



# **Upper Hume PCP Integrated Health Promotion**

## **Strategic Plan 2009-2012**

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## **Introduction**

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This strategic plan has been developed by the Upper Hume Primary Care Partnership Integrated Health Promotion (UH PCP IHP) Committee. This plan outlines the strategic direction for integrated health promotion action within the catchment for 2009-2012.

The IHP committee exists to provide a forum for organisations throughout the Upper Hume catchment to plan and support early intervention and integrated health promotion initiatives across all UH PCP platforms. This committee is responsible for the development of the 2009-2012 strategic plan.

Member organisations funded by Department of Human Services for health promotion in Upper Hume are:

- Beechworth Health Service
- Indigo North Health
- Gateway Community Health
- Women's Health Goulburn North East
- Albury Wodonga Health – Wodonga Campus
- Tallangatta Health Service
- Alpine Health

Many other organisations are active members of the UH PCP IHP committee and play an important role in health promotion. A number of these organisations have been involved in the development of this strategic plan and their commitment to the UH PCP IHP committee is significant.

## **Integrated Health Promotion**

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Integrated Health Promotion (IHP) is defined in the Department of Human Services Integrated Health Promotion Resource Kit as “agencies in a catchment working in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues” (2003:3).

The following are considered essential elements in achieving effective integrated health promotion program delivery:

- Partnerships, with the aim being to move towards collaboration as the highest level of integration where appropriate.
- Quality integrated health promotion practice and delivery needs to focus on implementing an appropriate mix of health promotion interventions.
- Clear identification of key stakeholders or partners across a broad range of sectors (DHS, 2003).

## **Problem definition and priority setting**

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A comprehensive data collection and analysis phase was undertaken between November 2008 and March 2009. Data was collected from a range of national and state sources. In addition, local data was used, where available, to further highlight local issues.

### **Data analysis using the Social Determinants of Health**

The Upper Hume PCP IHP committee were interested in understanding the health of the catchment through a social determinants focus. As a result, the collected data was analysed using a social determinants of health lens. This meant exploring the social, economic, political and cultural factors that had a role in shaping the health issues experienced by the catchment population. Exploration was undertaken in the knowledge that such factors can potentially be altered or influenced to create better health outcomes (WHO, 2005, in Keleher and MacDougall, 2009:42).

The ten determinants outlined in the WHO document and used in the analysis process were:

- Social gradient
- Stress
- Early life
- Social exclusion
- Work
- Unemployment
- Social support
- Addiction
- Food
- Transport

Data analysis consisted of relevant data being grouped under the particular determinant to which it pertained. The data was then analysed in relation to that determinant, and a score given to the overall status of that determinant in relation to the Upper Hume catchment. The determinants with the worst scores were social gradient, early life, social exclusion, addiction, and food.

Committee members explored these determinants further to see if they shared common causes, using the premise that many health issues share common underlying causes, and this can produce common negative health effects. From this investigation, four common causes and effects were identified:

- Unemployment
- Addiction
- Mental health
- Violence

It must be noted that the purpose of this exercise was not to identify what particular issues needed to be represented in the IHP plan. Rather, it was to determine what determinants appeared to be significant to the health and wellbeing of the Upper Hume catchment. From this, appropriate priorities could be selected to guide health promotion activity that would ultimately have an impact across these determinants.

Committee members utilised a strategic planning day and an IHP committee meeting to further discuss and refine the issues pertinent to the Upper Hume catchment and, using the data analysis, determine IHP priority areas. From this process, two priorities were selected for the 2009-2012 IHP strategic plan:

- Promoting physical activity and active communities
- Promoting mental health and wellbeing

## **Solution Generation**

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The Upper Hume PCP IHP has undertaken an innovative process in order to determine the direction and content of the 2009-2012 IHP plan. The plan reflects the committee's understanding that, in order to achieve health promotion outcomes, the IHP plan needs to reflect the particular needs and context of each agency's population whilst finding some common ground upon which all agencies can work toward collaboratively.

The following is a diagram of the committee's plan:

# Upper Hume PCP Integrated Health Promotion Plan 2009-2012

## Upper Hume PCP IHP Priorities 2009-2012:

1. Promoting mental health and wellbeing
2. Promoting physical activity and active communities

## Common theme for IHP Priorities:

Social inclusion

### Promoting mental health and wellbeing

**Common goal:** Improved social connectedness amongst those likely to have the poorest health in the Upper Hume catchment.

#### All agencies have committed to a common objective:

By June 2012 service providers and community will increase their ability to identify and respond appropriately to those who are most vulnerable to social isolation

#### Target population

All agencies have committed to targeting 'those who are likely to have the poorest health' in their catchment as the common target population

#### Strategies

Agencies will determine their strategies based on their specific catchment-based projects. See agency plans for specific strategies.

In addition, collaboration will be a strategy in itself. Monitoring will occur as to how effectively and appropriately the IHP group are able to identify the need for, and undertake collaborative activity in order to achieve a common goal or solve a common issue.

#### Monitoring and evaluation

All agencies have committed to using the same indicators and evaluation processes in monitoring and evaluating their project

### Promoting physical activity and active communities

#### Objectives

Agencies involved in this priority will determine their own objectives based on their specific catchment-based projects. See agency plans for specific projects and related objectives

#### Target population

All agencies have committed to targeting 'those who are likely to have the poorest health' in their catchment as the common target population

#### Strategies

All agencies have committed to participating in the following strategies:

1. Advocating for supportive infrastructure for incidental physical activity. Assisting council to include this in their municipal public health plan and supporting its implementation
2. Assisting CARN to promote the Physical Activity Database
3. Linking physical activity very clearly with our mental health and wellbeing social inclusion strategy for those at risk of poorest health (inclusiveness strategy). This will also include volunteers

#### Monitoring and evaluation

All agencies have committed to using the same indicators and evaluation processes in monitoring and evaluating these strategies

### Agencies involved

Indigo North Health      Beechworth Health Service      Gateway Community Health  
 Albury Wodonga Health – Wodonga Campus      Women's Health Goulburn North East  
 City of Wodonga      Shire of Indigo      Tallangatta Health Service

### Workforce development

Capacity building for agencies in (1) best practice methods for addressing mental health and wellbeing (especially social inclusion); (2) most effective ways to engage those who are likely to have the poorest health; (3) evaluating MH&WB; (4) advocacy

## **Components of UH PCP IHP Plan 2009-2012**

### **Priorities**

The selected priorities were seen as appropriate, relevant, and timely because they addressed two of the DHS statewide health promotion priorities, reflected the needs of the Upper Hume catchment, and responded to the issues reflected in the data. Committee members then agreed that the priority to be shared by all IHP members, and which all members would work on, would be 'promoting mental health and wellbeing'.

### **Common theme for IHP priorities**

The UH PCP IHP committee determined that the two selected priorities needed to relate to each other through a common theme. As a result, the committee have selected *Social Inclusion* as a theme which is common to the two selected priorities.

### **Priority: Promoting Mental Health and Wellbeing**

The UH PCP IHP committee are approaching this objective by agreeing to have in common the following common elements of the priority: goal, objective, target population, and monitoring and evaluation processes. The following section provides further detail on how the committee will undertake the priority.

#### Goal

The IHP committee have agreed to the following as a common goal: Improved social connectedness amongst those likely to have the poorest health in the Upper Hume catchment.

#### Objectives

The IHP committee have decided to share a common objective. This enables to the PCP IHP committee to measure the outcomes of the objective across the catchment. Agencies have the option of having further objectives that are specific to their own catchment priorities.

#### Target population

Agencies will broadly target the same population group, this being 'those who are likely to have the poorest health' in their catchment. The IHP committee will, in coming months, work together in sharing information about and determining who these population groups are in the Upper Hume catchment. The specific descriptor of population groups who are likely to have the poorest health may differ between agencies according to local needs identification

Investing in programs and strategies that target a range of 'vulnerable' population groups (e.g. young people, displaced community groups, indigenous populations), especially where resources for mental health promotion are scarce, may enable a range of population groups who are likely to have the poorest health to be reached whilst avoiding widening further health inequalities (Jane-Llopis, 2007). Universally targeted strategies may be used but only if they do not further privilege the advantaged.

### Strategies

Agencies will determine their strategies based on their specific catchment-based projects. See agency plans for specific strategies.

### Strategies: Collaboration

In addition to the strategies that will be utilised to achieve the priority objectives, collaboration will be approached as a strategy in itself. That is, collaboration will be undertaken as an explicit approach that all members are cognisant about working on. The action research process of 'plan – act – observe – reflect – (and then plan etc)' (Dick, 2000) will be utilised to both guide and evaluate collaborative activity.

IHP committee members have decided upon this approach to collaboration in recognition that it can be a complex process. It is anticipated that the action research approach will enable committee members to (1) develop a better understanding of how to effectively collaborate, and (2) evaluate how well they undertook the collaborative process and whether it achieved its purpose.

Using an action research process to guide in the utilisation and evaluation of collaboration will be reported upon as a distinct item for the 2009-2012 UH PCP IHP strategic plan.

### Monitoring and evaluation

All agencies have committed to using the same indicators and evaluation processes to monitor and evaluate the objectives that are addressing the 'promoting mental health and wellbeing' priority.

### Estimated reach

Whilst an estimated target population cannot be specified, the population to be targeted through this priority is likely to be significant as statistics show that the Upper Hume catchment has a number of risk factors which indicate poor social determinants of health:

- The highest rate of homelessness in Victoria is in Northern Victoria, and within Northern Victoria, in the Ovens-Murray district, in which the Upper Hume PCP catchment is situated (Australian Institute of Health and Welfare, 2009).

- The Upper Hume PCP individual median weekly income is \$377, significantly less than the median income for the rest of Victoria being \$466 (ABS, 2006).
- All of the local government areas situated in the Upper Hume PCP catchment have school leavers disengaged from work or non-school study at rates that are higher than the Victorian average (Community Indicators Victoria).

#### Estimated impact

Increased social inclusion of those population groups who are most likely to have the poorest health in programs and activities that improve mental health and wellbeing.

#### Estimated timelines

- Identification of target populations to commence in August 2009 and be completed by November 2009
- Identification of strategy/ies to be completed by December 2009. Implementation of strategy/ies to commence during 2010
- Identification of shared monitoring indicators to be completed by September 2009. Use of shared indicators anticipated to occur every six months until June 2012
- Identification of shared evaluation processes to be completed by September 2009
- Evaluation working group established by September 2009
- Evaluation to occur at end of years 1 (2010), 2 (2011) and 3 (2012)
- Action research process for collaboration to commence in September 2009 with completion by June 2012

#### Agencies involved

Indigo North Health

Beechworth Health Service

Gateway Community Health

Albury Wodonga Health – Wodonga Campus

Women's Health Goulburn North East

City of Wodonga

Shire of Indigo

Tallangatta Health Service

## **Priority area: Promoting physical activity and active communities**

The UH PCP IHP committee acknowledge that this priority is applicable to members who have physical activity on their agency's health promotion agenda. The following section provides further detail on how relevant agencies will undertake the priority.

### Objectives

Agencies involved in this priority will determine their own objectives based on their specific catchment-based projects. Details of these objectives can be found in each agency's health promotion plans.

### Target population

Agencies will broadly target the same population group, this being 'those who are likely to have the poorest health' in their catchment. The IHP committee will, in coming months, work together in sharing information about and determining who these population groups are in the Upper Hume catchment.

### Strategies

All agencies have committed to participating in the following strategies:

- Advocating to local government for supportive infrastructure for incidental physical activity. Assisting local government to include this in their municipal public health plan, and supporting its implementation.
- Assisting CARN (Centre Active Recreation Network) with the promotion of their Physical Activity database.

For those agencies who have the priority 'promoting physical activity and active communities' in their agency plans, these agencies will:

- Link the 'physical activity and active communities' priority very clearly with the 'promoting mental health and wellbeing' priority. The link between combining physical activity and mental health strategies has been recognised as a potential way to achieve positive health, social and economic outcomes and gain large savings where resources for health promotion are scarce (Jane-Llopis, 2007).

### Monitoring and evaluation

All agencies have committed to using the same indicators and evaluation processes in monitoring and evaluating the above strategies.

### Estimated reach

- Local government: City of Wodonga, Shire of Indigo, Shire of Towong
- Local sporting and recreation networks

- Population groups that are identified as most likely to have the poorest health

#### Estimated impact

- Municipal public health plans for Wodonga, Indigo and Towong include strategies for supportive infrastructure for incidental physical activity.
- Increased numbers of people utilising the CARN Physical Activity database.
- Stronger linkages between physical activity strategies and the mental health and wellbeing priority and associated objectives and strategies.

#### Estimated timelines

- Letters to local governments to be completed and sent by August 2009
- Promotion of Physical Activity database – ongoing
- Identification of shared monitoring indicators to be completed by September 2009. Use of shared indicators to occur every six months until June 2012
- Identification of shared evaluation processes to be completed by September 2009
- Evaluation working group established by September 2009
- Evaluation to occur at end of years 1 (2010), 2 (2011) and 3 (2012)

#### Agencies involved

Indigo North Health

Beechworth Health Service

Tallangatta Health Service

Gateway Community Health

Albury Wodonga Health – Wodonga Campus

City of Wodonga

Shire of Indigo

#### **Workforce development**

The need for workforce development was identified around 5 key issues:

1. Best practice methods for addressing mental health and wellbeing (especially social inclusion) along the whole action continuum identified in the Jakarta and Ottawa declarations
2. Most effective ways to engage those who are likely to have the poorest health particularly in relation to innovative approaches to developing improved health literacy
3. Evaluating mental health and wellbeing (including individual and population strategies)
4. Advocacy

5. Best practice methods for engaging with communities to further inform priority issues and actions and to identify and implement effective local needs assessment

#### Best practice methods for addressing mental health and wellbeing

The UH PCP IHP committee has determined that more knowledge and skills are needed in relation to best practice in planning and implementing projects that address mental health and wellbeing.

#### *Objective*

By 2012, UH PCP IHP committee members will possess appropriate and specific knowledge and skills for planning and implementing projects that address mental health and wellbeing.

#### *Strategy*

- Pursue appropriate training opportunities around mental health and wellbeing program planning and implementation

#### Most effective ways to engage those who are likely to have the poorest health

Engaging those who are likely to have the poorest health is an area that requires knowledge, skills and experience in working with this target group. Workforce development is required around effective engagement methods to establish and maintain respectful and appropriate connections and relationships with this population group.

#### *Objective*

By 2012, UH PCP IHP committee organisations are able to identify, approach, and work with those who are likely to have the poorest health in effective, respectful and appropriate ways.

#### *Strategies*

- Facilitate partnerships with local agencies who are experienced in working with those likely to have the poorest health to develop knowledge and skills in working with this target group
- Pursue appropriate training opportunities around working with those likely to have the poorest health

#### Evaluating mental health and wellbeing

The UH PCP IHP committee has determined that more knowledge and skills are needed in relation to best practice in evaluation of mental health and wellbeing projects.

#### *Objective*

By 2012, UH PCP IHP committee organisations are able to utilise recognised 'best practice' indicators and evaluation methods in the monitoring and evaluation of mental health and wellbeing projects.

### *Strategies*

- Pursue appropriate training opportunities around monitoring and evaluating mental health and wellbeing projects
- Invite other agencies who have successfully planned, implemented, and evaluated mental health and wellbeing projects to discuss their experiences with the UH PCP IHP group

### Advocacy

In recognition that effective advocacy requires particular skills and knowledge, the UH PCP IHP committee has determined that advocacy is a workforce development priority.

### *Objective*

By 2012, UH PCP IHP committee organisations are skilled in applying the principles of advocacy to achieve effective health promotion outcomes for those most likely to have the poorest health.

### *Strategies*

- Identify, encourage and support IHP committee members with an interest in advocacy to pursue qualifications in advocacy (e.g. through the Public Interest Advocacy Centre)
- Invite skilled health promotion advocates to speak at IHP meetings. Invite broader PCP membership to improve chances of encouraging speaker/s to travel to the UH catchment
- Pursue appropriate training opportunities around advocacy

### Best practice methods for engaging with communities to further inform priority issues and actions and to identify and implement effective local needs assessment

The UH PCP IHP committee has determined that there is a need for more knowledge and skills in community engagement that assists agencies to more effectively plan and implement health promotion with their communities.

### *Objective*

By 2012, UH PCP IHP committee organisations are skilled in undertaking community engagement in order to plan and implement effective health promotion strategies and programs.

### *Strategies*

- Identify appropriate training opportunities around community engagement
- Invite other agencies who have effectively undertaken community engagement to discuss their experiences with the UH PCP IHP group

## **Evaluation and dissemination planning**

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Reporting our achievements will occur on an annual basis to the Department of Human services.

Dissemination of our achievements: project reports and other associated information will be made available on the UH PCP website.

## References

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