



INTEGRATED HEALTH PROMOTION PLAN 2012-2013



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ABREVIATIONS

ATSI	<i>Aboriginal and Torres Strait Islander</i>
CAH	<i>Colac Area Health</i>
COS	<i>Colac Otway Shire</i>
CO	<i>Colac Otway</i>
COMPHP	<i>Colac Otway Municipal Public Health Plan</i>
DHSV	<i>Dental Health Services Victoria</i>
FS	<i>Food Security</i>
HP	<i>Health Promotion</i>
IHP	<i>Integrated Health Promotion</i>
LGA	<i>Local Government Area</i>
MBS	<i>Market Basket Survey</i>
S4M	<i>Smiles for Miles Program</i>
SEIFA	<i>Socio Economic Indexes for Areas</i>
SMART	<i>Specific, Measureable, Achievable, Realistic and Timely</i>

Front Page Images Courtesy of:

1. <http://wildeel.com/otway/>
2. <http://resources2.news.com.au/images/2011/02/01/1225998/261342-apollo-bay.jpg>
3. <http://static.lifeislocal.com.au/multimedia/images/large/1861882.jpg>
4. <http://wildeel.com/otway.>

GEOGRAPHIC CATCHMENT

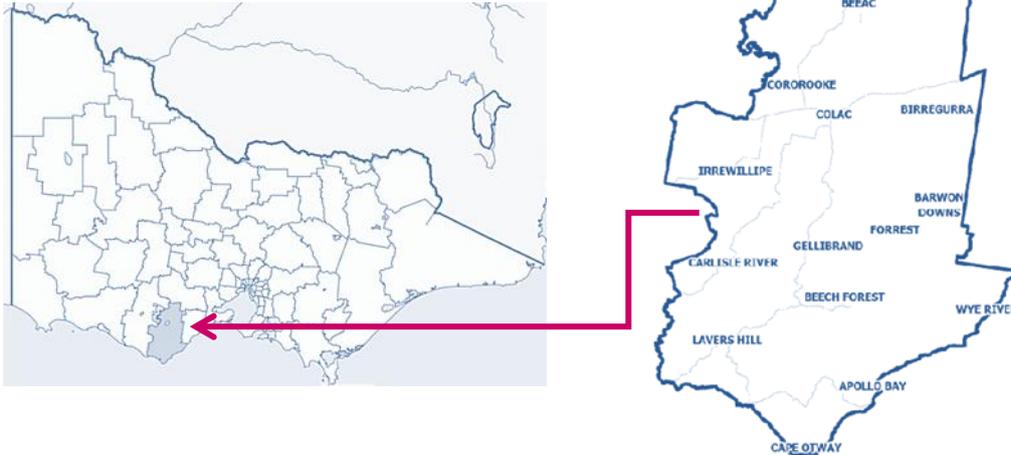


Image 2:
http://www.dpcd.vic.gov.au/_data/assets/image/0005/38237/ColacOtway_new367.gif

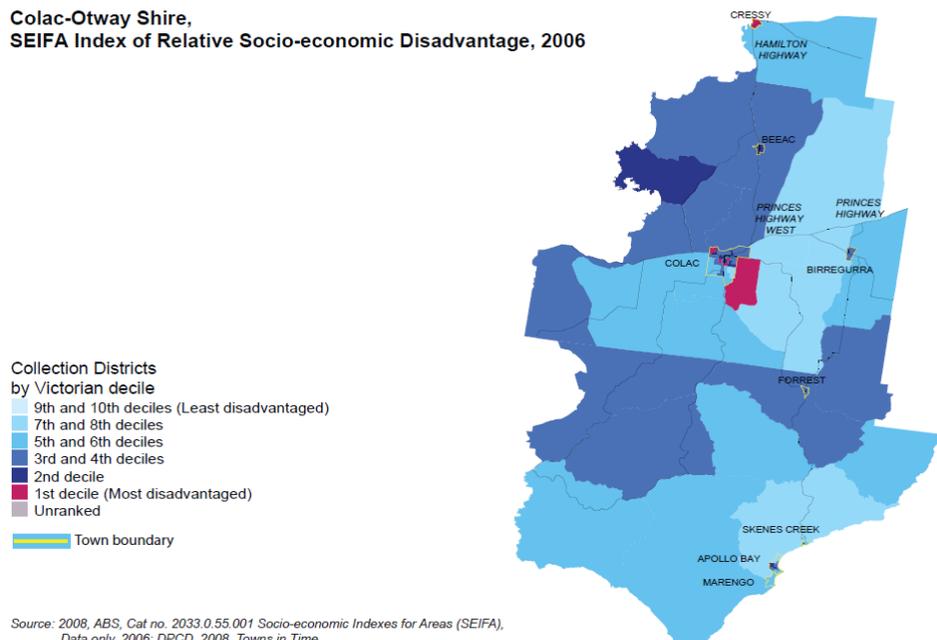
Colac Otway Shire Profile

Colac Area Health (CAH) service meets the needs of more than 30,000 people in the Corangamite, Colac Otway (CO) and Surf Coast Shire's. It is a unique, integrated health service, situated in the foothills of the scenic Otway Ranges and close to the Surf Coast. Specifically the Health Promotion (HP) department works with the community that lies within the Colac Otway Shire (COS) and focuses on reducing health inequality within the municipality; therefore a place based approach will be adopted.

The COS total population is 22,097; this population is broken down to 11,180 being male and 10,917 female¹. The indigenous population totals at 184 people for the region and the total number of overseas born equalling 1,535².

Pictured below is the Socio Economic Indexes for Areas (SEIFA), this index identifies the key areas of Socio Economic Disadvantage in the COS; concentration of the highest levels lie in the Colac central region, and in the north in Cressy. Colac Otway is the most disadvantaged Local Government Area (LGA) in the G21 region. (See page 4).

Colac-Otway Shire,
SEIFA Index of Relative Socio-economic Disadvantage, 2006



Source: 2008, ABS, Cat no. 2033.0.55.001 Socio-economic Indexes for Areas (SEIFA), Data only, 2006; DPCD, 2008, Towns in Time

¹ 2006 Data – Australian Bureau of Statistics National Regional Profile.

² 2011 Data - Australian Bureau of Statistics Basic Community Profile of Population and Housing.

SEIFA Data

<i>SEIFA index of disadvantage Local Government Areas in the G21 Region (ranked from greatest to least disadvantaged)</i>	<i>2006 SEIFA index of disadvantage</i>
Colac-Otway (S)	967.3
Greater Geelong (C)	992.9
Golden Plains (S)	1025.5
Queenscliff (B)	1048.8
Surf Coast (S)	1065.0

Source: Australian Bureau of Statistics, Socio-Economic Indexes for Areas (SEIFA), 2006.

Who are we?

CAH is an integrated health service that provides aged care services, community services and acute care services to the COS and surrounding areas. The HP department sits in the community services team and partners with key agencies in the region, including the Colac Otway Shire. Moving forward we will strengthen our relationship with the COS and align key plans to develop an integrated approach towards targeting health inequalities within our community.

ORGANISATIONAL VISION FOR HEALTH PROMOTION

Colac Area Health define Health Promotion as the actions directed towards addressing the determinants of health. To do this we must enable people to increase control over their own health and wellbeing. We are committed to the guiding principles of Health Promotion through the Ottawa Charter (1986). The 5 key areas to advocate, mediate and enable this charter include:

- Building Health Public Policy*
- Creating Supportive Environments*
- Strengthening Community Action*
- Developing Personal Skills*
- Reorientating Health Services.*

The Department of Human Services guiding principles for Health Promotion are:

1. Address the broader determinants of health, including the social determinants (listed below):

Social Gradient	Stress
Work	Social Support
Unemployment	Transport
Social Exclusion	Food
Education	Addiction
Gender	Early Life

The Solid Facts: Social Determinants of Health - R.Wilkinson and M.Marmot 2003

2. Base activities on the best available data and evidence.
3. Act to reduce social inequities and injustice.
4. Emphasise active consumer and community participation.
5. Empower individuals and communities.
6. Explicitly consider differences in gender and culture.
7. Work in collaboration³.

³ Department of Human Services, (2003) Integrated Health Promotion Resource Kit.

ALIGNMENTS TO LOCAL GOVERNMENT

Over the next 12 months CAH will focus on strengthening and developing external relationships with existing and new partners. We have a particular interest in aligning our work with the Local Government and their Municipal Public Health Plans to enhance HP opportunities in the CO region. This will further our understanding of Local Government planning and action processes.

PRIORITY AREAS FOR ACTION

Background

Significant change has occurred since the 2009-2012 HP Plan. The women's health component and funding has ended and the programs had come to a natural end by 2012. This plan represents both investments in existing pieces of work as well as new priority areas for action.

The flexible component of tobacco has naturally ended. The tobacco programs implemented within the school setting are now running at a lower capacity, without the assistance of CAH. This allows CAH to step away and close the flexible component. Tobacco control sits as our second priority, with a new approach.

Priority areas in the 2009-2012 plan were:

- *Mental Health and Wellbeing*
- *Nutrition*
- *Tobacco.*

Moving forward

- In reviewing the development of the 2012-2013 plan, three priority areas for action have been identified. The burden of these issues in our community and the partnership opportunities for collaborative work, has identified three priorities moving forward: Healthy Eating – Food Security
- Oral Health – Smiles for Miles
- Tobacco Control.

This plan represents both investments in existing pieces of work as well as new priority areas for action.

PRIORITY 1: HEALTHY EATING (Food Security)

Food security definition

Food security is “the state in which all persons obtain nutritionally adequate, culturally acceptable, safe foods regularly through non-emergency sources.”⁴

Rationale

Healthy eating has been identified as a health promotion priority in the Victorian Health and Wellbeing Plan (2011-2015), Barwon and G21 Regional Plans and the Colac Otway Public Health Plan.

Specifically the Colac Otway Municipal Public Health Plan (COMPHP) identifies the need for people to access food that is nutritious, affordable and secure. The plan’s actions include development of a food security policy, and initiatives that improve access to fruit and vegetables⁵. This link of common priorities allows us to develop a partnership not only with the COS, but potentially with other key organisations such as schools, sporting clubs, and Medicare Locals.

The data for the COS (2008) shows that 54.5% of the population did not meet daily fruit consumption guidelines⁶, followed by 89.1% not meeting the daily guidelines for vegetable consumption⁷, nearly half (48.3%) of the population only consumed 1-2 serves of vegetables a day. This is significantly lower than the Victorian average⁸ of 59.3 % of males (lower than the Victorian average) and 42.6% of females not meeting fruit or vegetable intake guidelines⁹.

Broadly in the G21 region (2008) vegetable consumption for children was lower than the recommended 5 serves per day¹⁰.

In the Colac Otway 57.5% of males and 44.6% of females are classified as overweight or obese, totalling at over half the population (50.8%) considered overweight or obese¹¹.

8.2% of persons living in Colac-Otway had experienced food insecurity, compared to 3.8% in the Barwon South West Region and the Victorian State average of 6% meaning the Colac Otway had the highest level of food insecurity. As such 8.2% of people in the catchment ran out of food within the 12 month period and could not afford to replace it.¹²

CAH and COS surveyed 18 key community agencies that provide a food support program to the Colac Otway district, results showed the following:

- 38.9% of these food support programs are in the form of emergency food relief.
- 61.1% of the organisations reported they provided food because clients don’t have enough money to purchase food, 22.2% reported their clients lacked the skills to prepare food and 16.7% of the people who use their food service do so because they have limited or no access to transport to purchase food.
- The organisations reported that after supplying clients with donated precooked meals the second highest demand was for fruit (27.8%) & vegetables (27.8%)
- 37.5% of the organisations reported having ‘constant demand’ from clients for the food support program¹³.

⁴ Victorian Health Promotion Website –VicHealth, Fact Sheet Food Security 2006

⁵ Colac Otway Shire Municipal Public Health and Wellbeing Plan 2010-2013

⁶ Victorian Government Department of Health, (2012) Barwon South West Region Health Status Profile 2011 – Victorian Population Survey 2008.

⁷ Victorian Government Department of Health, (2012) Barwon South West Region Health Status Profile 2011 – Victorian Population Survey 2008.

⁸ Victorian Government Department of Health, (2012) Barwon South West Region Health Status Profile 2011 – Victorian Population Survey 2008.

⁹ Victorian Government Department of Health, (2012) Barwon South West Region Health Status Profile 2011 – Victorian Population Survey 2008.

¹⁰ Victorian Government Department of Health, (2012) Barwon South West Region Health Status Profile 2011 – Victorian Population Survey 2008.

¹¹ G21 Health and Wellbeing Profile 2009

¹² Community Indicators Victoria, 2007. http://www.communityindicators.net.au/wellbeing_reports/colac_otway

¹³ (All Data between Reference Points 16-17) from the Colac Otway Food Security Survey – Community Agencies Consultation 2012

Action to Date

- We understand that there are areas of high level disadvantage and where these areas are (SEIFA).
- COS has identified food security as a priority in COMPHP and have identified actions to better understand the issues in this catchment, including plans to conduct a Market Basket Survey (MBS).
- CAH and COS partnership is currently limited and will be developed and strengthened.
- CAH and COS is currently finalising data in relation to emergency food relief in COS.

Moving forward we need to understand what we don't know about food security and work together in identifying the needs within the CO in regards to this topic.

<p>Priority Issue: Healthy eating – <i>food security</i></p>
<p>Target Group: Low socio economic groups</p>
<p>Goal: Decrease % of population that is food insecure and increase fruit and vegetable consumption</p>
<p>Outcome: This information will be gathered in the population health survey</p>

<p>OBJECTIVE 1: CAH in partnership with the COS will identify the issues surrounding food insecurity in the Colac Otway and develop an evidence based action plan with the COS.</p>
<p>Timeline: Objective 1 will be completed by December 2012.</p>
<p>Impact:</p> <ul style="list-style-type: none"> • Increased use of research, evidence and local data regarding FS needs and issues • Improved community capacity to take action on FS and increase fruit and vegetable consumption • Reduction in fragmented and duplicated effort around FS as organisations will be working collaboratively including pulling resources and skills to develop and implement a FS action plan
<p>Strategies:</p> <ul style="list-style-type: none"> • Identify tools to measure food insecurity within the geographic catchment. • Understand the gaps in knowledge and plan for gathering the knowledge. • CAH and COS will collect data with some of the components and guidance from the United States Department of Agriculture Community Food Security Assessment Toolkit (Cohen, Andrew and Kantor, 2002). The key components to this toolkit include: <ul style="list-style-type: none"> ➤ Profile of community socio economic and demographic characteristics. ➤ Assessment of food resource and accessibility. ➤ Assessment of food availability and affordability. ➤ Assessment of community food production resources. <p>And also the components from the Southern Grampians and Glenelg Community Food Security Needs Assessment (De Rose, Roberts and Nobes, 2011):</p> <ul style="list-style-type: none"> ➤ Community profile ➤ Food and nutrition program audit ➤ Market Basket Surveys ➤ Mapping of food outlets and transport ➤ Community consultation (with key stakeholders and community) ➤ Analysing data from the <i>emergency food relief survey</i> already implemented in the CO. <ul style="list-style-type: none"> • Information will be gathered and analysed. Two priorities will be identified in collaboration with stakeholders; <ul style="list-style-type: none"> ➤ Gather evidence and findings. ➤ Present findings and recommendations for priorities, to key stakeholders for consultation and feedback. ➤ Identify and finalise priorities. ➤ Develop an action plan accordingly.

OBJECTIVE 2:

Develop an evidence based action and evaluation plan in collaboration with the COS to address the identified priorities.

This action plan will be SMART (Specific, Measureable, Achievable, Realistic and Timely)

Timeline:

Objective 2 will be completed by February 2013.

Impact:

- Evidence based action and evaluation plan developed, submitted to the Department of Health for approval then implemented by CAH, COS and other stakeholders.
- Action from Food Security will be reflected in the revised COMPHWP.

Strategies:

- Complete a literature review.
- Develop intervention plan with objectives, interventions, evaluation plan and target group.
- Submit this plan to the Department of Health.
- Partnership developed with the COS and built into the action plan.
- Circulate priorities and action plan.
- In collaboration with the COS begin implementation of the action plan.

PRIORITY 2: ORAL HEALTH (Smiles for Miles)

Rational

The Victorian Health and Wellbeing Plan (2011-2015) identifies oral health as a priority issue and the COMPHP identify early year's health as a priority.

The ambulatory care rate in the CO for dental conditions is higher than the Victorian average, sitting at 4.6%.¹⁴ This means that admissions to hospital, health care centres or doctors where an overnight stay was not required, 4.6% of these admissions presented with dental concerns¹⁵. Dental is now ranked as the second highest reason for ambulatory care in the CO following diabetes complications¹⁶.

The proportion of adolescents who brushed their teeth at least twice a day in Barwon South West Region was lower than the proportion reported across Victoria¹⁷.

Dental Health Services Victoria (DHSV) identifies many determinants that impact on oral health, the following determinants link directly to our priorities of healthy eating: Access to affordable nutritious food, drinks and diet. The data for food security earlier in the document also links strongly too these oral health determinants.¹⁸

Action to Date

CAH, Corangamite Shire and Otway Community Health have worked collaboratively over the last three years to implement the DHSV Smiles for Miles (S4M) program. This working group has successfully completed the program each year and engages with 25 kindergartens across our municipalities. Over the last 12 months DHSV provided funding for the group to complete an extension program focusing on capacity building. Funding for the 2012-2013 financial year has been secured to continue S4M across our catchments.

Priority Issue: Oral health – <i>Smiles for Miles</i>
Target Group: Early Years with a focus on Kindergarten students
Goal: Reduce admissions to health services due to poor oral health outcomes
Outcome: This information will be gathered in the population health survey and the S4M evaluation results

OBJECTIVE 1: All kindergartens in the Colac Otway to be Smiles for Miles accredited
Timeline: Ongoing 2012-2013
Impact: All kindergartens (total of 11) in the Colac Otway are Smiles for Miles accredited. Currently 9 accredited
Strategies: <ul style="list-style-type: none"> • Secure funding and resources for the 2012-2013 Smiles for Miles Program. • Engage kindergartens for the 2012-2013 year in the Smiles for Miles program. • Implement Kinder Kapers program to further develop partnerships with local kindergartens. • Implement the Smiles for Miles programs. • Partnership developed between CAH and early years settings. • Ongoing support and liaising between CAH and early years settings. • Adhere to reporting requirements for both programs.

¹⁴ G21 – Community Health and Wellbeing Profile, 2009.

¹⁵ G21 – Community Health and Wellbeing Profile, 2009.

¹⁶ G21 – Community Health and Wellbeing Profile, 2009.

¹⁷ Barwon South West Region, 2010 – Adolescent Community Profile

¹⁸ Department of Health Evidence-Based oral health promotion resource, 2011

PRIORITY 3: TOBACCO CONTROL

Rationale

Tobacco control is identified as a health promotion priority in Federal, State, Barwon and G21 Regional Plans and the COMPHWP.

21.5% of the Colac Otway population is considered a current smoker – this is the highest percentage in the Barwon South West Region¹⁹. In 2002-2005 the percentage of avoidable deaths attributed to tobacco smoking for the Colac Otway was 12.0%, this is lower than the Victorian LGA average²⁰.

Adolescent Tobacco Profile:

In Barwon South West Region, 18.1 per cent of adolescents aged 12 to 14 years had smoked cigarettes, this is higher than the state figures. Among the same age group, 6.8 per cent had smoked cigarettes in the past 30 days, again higher than the Victorian average²¹.

Among adolescents surveyed in Barwon South West aged 15 to 17 years, 41.9 per cent had smoked cigarettes at some time in their lives, 19.3 per cent had smoked cigarettes in the past 30 days, both figures are higher than the Victorian average²². The proportion of adolescents surveyed in Barwon South West Region exposed to tobacco smoke in the home is significantly higher than that reported across Victoria (24.5 per cent). In 2009, 32.1 per cent of adolescents surveyed in Barwon South West Region were exposed to tobacco smoke in the home²³.

Action to Date

Currently Colac Area Health runs a smoking cessation clinic that operates twice weekly. Previous work (2009-2012 Plan) in tobacco control has included a partnership with Colac Secondary College, to work an Art's Project into the curriculum. Alongside this project smoking cessation staff at Colac Area Health run a series of workshops at the school to inform young people about the harm of tobacco.

Colac Otway Shire are working at a policy level, monitoring the selling of tobacco to minors and also marketing restrictions for stores that sell tobacco.

There is currently not a partnership approach taken to address tobacco control in the catchment. Bringing our work together in 2012 would allow a multi-faceted approach to tobacco control and ensure that a comprehensive best practice approach is being adopted across the two organisations. Strong research for Tobacco in the Colac Otway will allow CAH and COS to fill the gaps in current works.

We have strong potential to partner with QUIT Victoria who have expressed a high level of interest to work in partnership with key stakeholders in our municipality. Initial discussion with QUIT Victoria staff have identified potential implementation of Smoke free policies across various settings in the municipality and strengthening cessation practices to at risk groups in our community. QUIT Victoria have committed to work in partnership with CAH and COS to support our tobacco control action.

¹⁹ Victorian Government Department of Health - Barwon South West Region Health Status Profile, 2008.

²⁰ G21 – Community Health and Wellbeing Profile, 2009.

²¹ DEECD 2011 Adolescent Community Profiles

²² DEECD 2011 Adolescent Community Profiles

²³ DEECD 2011 Adolescent Community Profiles

Priority Issue: Tobacco control
Target Group: Low socio economic groups
Goal: To reduce the avoidable death and disease attributed to tobacco smoke & reduce the amount of tobacco smokers in the municipality
Outcome: Information from the population health survey and community indicators will be analysed to identify the success of the strategies.

OBJECTIVE 1: All children's outdoor playgrounds within CO will be smoke free.
Timeline: Objective 1 will be completed by June 2014
Impacts: All children's outdoor playgrounds are smoke free.
Strategies: <ul style="list-style-type: none"> • CAH, COS guided by QUIT Victoria will collect information on current status of Smokefree outdoor areas in the municipality. • Information gathered is analysed and an action plan developed to implement smoke free policy in the CO. • Circulate priorities and action plan. • Partnership developed with the COS and built into the action plan. • Action from tobacco work will be reflected in the COMPHWP.

OBJECTIVE 2: 80% of clients accessing smoking cessation programs at CAH will develop skills to enable changes to tobacco use.
Timeline: Objective 2 completed by June 2013
Impact: 80% of smokers will have the skills to enable changes to their tobacco behaviour.
Strategies: <ul style="list-style-type: none"> • Weekly smoking cessation clinics held. • Implement the evaluation tool provided by QUIT Victoria to assess the effectiveness of the smoking cessation clinics on behaviour change. • Summarise evaluation findings in discussion paper to consult with cessation management and assess the funding requirements in line with these findings.

OBJECTIVE 3:

Local organisations working with Quit Victoria’s priority population groups – (Aboriginal and Torres Strait Islander (ATSI), people who are homeless, people with mental illness, people with drug and alcohol issues, vulnerable youth and lone mothers) will take action to support clients to reduce tobacco use.

Timeline:

Objective 3 will be completed by June/July 2013.

Impact:

Organisations have information regarding tobacco use in intake processes. Staff trained to support client quitting processes and data collection by health professional to include smoking habits.

Strategies:

- Identify organisations working with target groups.
- QUIT Victoria to run a forum about tobacco as a social justice issue, invite organisation to join the fight on tobacco.
- Organisations sign up to be involved in program.
- QUIT Victoria to run training to staff about levels of tobacco cessation interventions.
- Intake processes adapted to include tobacco use.
- Data collection to include tobacco use.

POTENTIAL OPPORTUNITIES

With a focus on tobacco control, oral health and healthy eating as our main priorities we also need to keep options open for potential partnership with other projects already in progress within the Colac Otway catchment. This allows CAH and COS to remain in touch with expand future work in areas of need.

Youth

Recently CAH has been granted funding (\$1.3 million) by the Commonwealth Government to build a youth health hub (approximate date for building completion mid-year 2013), to provide programs and services specific to youth health needs. Included in the hub development is the completion of a Youth Health and Wellbeing Needs Assessment, which will collect data from 10% of the youth in Colac to identify health concerns within this population. While this data will directly feed into the service delivery of the youth hub, we may find that additional issues around the social determinants of health arise in this needs assessment, creating potential for health promotion practice to develop in this setting.

“Achievements Program” in local primary schools

Over the next 12 months CAH in collaboration with key stakeholders would like to investigate the capacity to implement the Achievements Program in local primary schools. We will take the time to investigate and understand the implementation process and allow local primary schools to express interest in adopting the program. From here the HP department at CAH will take action to either support the implementation of the program with those schools that show interest in the program. The key elements of the “Achievement Program” link strongly with the 3 priorities areas of this Health Promotion plan, being healthy eating, oral health and tobacco control.

BUILD COLAC AREA HEALTH'S CAPACITY FOR HEALTH PROMOTION

Colac Area Health Service is aware of the need to build its capacity for Health Promotion. At Colac Area Health we will use the New South Wales capacity building framework to guide our work in this space. The key elements for Health Promotion capacity building are: **Organisation Development, Workforce Development, Partnership, Leadership and Resources.**

Strengthening Capacity for Health Promotion at Colac Area Health -priorities are:

ORGANISATIONAL DEVELOPMENT

- Redevelop the HP information on the Colac Area Health Website. This is ensuring there is a consistent understanding of HP and our partners will view CAH as a serious leader for health promotion in the region.
- Including Health Promotion in strategic plans and policies.
- Knowledge System Development.
- Structure for HP and HP decision making developed.
- HP plan is comprehensive.

WORKFORCE DEVELOPMENT

- HP short course included in staff training structure.
- Organisation wide HP newsletter.

PARTNERSHIP

- Redevelopment of the HP website will generate interest for external partners.
- Strategic partnership - COS alignment and G21 planning process.

LEADERSHIP

- Executive and board training.
- Strengthen HP skill and knowledge in leadership positions.
- Health Promotion mentor engaged

RESOURCES

- More targeted HP investment – resource allocation.
- Transparent budget.
- Seek additional external resources to further work on priorities.

For further information about CAH or the IHP Plan, please contact:



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