



**East Gippsland Primary Care
Partnership**

**Health Promotion Plan for
East Gippsland**

2016 - 2017

Preamble

The purpose of this document is to consolidate and develop the work of organisations in East Gippsland that use health promotion and prevention strategies to support their community. This plan guides the activity of EGPCP partners involved in the East Gippsland Health Promotion Reference Group. This document builds on previous work to plan for the 2016-2017 planning and reporting period for the Victorian Department of Health and Human Services.

Process for planning

East Gippsland Primary Care Partnership member agencies participated in an East Gippsland Health Promotion planning day held in September 2016. This planning day aimed to map current activity geographically, in addition to reviewing where that activity fell on the health promotion spectrum. Gaps and opportunities for change were identified through this process. Activities that member agencies will be implementing over the coming 12 month period align with the three Health Promotion Priority Areas as identified in the East Gippsland Primary Care Partnership Strategic Plan 2013-2017 of:

- Healthy Eating
- Physical Activity
- Mental Health Promotion

Activities that fall under more than one of the above priorities areas have been captured in a fourth section.

Participants in the planning days were representatives from a range of agencies located across the East Gippsland Region. These included:

- Bairnsdale Regional Health Service
- East Gippsland Shire Council
- Gippsland Lakes Community Health
- Orbost Regional Health

Feedback was also sort from other organisations that were not able to attend these planning days. A representative from the Department of Health and Human Services was able to attend and offer valuable assistance.

East Gippsland Primary Care Partnership's role included the facilitation of planning days and collation of all health planning information from each agency, in addition to the production of the final Health Promotion Plan for East Gippsland. This role included regular consultation with agencies for additional input and detail after the planning day in addition to providing support and advice to agencies as requested.

All agencies involved were responsible for contributing information about their proposed activity and were involved in identifying evaluation indicators, tools and timelines. The information provided in this plan is reflective of the combined health promotion activity across partner organisations in each of the three priority areas.

It is acknowledged that this plan presents a blend of specific activity and broader overarching interventions. This reflects the shift in health promotion practice from a focus on individual choices to the use of interventions that are implemented to support healthy settings and systems.

East Gippsland agencies using health promotion to support their community

The aim of this document is to build on previous work to plan for 2016-2017 planning and reporting period. This includes capturing the great breadth of health promotion initiatives and partnerships that are strengthening and developing across all areas in East Gippsland. It is important to note that the composition, priorities and funding arrangements of services that use health promotion as part of their work in East Gippsland varies significantly. This is an important, somewhat essential, consideration when reviewing the contents of this plan and the planning process. As a result of these variations, the content, priorities and involvement in the planning process is directly influenced.

Please note that the following agencies receive funding for Health Promotion from the Department of Health and Human Services:

- Bairnsdale Regional Health Service
- Gippsland Lakes Community Health
- Orbost Regional Health (receives funding from Department of Health and Human Services, however not specifically under health promotion)
- Gippsland Women's Health

ACRONYMS

AP	Achievement Program
BRHS	Bairnsdale Regional Health Service
DHHS	Department of Health and Human Services
EG	East Gippsland
EGPCP	East Gippsland Primary Care Partnership
EGSC	East Gippsland Shire Council
GLCH	Gippsland Lakes Community Health
GPHN	Gippsland Primary Health Network
GWH	Gippsland Women's Health
HP	Health Promotion
IHP	Integrated Health Promotion
PMVAW	Prevention Men's Violence Against Women
RDI	Recommended Dietary Intake
S4M	Smiles 4 Miles
VPHS	Victorian Population Health Survey

Priority Area One – Healthy eating and oral health

Goal	By June 2017 people living in East Gippsland will meet the RDI of fruit, vegetables and water.		
Target population group/s	All people living in East Gippsland.		
Budget and resources	As per individual agency plans.		
Key evaluation question/s	Do the people living in East Gippsland have improved consumption of and access to (physical, intellectual, fiscal) fruit, vegetables and water?		
Objective 1	Impact indicators	Evaluation methods/tools	Timelines and responsibilities
By June 2017 people living in EG will meet the RDI of fruit, vegetables and water	<ul style="list-style-type: none"> % of people living in EG meeting the RDI for fruit, vegetables and water % of people living in EG regularly consuming sugary drinks # of organisations that do not sell sugary drinks # of organisations that have stopped selling sugary drinks 	<ul style="list-style-type: none"> Population health surveys (including VPHS 2015) Settings self-reported change Adoption of the recommended 'Healthy Living Programs and Strategies', particularly the AP GPHN and DHHS health data 	EGPCP including partners June 2017
Interventions	Process indicators	Evaluation methods/tools	Timelines and responsibilities
1.1 Work with early years settings, workplaces and sporting clubs to increase healthy eating and develop healthy eating practice (through a variety of programs, including the AP)	<ul style="list-style-type: none"> Reach -% of early childhood settings, sporting clubs and workplaces participating in the programs % of children and families within participating early childhood settings % of educators exposed to the program % of early childhood settings and workplaces approached that have registered with the AP Progress of settings reaching each stage of the AP for the Healthy Eating module # of families exposed to information through workplaces and sporting clubs % of services engaged in S4M % of schools re-engaged in oral health promotion and prevention programs # of settings that have a health and wellbeing committee # of settings that have developed new policies or revised existing policies 	<ul style="list-style-type: none"> AP databased of registered settings AP data of coordinate and create settings Staff health and wellbeing surveys Participation lists AP policies and health promotion charters S4M Policies EG AP Newsletter Dental health data from BRHS early years and school visits 	June 2017 All partner agencies involved

<p>1.2 Work with schools to increase healthy eating and develop healthy eating practice (through a variety of programs, including the AP)</p>	<p>Reach - % of schools participating in the programs % of children and families within participating schools % of educators exposed to the program % of schools approached that have registered with the AP Progress of schools reaching each stage of the AP for the Healthy Eating module # of settings that have a health and wellbeing committee that prioritise healthy eating # of settings that have developed new policies or revised existing policies # schools that engage in healthy eating network discussion # schools that use the BRHS Healthy Munching kit Vegetable and fruit sales from local stores</p>	<p>AP databased of registered settings AP data of coordinate and create settings AP policies and health promotion charters AP network data EG AP newsletter BRHS and GLCH data</p>	<p>June 2017 All partner agencies involved</p>
<p>1.3 Continue to develop environments that strengthen locally supported food systems in East Gippsland</p>	<p>Details of communities participating – locations, towns Reach Do people have improved access to healthy food? Details of programs happening Registered users of Feast on East Direct # and type of new food outlets # of new community/setting based gardens Partnerships</p>	<p>Omeo Region Healthy Food Futures Network participation Linkages to Feast on East Direct EGSC data on new food outlets Agency data on community gardens</p>	<p>June 2017 All partner agencies involved</p>
<p>Evaluation design</p>	<p>Agreement of collective measures across the catchment using the Collective Impact Framework</p>		
<p>Data Analysis and interpretation</p>	<p>Raw data will be collected, analysed and interpreted by individual agencies for each of their identified interventions. If sample sizes allow, analysis and interpretations from individual agencies will be collated and de-identified (by agency) by EGPCP staff. PCP staff will analyse and interpret data collected by PCP partner agencies (IHP funded and others if data allows) to be applied to a catchment wide overview of findings. This analysis may include:</p> <ul style="list-style-type: none"> • A catchment wide demographic overview of intervention participant details, which may include: <ul style="list-style-type: none"> ○ Rural residence (based on postcode) ○ Indigenous status ○ Non-English speaking background 		

	<ul style="list-style-type: none"> ○ Specific information directly related to the intervention target group <p>A catchment wide summary of intervention participation and possible effects on the population.</p>
<p>Evaluation dissemination</p>	<p>As evaluation is completed, evaluation results and evidence will be forwarded to each relevant PCP partner. At the completion of the current Strategic Plan, in 2017, a final report will be distributed to all PCP partners and funding bodies (with agencies de-identified).</p> <p>If appropriate, any agency results that apply across the East Gippsland catchment area will be promoted through EGPCP updates, newsletters and reports.</p>

Priority area two – Physical Activity

Goal	By June 2017, people living in East Gippsland will be more physically active		
Target population group/s	All people living in East Gippsland		
Budget and resources	As per individual agency plans		
Key evaluation question/s	Do the people living in East Gippsland have more opportunities for physical activity? Are people living in East Gippsland more physically active?		
Objective	Impact indicators	Evaluation methods/tools	Timelines and responsibilities
By June 2017, people living in EG will be more physically active	% of people living in EG meeting the weekly recommendations for physical activity	Population health surveys (including VPHS, Australian Early Development Index) Settings self-reported change Adoption of Healthy Together Victoria recommended 'Healthy Living Programs and Strategies', particularly the AP GPHN and DHHS health data	EGPCP including partners June 2017
Interventions	Process indicators	Evaluation methods/tools	Timelines and responsibilities
2.1 Implement a range of programs that engage inactive and insufficiently active people to become more active (with a particular focus on walking and other community based activity)	Partnerships Reach - % of organisations, staff and families participating across all programs % increased motivation to participate from activity post program participation % of people reporting being more active on more days of the week	Active April data Walking event surveys Walktober Challenge pre & post survey Heart Foundation Walking registrations EGSC data on recreation centre usage/participation by new users Agency data/participation records	June 2017 All partner agencies involved
2.2 Support EGSC, other government departments and regional partners to improve and promote local tracks, trails, walking and cycling infrastructure and sporting environments	Areas, tracks, trails and infrastructure improvements have been identified Community awareness and use of new/existing infrastructure % of inclusive sporting clubs # and distance of new footpaths developed # of free recreation centre passes that are used after being issued Clicks/downloads of walking track maps on	Tracks and trails data Sporting club data Maps Media coverage	June 2017 All partner agencies involved

	websites # of people scanning QR codes on walking tracks (EGSC to see if this data is available)		
2.3 Work with early years settings, primary schools, workplaces and sporting clubs to increase physical activity (through a range of programs, including the AP)	<p>Reach - % of schools, early childhood settings, sporting clubs and workplaces participating in the programs</p> <p>% of students and families within participating schools and early childhood settings</p> <p>% of educators exposed to the program</p> <p>% of schools approached that have registered with the AP</p> <p>Progress of settings reaching each stage of the AP for the Physical Activity module</p> <p># of families exposed to information through workplaces</p> <p>% of organisations participating in Walktober</p> <p># of settings that have a health and wellbeing committee</p> <p># of settings that have developed new policies or revised existing policies</p>	<p>AP database of registered settings</p> <p>Staff health and wellbeing surveys</p> <p>Walktober database of registered organisations</p> <p>Participation lists</p> <p>AP policies</p>	<p>June 2017</p> <p>All partner agencies involved</p>
Evaluation design	Agreement of collective measures across the catchment using the Collective Impact Framework		
Data Analysis and interpretation	<p>Raw data will be collected, analysed and interpreted by individual agencies for each of their identified interventions.</p> <p>If sample sizes allow, analysis and interpretations from individual agencies will be collated and de-identified (by agency) by EGPCP staff.</p> <p>PCP staff will analyse and interpret data collected by PCP partner agencies (IHP funded and others if data allows) to be applied to a catchment wide overview of findings.</p> <p>This analysis may include:</p> <ul style="list-style-type: none"> • A catchment wide demographic overview of intervention participant details, which may include: <ul style="list-style-type: none"> ○ Rural residence (based on postcode) ○ Indigenous status ○ Non-English speaking background ○ Specific information directly related to the intervention target group <p>A catchment wide summary of intervention participation and possible effects on the population.</p>		
Evaluation dissemination	<p>As evaluation is completed, evaluation results and evidence will be forwarded to each relevant PCP partner. At the completion of the current Strategic Plan, in 2017, a final report will be distributed to all PCP partners and funding bodies (with agencies de-identified).</p> <p>If appropriate, any agency results that apply across the East Gippsland catchment area will be promoted through EGPCP updates, newsletters and reports.</p>		

Priority area three – Mental Health Promotion

Goal	The people of East Gippsland will feel more socially connected and will experience improved mental health by June 2017		
Target population group/s	All people living in East Gippsland		
Budget and resources	As per individual agency plans		
Key evaluation question/s	Do the people of East Gippsland report more social connection to their community?		
Objective	Impact indicators	Evaluation methods/tools	Timelines and responsibilities
The people of EG will feel more socially connected and will experience improved mental health by June 2017	% of people living in EG feeling socially connected	Population health surveys (including VPHS 2015) Resilience survey - Department of Education and Training Health service staff satisfaction survey – DHHS Mental illness rates and prescription rates – GP data via GPHN School attendance records GPHN and DHHS health data	EGPCP including partners June 2017
Interventions	Process indicators	Evaluation methods/tools	Timelines and responsibilities
3.1 Partner agencies continue to deliver Men's Shed activities in EG (including through the Portable Men's Shed where possible), with greater focus on delivering and embedding health promotion information and messages within Men's Sheds	% of older men and % of disabled men living in proximity to a men's shed are participating Barriers and enablers to participation and access are identified # of older men who have been able to access Men's Shed activity via portable shed Improved development of relationships and community connections for participants	Men's Shed participation data from catchment collected and analysed Use of Warwick Edinburgh Mental Health and Wellbeing Scale Men's Health Nurse data	May 2017 All partner agencies with men's sheds involved
3.2 Continue to work with GWH to increase PMVAW activity in EG	Reach Partners actively involved in the development of local PMVAW responses Additional Mentors in Violence Prevention training requested and conducted # of sessions delivered in East Gippsland	GWH attendance records Distribution of findings from GWH Regional Strategy Maternal and child health check screening data	June 2017 All partner agencies involved

	# of people at each session Local PMVAW strategies identified		
3.3 Facilitate the EG Ice Prevention Working Group to utilise a systems thinking approach to develop and deliver interventions and information aimed at preventing and minimising the use of alcohol and drugs.	Reach Partnerships Development of interventions/community information % of communities in EG who are exposed to interventions and information % of EG population participating in interventions Links made by professionals and community members to alcohol, family connection, gambling and other causes.	Ice prevention Working Group meeting minutes Participation records	June 2017 All partner agencies involved
3.4 Implement new programs and continue to deliver existing programs that increase social connection and mental health and wellbeing (including community arts programs)	Reach Identification of barriers and enablers to access/participation in programs # of families attending Infant Mental Health sessions # of professionals attending Infant Mental Health sessions Partnerships % of communities in EG who are exposed to programs % of EG's population participating in the programs	Program evaluation surveys Participation records Municipal Public Health and Wellbeing Plan	June 2017 All partner agencies involved
3.5 Work with early years settings, primary schools, workplaces and sporting clubs to improve mental health and wellbeing (through a range of programs, including the AP)	Reach -% of schools, early childhood settings, and workplaces participating in the programs % of students and families within participating schools and early childhood settings % of educators exposed to the program % of schools approached that have registered with the AP Progress of settings reaching each stage of the AP for the Mental Health module # of families exposed to information through workplaces # of settings that have a health and wellbeing committee # of settings that have developed new policies	AP database of registered settings Participation lists Staff health and wellbeing surveys Rosenberg scale Warwick Edinburgh Mental Health and Wellbeing Scale Children friendly evaluation – 'are we on target?' Most Significant Change stories	June 2017 All partner agencies involved

	or revised existing policies		
Evaluation design	Agreement of collective measures across the catchment using the Collective Impact Framework		
Data Analysis and interpretation	<p>Raw data will be collected, analysed and interpreted by individual agencies for each of their identified interventions.</p> <p>If sample sizes allow, analysis and interpretations from individual agencies will be collated and de-identified (by agency) by EGPCP staff.</p> <p>PCP staff will analyse and interpret data collected by PCP partner agencies (IHP funded and others if data allows) to be applied to a catchment wide overview of findings.</p> <p>This analysis may include:</p> <ul style="list-style-type: none"> • A catchment wide demographic overview of intervention participant details, which may include: <ul style="list-style-type: none"> ○ Rural residence (based on postcode) ○ Indigenous status ○ Non-English speaking background ○ Specific information directly related to the intervention target group <p>A catchment wide summary of intervention participation and possible effects on the population.</p>		
Evaluation dissemination	<p>As evaluation is completed, evaluation results and evidence will be forwarded to each relevant PCP partner. At the completion of the current Strategic Plan, in 2017, a final report will be distributed to all PCP partners and funding bodies (with agencies de-identified).</p> <p>If appropriate, any agency results that apply across the East Gippsland catchment area will be promoted through EGPCP updates, newsletters and reports.</p>		

All priority areas (for activities that cover more than one of the EGPCP health promotion priority areas)

Goal	People in East Gippsland will experience improved health and wellbeing across a number of indicators.		
Target population group/s	All people living in East Gippsland		
Budget and resources	As per individual agency plans		
Key evaluation question/s	Have the interventions in this section lead to the objectives of the priority areas to be met?		
Objective	Impact indicators	Evaluation methods/tools	Timelines and responsibilities
<p>As per healthy eating and oral health, physical activity and mental health promotion priority area objectives, that is:</p> <ul style="list-style-type: none"> By June 2017 people living in East Gippsland will meet the RDI of fruit, vegetables and water. By June 2017, people living in East Gippsland will be more physically active The people of East Gippsland will feel more socially connected to their community by June 2017 	<p>As per healthy eating and oral health, physical activity and mental health promotion priority area objectives, that is:</p> <ul style="list-style-type: none"> % of people living in East Gippsland meeting the weekly recommendations for physical activity % of people living in East Gippsland feeling social connected % of people living in East Gippsland meeting the RDI for fruit, vegetables and water % of people living in East Gippsland regularly consuming sugary drinks 	<p>Population health surveys (including VPHS 2015)</p> <p>GPHN and DHHS health data</p>	<p>June 2017</p>
Interventions	Process indicators	Evaluation methods/tools	Timelines and responsibilities
4.1 Implement the Achievement Program in early years settings, schools and workplaces	<p>Reach</p> <p>Achievement benchmarks</p>	<p>Achievement program registrations and progress reports.</p>	<p>June 2017</p> <p>All partner agencies involved</p>
4.2 Influence service coordination and prevention activities in family and children's services by linking activity of the Children's Wellbeing Collective with other health-related programs	<p>Reach</p> <p># of families in East Gippsland targeted through Children's Wellbeing Collective activity</p> <p>Partnerships</p>	<p>Children's Wellbeing Collective Action Plan</p> <p>Membership list</p> <p>Partnership tool</p>	<p>June 2017</p> <p>All partner agencies involved</p>
4.3 Promote and deliver programs and initiatives directed at older people living in EG with the aim of optimising healthy ageing	<p>% of communities in East Gippsland who are exposed to programs and initiatives focused on healthy aging</p> <p>% of East Gippsland's population participating in programs and initiatives</p> <p>Partnerships</p> <p>New opportunities for older people in social</p>	<p>Program participation records</p> <p>EG HP Reference Group Meeting minutes</p>	<p>June 2017</p> <p>All partner agencies involved</p>

	activities		
4.4 Continue involvement in the development of the municipal public health and wellbeing plan	Ongoing participation in development	Municipal Public Health and Wellbeing Plan Meeting Minutes	June 2017 All partner agencies involved
4.5 Monitor and evaluate the ongoing relevance and membership of the EG Health Promotion Reference Group using the VicHealth or other similar partnership evaluation tool	Assessment complete Strengthened partnerships	Partnership report New members	April 2017 All partner agencies involved
Evaluation design	Agreement of collective measures across the catchment using the Collective Impact Framework		
Data Analysis and interpretation	<p>Raw data will be collected, analysed and interpreted by individual agencies for each of their identified interventions.</p> <p>If sample sizes allow, analysis and interpretations from individual agencies will be collated and de-identified (by agency) by EGPCP staff.</p> <p>PCP staff will analyse and interpret data collected by PCP partner agencies (IHP funded and others if data allows) to be applied to a catchment wide overview of findings.</p> <p>This analysis may include:</p> <ul style="list-style-type: none"> • A catchment wide demographic overview of intervention participant details, which may include: <ul style="list-style-type: none"> ○ Rural residence (based on postcode) ○ Indigenous status ○ Non-English speaking background ○ Specific information directly related to the intervention target group <p>A catchment wide summary of intervention participation and possible effects on the population.</p>		
Evaluation dissemination	<p>As evaluation is completed, evaluation results and evidence will be forwarded to each relevant PCP partner. At the completion of the current Strategic Plan, in 2017, a final report will be distributed to all PCP partners and funding bodies (with agencies de-identified).</p> <p>If appropriate, any agency results that apply across the East Gippsland catchment area will be promoted through EGPCP updates, newsletters and reports.</p>		