify gaps in IHP interventions by June 2007	All members	June 2007	20 agencies	\$1,500
Obtain agreement from PCP Executive Committee of key gaps in integrated health promotion interventions.	Executive Committee members	July 2007	8 agencies	\$1,500
Obtain commitment from key agencies to take leadership to address priority gaps, including: <ul style="list-style-type: none"> <li>i) dental health in indigenous communities</li> <li>ii) physical activity infrastructure – walking strategy in Southern Grampians Shire</li> </ul>	Senior Mgrs of relevant agencies	Sept 2007	4 agencies	\$10,000
Increased mix of interventions and gaps 'closed' in 3 yr snapshot	IHP Reference Group members	June 2009	20 agencies	\$11,000
Advocate on key issues, as agreed, to State and Federal Government	PCP Executive Committee	annually	8 agencies	\$2,500

To review membership of HP Reference Group as a network for IHP leaders by July 2007	IHP Reference Group members	July 2007	8 agencies	\$2,500
Assess use of coordinated PCP media strategy in local press and radio	PCP Executive Committee members	Dec 2007	8 agencies	\$2,500
Implementation of recognition strategies for IHP leaders, eg. use of local case studies; invite agency reps to represent PCP at external events	IHP Reference Group members	July 2008	8 agencies	\$5,000
Facilitate development or support for existing networks, eg. Youth, Early Childhood Services	PCP + non health agencies		30 agencies	\$10,000
Coordinate action on urgent community issues, eg. drought	PCP + non-health agencies as relevant	As needed	As needed	Unable to estimate

## 2.4 Agency Activities and Networks

The following provides an overview of the health promotion interventions occurring across the PCP catchment to address the 3 health promotion priority issues. It is not an exhaustive list but will be amended following the compilation of the PCP's Annual Health Promotion Snapshot Survey.

### Priority 1 – Physical Activity

The following interventions aim to increase the level of activity amongst those 'at risk' of chronic illness and those who are socio-economically disadvantaged.

Physical Activity	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
Portland District Health <i>Refer to Agency HP Plan submitted to DHS</i> Contact: Jacki Carmody	Toward a Healthy Heart Glenelg Walking Strategy Active Script Program Portland Healthy Schools Network	Information via newsletters + media	Walking Strategy with Glenelg Shire Strength Training Program	Assisting Kyeema in development organisational HP policy Plans to assist other Disability organisations.
Western District Health Service <i>Refer to Agency HP Plan submitted to DHS</i> Contact: Susan Brumby	Sustainable Farm Families Community Health nurse programs	Information via newsletters + media	Chronic Disease exercise programs Strength Training Programs – Start staying strong groups Tai Chi program	Active Script
Balmoral Bush Nursing Centre Contact: Lisa Hutchins	Health nurse programs, eg. at Men's Shed	Information via newsletters + media	Strength Training Program Tai Chi program Aqua exercise program Weekly walking group	
Dartmoor Bush Nursing Centre Contact: Pam Godfrey-Smith	Health nurse programs, eg. via strength and balance programs	Information via newsletters + media	Strength Training Program Tai Chi program	
South West Sports Assembly Contact: Lyn Donaldson		Information via newsletters + media	Access for All Abilities (AAA)	Assist organisations, eg. disability sector, to incorporate physical activity within core policies
Women's Health Resource Worker Contact: Pauline McGee		Information via newsletters + media	Come & Try sessions	Active Script

Physical Activity	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
Casterton Memorial Hospital Contact: Sheila Bramall		Information via newsletters + media	Strength Training Program Tai Chi program	
Mulleraterong Centre Contact: Annette Read		Information via newsletters + media	Disability based gym sessions Walking programs Adventure Activities Program Bike riding program	
Department of Veterans Affairs Contact: Keith McKenzie		Information via newsletters + media	strength training	
Winda Mara Aboriginal Corporation Contact: Denis Rose	Health worker programs	Media	Winda Mara Lifestyle Team: gym, physical activity programs	
Southern Grampians Shire Contact: Kevin O'Brien		Media	Hamilton Leisure and Aquatic Centre Contribution of Shire Bus for strength/balance groups	
Glenelg Shire Contact: Adele Kenneally		Media	Strength/balance/Tai Chi groups	
Physical Activity Instructor Network: Contact: Lyn Donaldson, SWSA	Training initiatives for Instructors		Support community based Fitness Instructors – peer mentoring	

## Priority 2 – Nutrition and Oral Health

The following interventions aim to:

- increase the proportion of the community who are meeting recommended daily intake levels for fruit + vegetables.
- increase the proportion of parents of children under 5 years implementing effective oral health habits

Nutrition & Oral Health	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
	Portland District Health <i>Refer to Agency HP Plan submitted to DHS</i> Contact: Jacki Carmody	Towards a Healthy Heart	Media	Healthy Choices at Take Away outlets
Western District Health Service <i>Refer to Agency HP Plan submitted to DHS</i> Contact: Susan Brumby		Media	Healthy Choices at Take Away outlets	School nutrition policies
Balmoral Bush Nursing Centre Contact: Lisa Hutchins	Fuel for School-integrated dietary and physical education program with kinder, primary and secondary school			
Casterton Memorial Hospital Contact: Sheila Bramall	Well For Life – healthy eating sessions		Well For Life	
Department of Veterans Affairs Contact: Keith McKenzie	Cooking for one or two - basic cooking skills program		Cooking for one or two - basic cooking skills program	

### Priority 3 – Mental Health

The following interventions aim to:

- increase the number of workplaces with strategies to foster positive mental health of their employees
- increase mental health literacy
- assist in the prevention of family violence.

Mental Health	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
	Portland District Health <i>Refer to Agency HP Plan submitted to DHS</i> Contact: Jacki Carmody	Toward a Healthy Heart Mental Health First Aid Workplace Stress Assessment Tool Pilot Workplace Stress Intervention Program Corporate Challenge	Information via newsletters + media	Healthy Relationships programs – with young people
Western District Health Service <i>Refer to Agency HP Plan submitted to DHS.</i> Contact: Susan Brumby	Support Groups Sustainable Farm Families Drought mental health resilience 1OMMM	Information via newsletters + media + websites	Social activities with physical activity programs Drought initiatives	Family Violence assessment an referral protocol
Balmoral Bush Nursing Centre Contact: Lisa Hutchins	Implementation ViSP participation for health promotion and mental health support success	Information via newsletters + media	Arts Project with local community arts group, schools, Development Association etc. Reach = 1000 Balmoral bookworms reading group meet monthly Men's shed commenced August 2006 meets weekly Planned social activity programs weekly Active involvement in Blue Light youth activity	

Mental Health	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
	Dartmoor Bush Nursing Centre Contact: Pam Godfrey-Smith		Information via newsletters + media	Social activities with physical activity programs
South West Sports Assembly Contact: Lyn Donaldson		Information via newsletters + media	Social activities with physical activity programs	Assist organisations, eg. disability sector, to incorporate physical activity within core policies
Women's Health Resource Worker Contact: Pauline McGee	Workplace mental health initiative	Information via newsletters + media	Workplace mental health initiative	Workplace mental health initiative
Casterton Memorial Hospital Contact: Sheila Bramall	Workplace mental health initiative	Information via newsletters + media	Workplace mental health initiative Social activities with physical activity programs	Workplace mental health initiative
ASPIRE	Workplace mental health initiative	Workplace mental health initiative	Workplace mental health initiative Mental Health Literacy	Workplace mental health initiative
Mulleraterong Centre Contact: Annette Read		Information via newsletters + media	Social activities with physical activity programs	
Department of Veterans Affairs Contact: Keith McKenzie		Information via newsletters + media	Social activities with physical activity programs	
Winda Mara Aboriginal Corporation Contact: Denis Rose		Information via newsletters + media	Social activities with physical activity programs	
Community Connections: Contact: Claire Jennings	Reading Discovery		Reading Discovery	
Regional Alliance of Mental Health Promotion Contact: Margaret Skene	Mental Health First Aid training – being planned	Media + website	Mental Health First Aid training – being planned	
Glenelg Youth Network Contact: Ann Kirkham, Brophy	Teacher in-service	Youth Card	Community Arts Health Relationships programs	
Southern Grampians Youth Network Contact: Michael Date, LLEN	Teacher in-service	Youth Card	Community Arts Healthy Relationships programs	

Mental Health	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
Southern Grampians Drought Committee Contact: PCP staff	Mental health literacy	Media, schools, stock agents etc	Rural Services Forums Networking between agri-business, resource mgt, health, community service sector	
Southern Grampians Community Arts Alliance – being formed Contact: Kaye Scholfield, RMIT			Lobby for Community Arts Development Officer	

## 2.5 Supporting Information

### Resourcing the Plan

Capacity Building components	DHS funded PCP IHP over 3 yrs	Member contributions – in kind over 3 yrs
Organisational development	\$60,000	\$97,800
Workforce development	\$56,000	\$91,400
Leadership	\$50,000	\$122,500
Planning for evaluation and dissemination	\$50,000	\$120,000
Partnership – <i>note: additional budget allocated from partnerships funding</i>	\$15,000	\$79,500
<b>Estimated Total PCP resource/budget allocation</b>	\$231,000	\$694,000

Funding Source	Links to catchment priority	Funding
DHS - Footholds on Safety	Physical Activity	\$50,000
DHS - Indigenous Family Violence	Mental Health	\$20,000
DHS - Counselling Project	Capacity Building – workforce development Mental Health	\$15,000
Dental Health Services Victoria – Smiles 4 Miles	Nutrition/Oral Health	\$10,000
DHS – Good Practice Program	Integrated planning on all priorities	\$5,000
Potential sources = additional funding being sought under Go For Your Life, Active Living, VicHealth etc	Physical Activity, Mental Health, Nutrition collaborative interventions	In progress of submitting
<b>Total</b>		\$100,000

## Planning for quality health promotion practice

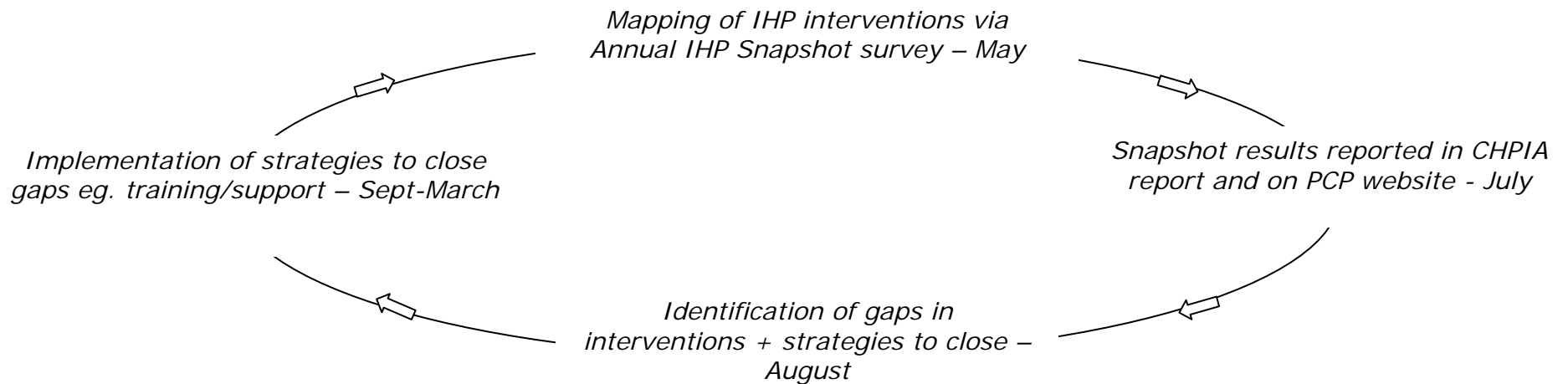
The following table summarises the process and impact measures used to evaluate the HP practice across the catchment.

Health Promotion Goal	Objectives	Process + Impact Measures
<p>1. Physical Activity –</p> <ul style="list-style-type: none"> <li>to increase the level of activity amongst those 'at risk' of chronic illness and those who are socio-economically disadvantaged.</li> </ul>	<p>To increase the agency interventions to increase the level of activity of 'at risk' and disadvantaged clients</p>	<p>No. of agency interventions addressing target populations</p> <p>Numbers of people who have increased their activity due to agency interventions</p>
<p>2. Nutrition -</p> <ul style="list-style-type: none"> <li>to increase the proportion of the community who are meeting recommended daily intake levels for fruit + vegetables.</li> <li>to increase the agency interventions targeting parents of children under 5 years to implement effective oral health habits</li> </ul>	<p>To increase the agency interventions to increase healthy eating of 'at risk' and disadvantaged clients</p> <p>To increase the agency interventions to target parents of children under 5 years to enhance oral health habits</p>	<p>No. of agency interventions addressing target populations</p> <p>No. of agency interventions targeting parents of young children</p> <p>Number of people with enhanced healthy eating habits due to interventions.</p> <p>Number of parents reporting they have changed their children's oral health habits</p>
<p>3. Mental Health -</p> <ul style="list-style-type: none"> <li>increase the number of workplaces with strategies to foster positive mental health of their employees</li> <li>increase mental health literacy</li> <li>assist in the prevention of family violence.</li> </ul>	<p>To implement workplace mental health initiatives in 6 workplaces.</p> <p>To increase people trained in mental health first aid via initiatives of the Regional Alliance of Mental Health Promotion.</p> <p>To implement health relationships program in 6 secondary schools</p>	<p>Initiatives implemented in 6 workplaces</p> <p>30 people trained in MH first aid</p> <p>Mental health literacy rates increased</p> <p>Health relationships program implemented into 6 secondary schools.</p> <p>Teachers/parents report high satisfaction with student outcomes of healthy relationships program.</p>

The SGG PCP regards its role as developing the capacity of agencies to plan and evaluation evidenced based health promotion initiatives. The IHP Annual Snapshot survey will be used to share information about interventions but will not be used as detailed monitoring of the impacts of agency activities.

The PCP will support good practice evaluation with agencies across the catchment in the following ways.

- i) Development of skills and knowledge – as key objective of the PCP ‘workforce development’ goal under IHP Capacity Building Plan.
  - Skill development – for example on good practice evaluation methods, eg. Social Network Analysis (SNA)
  - Evaluation support network – peer support for the trialling of new methods, eg. SNA
  - Agency specific assistance – PCP staff or other agency mentors to assist with specific planning and evaluation issues
  - Sharing of information on good practice models – eg. via forums and case studies on the website
  - Increasing the number of large collaborative projects – PCP to support consortium bids for funding using key agency leaders and partnerships with research/evaluation organisations (eg. RMIT, Deakin Uni, Greater Health)
- ii) Coordination of IHP Snapshot information and review of activities
  - The following action planning cycle will be used:



## Evaluation

The following table summarises the evaluation framework to be used to evaluate the PCP's strategic plan regarding its capacity building role.

<b><u>Objective</u></b>	<b><u>Evaluation Question</u></b>	<b><u>Indicator</u></b>	<b><u>Measurement tool</u></b>
To obtain commitment from 100% of PCP members to work collaboratively on at least one of the PCP IHP priorities by May 2007	Have all members agreed to commitment? Have all members demonstrated their commitment in practice to working collaboratively?	Sign-off on PCP MOU, May 2007 List of collaborators provided by Agencies in their snapshot survey	MOU sign-off Annual HP Snapshot
To disseminate information regarding IHP interventions across the catchment by May each year	Have members participated in Annual HP Snapshot? Have members increased their awareness of other agency's HP activities?	80% Agencies involved in HP Snapshot Members report increased awareness of IHP interventions across the catchment.	Annual HP Snapshot Annual Agency survey
To facilitate intensive HP support for one member agency per year to assist them with preparing an organisational HP plan	Have agencies from disability sector, Neighbourhood Hse and other targeted agencies demonstrated interest in intensive HP support? Has one agency/yr agreed to working on HP plan?	Expressions of Interest received from agencies to participate in intensive support for HP plan	Number expressions interest

<b><u>Objective</u></b>	<b><u>Evaluation Question</u></b>	<b><u>Indicator</u></b>	<b><u>Measurement tool</u></b>
To map the workforce development needs of health promotion practitioners by March 2007	Have all members participated in the mapping survey?	80% participation	Mapping survey
To provide a range of HP professional development opportunities to meet agency needs	Has there been an increase in HP skills, knowledge? Have a range of sectors attended?	At least 3 professional development initiatives held/year Range of non-health sectors attending	Feedback surveys after each forum/training event Event attendance lists Results of Annual Agency survey

<u>Objective</u>	<u>Evaluation Question</u>	<u>Indicator</u>	<u>Measurement tool</u>
To facilitate agency leadership to fill any IHP gaps in their agency plans by Dec 2007, as appropriate to their planning cycle	Have agency's committed to filling gaps in IHP interventions?	Agency increase range of interventions to fill gaps Increase in range of IHP interventions across PCP catchment	Annual HP Snapshot
To implement a recognition process for local IHP champions by July 2007	Do agency representatives/leaders feel recognised and supported?	50% agency reps report increased recognition by PCP	Annual agency survey IHP Reference Group survey

### Dissemination of findings

The following strategies will be used to share learnings between organisations:

- i. via PCP website:
  - results of annual HP Snapshot Survey
  - local case studies
  - links to agency websites (where appropriate)
 Note – the website will be designed to enhance external searches, eg, via Google
- ii. via PCP meetings and training events/forums, eg. IHP Reference Group meetings
  - organisations invited to present their work
- iii. via PCP Bulletin:
  - results of annual HP Snapshot Survey
  - local case studies

The following strategy will be used to disseminate HP findings publicly:

1. via conferences
2. via local and state media

## Links with Integrated Chronic Disease Management

Health promotion interventions being implemented across the catchment aim to increase community participation in physical activity, in healthy eating and in looking after their mental health. All three goals are directly linked to preventing and/or delaying chronic illness. Some specific examples are noted below:

- Network of community based, affordable activity programs (strength/balance, Tai Chi) in rural townships across the catchment – will be used as referral destinations for clients identified with chronic illness. These groups are also referral destinations for people at risk of chronic illness identified via the Active Script project;
- Walking strategies in both Shires – will be used to encourage increased activity for chronic disease clients. The focus on walking is a strong preference of many inactive people and is highly accessible to any age and ability;
- Nutrition interventions in schools, including the Smiles 4 Miles project and activities being implemented by WDHS and PDH, recognise that early intervention in children is an effective mechanism for preventing chronic illness in the next generation;
- The PCP's strategy to support community arts recognises the importance of arts participation as an effective mental health promotion strategy. The PCP aims to increase access to community arts and thereby create referral pathways for clients with chronic illness to art activities. The whole of community access to arts is clearly beneficial to wellbeing and therefore a preventative measure against stress and potential chronic illness. The evidence linking chronic illness and mental illness is strong – the PCP's focus on accessible community arts recognises a gap in current health promotion activities, particularly within Southern Grampians Shire.

While the PCP has not identified any single chronic disease focus, the broad goals of increasing physical activity, nutrition and mental health are considered important foundations to assist with preventing a range of chronic illnesses such as diabetes, cardiovascular disease and asthma. These three chronic diseases represent the highest ambulatory sensitive conditions for the PCP catchment.

The PCP has chosen to focus on health promotion barriers as a key strategy. Transport, in particular, is a key barrier. This is being addressed by ensuring health promotion interventions are localised. For example, the PCP continues to focus on the small townships across the catchment, including provision of local physical activity programs and accessible walking tracks. Where local programs are not viable, such as in small hamlets, the Shire has been instrumental in assisting with transport to nearby programs via the community bus.

It is critical that a whole of person approach is adopted when considering the needs of people with chronic illness, rather than a medical approach used. The discussions that will commence regarding links to a range of community arts, cooking courses, gardening, training etc reflects the PCP's focus on programs that are outside the health service. It is also reflected in the ongoing support for programs such as Reading Discovery, that aim to prevent the cycle of inter-generational poor literacy amongst the disadvantage, that evidence shows is one of several key health determinants for young children under 5 years of age. The PCP focus on the whole person is also reflected in the 10MMM program that seeks to give a voice to young people who are not only isolated by distance but often by technology. Increasing technology to this target population aims to increase their wellbeing, reduce mental health issues and prevent chronic illness. Many of these young people will have relatives and friends with a chronic illness. 10MMM and the interventions being coordinated via local Youth Networks assist in supporting young people at risk.

Chronic diseases have a far reaching impact on the community. It increases the burden on acute and emergency health services; it increases the stress and mental health issues of family and friends; it reduces workplace productivity and results in a variety of other medical complications, such as hypertension, stroke, amputation etc. It therefore not only does it impact on the health and wellbeing of those supporting the client but it costs the community substantial dollars. The PCP considers the funds spent in preventing chronic illness as saving considerable dollars for the community. The PCP aims to implement the best evidence-based health promotion interventions possible to ensure the greatest outcome for its funds. This will hopefully support additional funding for health promotion in the longer term.

While many agencies are active in preventing illness via 'upstream' interventions, there continues to be those that adopt a 'downstream' approach. The PCP will seek to influence these organisations via training in health promotion (such as the 4 hour short-course recently piloted) and in mentoring some key organisations with intensive health promotion support. The PCP will be active in seeking funding to support agencies to adopt an 'upstream' focus, ie. by doing it rather than hearing about it. Engaging agencies in upstream projects engages with them in a practical way and ensures they see the benefit for their own clients and communities. Finally, the PCP's evaluation and dissemination strategies and its renewed focus on engaging senior management and Agency Boards are both ongoing strategies to influence and encourage agencies to enhance their understanding and commitment to an 'upstream' approach.