

**Eastern Access Social and Community Health
Health Promotion Plan 2008 – 2012**

Introduction

This section is an excerpt from the EACH Organisational Strategic Plan

EACH is an organisation that provides services across a wide range of health and community service sectors, broadly reflecting community needs, population health data and health promotion priorities. Services include disability, mental health, justice, primary health care, aged care, children's and family services, youth, alcohol, tobacco and other drugs, public health/health promotion, employment, etc. EACH's activities and services also intersect with local, state and federal government policies, priorities and initiatives.

EACH's strategic plan reflects and addresses the common themes of policy initiatives, service characteristics and changes which are evident (or emerging) across this diversity of sectors and environments. EACH's strategic objectives aim to ensure that EACH is proactively positioned to deliver services that will be relevant to communities in the future and will enable it to achieve its purpose of promoting health and well-being in its various communities.

Service areas within EACH will develop detailed operational service plans that reflect EACH's strategic objectives and which specifically address the unique policy context and client service needs of their areas.

Our Vision

A healthy and inclusive community which promotes the well-being of all.

EACH achieves this vision through:

- engaging with communities
- developing strong relationships
- building partnerships
- strengthening communities and building their capacity
- providing high quality services.

3. Values

EACH's Vision and Purpose is centered on relationships with people and communities which reflects a set of core values:

- Integrity and accountability
- Dignity and worth of each individual.
- Mutual respect as the basis of our interactions.
- Responsibility and trust as the foundation for working together.

These values are evident and reflected in EACH's actions and services.

In May 2008 the Health Promotion Manager position was filled following a vacancy period of five months. It was following the appointment of the Manager's position that the General Manager, Primary Health Care and the HP Manager reviewed the then current structure of health promotion positions in the organisation and the outcomes of such a structure. It was decided to pool all of the health promotion funds to create a health promotion team.

Previously health promotion responsibility was spread across the allied health and adult counseling teams. This proved to be challenging in many ways.

The period between May and July was dedicated to advertising, interviewing and filling 2.1 EFT; the resulting structure was and still is a full time Health Promotion Manager and three Health Promotion officers 0.8, 0.6 and 0.6 EFT respectively. An orientation period of three months was allocated to allow health promotion officers to become familiar with organisational structures, policies and procedures as well as orientation to the EMR Health Promotion sector.

Following discussions with the DHS regional Health Promotion Advisor and regional Public Health Manager, it was agreed that the 2008 – 2009 health promotion operational year would concentrate on:

- Building trust, rapport and relationships with key partner in the relevant municipalities.
- Building trust, rapport and relationships with Tertiary Educational establishments.
- Address organisational strategic priorities.
- Scope Health Promotion Capacity Building across the organisation.
- Identify Health Promotion directions for Health Promotion Strategic Plan 2008-2012.

This document provides an overview of the Health Promotion strategic direction at EACH – Social and Community Health. As a whole of organisation EACH applies a range of health promotion and health promoting approaches through its funded and non funded health promotion streams.

Health Promotion approaches include place-based, whole-of-population, settings based, targeted sub-population interventions and life course approaches.

Key Health Promotion action areas:

- health promotion policy
- environments for health
- community strengthening
- personal skills
- service delivery

Health Promotion priority issues are:

- Food Security
- Mental Health & Wellbeing
- Organisational Capacity Building.

Program Back Ground: Place –Based Health Promotion/Bayswater North Community Renewal Project.

Community Renewal 2006-2009

Community Renewal is about improving facilities and supporting participation for people living in disadvantaged communities.

Community Renewal is part of a Fairer Victoria, it is part of the Victorian Government's \$1.6 billion plan to address disadvantage and create opportunity that will result in stronger, more resilient communities.

When economies grow, some places are still at risk of being left behind. New, rapidly developing suburbs sit side by side with neighborhoods that are run down, have falling employment and poor access to transport and services. It is these communities that need some extra support to address the challenges they face and to plan for a more positive future.

Community Renewal brings different parts of government, community organisations and local residents together to set priorities and take action to revitalise the places where they live, work, learn and play.

These projects are helping to renew disadvantaged communities by focusing on:

- community participation and decision making
- job and learning opportunities
- neighbourhood volunteering
- community facilities and open spaces
- cultural, recreational and sporting activities
- safety and wellbeing

Community Renewal 2010 -2013

At the end of 2009 Community Renewal Projects were given a further three years funding by the Victorian state government. The strategic direction for the next three years will focus on:

- Activities that create jobs and training opportunities and link with state and federal employment initiatives.
- Supporting community and social enterprise that stimulates business activity and encourage local leadership and capabilities.
- Engaging parents and children with quality early childhood and school education for a brighter future.
- Encouraging communities to get involved and take control of their shared futures.

Community Renewal Partnerships

- EACH Health Promotion Manager will continue to sit on the community renewal project steering committee and a General Manager will sit on the strategic partnerships committee. As a member of the CRSC EACH will:
 - a. Oversee the local implementation of Community Renewal for the life of the project.
 - b. Provide a forum for information sharing about all aspects of the project.
 - c. Promote and champion the Bayswater North Community Renewal project.
 - d. Endorse and facilitate community engagement to facilitate active participation of residents.
 - e. Establish community identified priorities for early action.
 - f. Work collaboratively with strategic partners to develop, implement and evaluate a local action plan that responds to the issues identified.
- EACH will extend the one day per week secondment of a Health Promotion Officer to the Bayswater North Primary School for the life of the Community Renewal/ Health Promoting School initiative.
- EACH Health Promotion Team will continue to support the marketing and branding, evaluation, publication and dissemination of the Healthier Food Project, this includes Community Kitchens Project, Health School Canteen Project, and School/Community based Fresh Produce Project.
- EACH Health Promotion will continue to support and build on the Bayswater North, 'Women Talking about Their Communities' Project.

Details of the specific Community Renewal projects and information about specific health promotion strategies can be found in the 2009 -2010 IHP operational plan.

Program Background: Setting Based / Education/ Health Promoting School

There is a growing body of evidence that effective approaches include a combination of health education with comprehensive, whole-school approaches that create a supportive physical, social and learning environment, and involves pupils, parents, communities and organisations (WHO/JCSH Technical meeting on school health, 2007). The learning and teaching within the classroom on any topic, such as healthy eating or mental and emotional health, will require to be matched with broader initiatives in the whole life of the school and its community if such initiatives are to have any impact on health behaviours or health status in the longer term.

In terms of the outcomes that a health promoting school approach can produce, a review of the international literature (St Leger & Nutbeam, 1999; St Leger et al, 2007) supports the effectiveness of this approach. West et al, (2004) investigating whole school effects on pupils health behaviour also concluded that the outcomes of their research supported a health promoting school approach. Also, Stewart-Brown (2006) concluded that school programmes that were effective in changing young people's health or health-related behaviour were likely to involve activities in more than one domain.

Education and Health

The United Nations have recognised the potential of schools to influence not only the educational status of young people but also their health and economic development. This is evident in the importance given to universal primary education and eliminating gender disparity in primary and secondary education in the Millennium Development Goals.

There is a relationship between good health, educational achievement and school completion. Also the relationship between school enrolment and improved health outcomes is well established (Cohen et al, 2006). These links mean that improving effectiveness in one sector can potentially benefit the other sector, and schools are therefore an important setting for both education and health.

Victorian Context

In July 2009 the state launched the Parliamentary Inquiry into the potential for developing opportunities for schools to become a focus for promoting healthy community living.

EACH Context

Phase One Planning and Establishment 2008-2012

In establishing the three Health Promotion Schools pilots, EACH Health Promotion will support two primary schools and one secondary school in:

- **Developing a supportive government / local authority policy for HPS**
Where there are supportive policies for HPS by national, or regional, or local authorities, it is easier for schools to embrace the concept. In a number of countries the initiative for HPS has come initially from the school community level leading to later policy adoption at the national level. Bayswater North Primary School will be working in partnership with EACH to become a “go for your life” school in 2010 the details of this project can be found in the 2009-2010 operational plans.
- **Achieving administrative and senior management support**
The HPS is a whole school approach and, as such, needs to have ongoing support and commitment from head-teachers or school directors/managers/ administrators.
- **Creating a small group who is actively engaged in leading and coordinating actions including teachers, non teaching staff, students, parents and community members**
HPS begin well if the workload is shared and all key groups are involved in decision making and implementation. It is essential to have a number of students and parents participating and that their ideas are respected.
- **Conducting an audit of current health promoting actions according to the six essential elements**
The audit explores what a school is currently doing by examining each of the six elements. A quick overview of the six elements would be a good starting point. If it involves all staff it engenders discussion about health issues and what the school should do about them. It also encourages a larger group of staff to become committed to establishing a HPS.
- **Establishing agreed goals and a strategy to achieve them**
Goals need to be realistic and the strategy within the capacity of a schools resources.
- **Developing a Health Promoting School Charter**
This document symbolises the commitment of the school and embeds the locally developed principles into the school’s policies. A Charter is helpful in setting out principles and targets, and enables the school community to celebrate their achievements in health promotion. Many schools display their Charter in a prominent place to reinforce all of these features.

- **Ensuring appropriate staff and community partners undertake capacity building programmes and that they have opportunities to put their skills into practice**

HPS work requires staff to think about activities outside the classroom as equally important to activities within it. It is essential they have ongoing opportunities to attend professional development programmes and to be able to present and discuss their school's initiatives with others.

- **Celebrating milestones**

All HPS have certain milestones, e.g., creating the HPS Charter, a student presentation to the local community, a new food policy, etcetera. Celebration of these serves to affirm the concept of HPS in the minds of the school, and its local community and senior officials.

- **Allowing 3-4 years to complete specific goals**

Establishing a HPS is not a time limited project. It is a process of change, development and evolution that builds a healthy school community. However, everything cannot be changed at once and if the goals and strategies are realistic, then substantial change can occur in 3-4 years.

The EACH Health Promoting Schools Partnership will focus on the following key essential elements:

- **Healthy school policies**

These are clearly defined in documents or in accepted practices that promote health and well-being. Many policies promote health and well-being e.g., policies that enable healthy food practices to occur at school; policies which discourage bullying.

- **The school's physical environment**

The physical environment refers to the buildings, grounds and equipment in and surrounding the school, such as: the building design and location; the provision of natural light and adequate shade; the creation of space for physical activity and facilities for learning and healthy eating. The physical environment also refers to: basic amenities such as maintenance and sanitation practices that prevent transmission of disease; safe drinking water availability; air cleanliness; as well as any environmental, biological, or chemical contaminants detrimental to health.

- **The school's social environment**

The social environment of the school is a combination of the quality of the relationships among and between staff and students. It is influenced by the relationships with parents and the wider community.

- **Individual health skills and action competencies**

This refers to both the formal and informal curriculum and associated activities, where students gain age-related knowledge, understandings, skills and

experiences, which enable them to build competencies in taking action to improve the health and well-being of them and others in their community, and which enhances their learning outcomes.

- **Community links**

Community links are the connections between the school and the students' families plus the connection between the school and key local groups and individuals. Appropriate consultation and participation with these stakeholders enhances the HPS and provides students and staff with a context and support for their actions.

- **Health services**

These are the local and regional school-based or school-linked services, which have a responsibility for child and adolescent health care and promotion, through the provision of direct services to students (including those with special needs). They include: screening and assessment by licensed and qualified practitioners; mental health services (including counseling) to promote students' social and emotional development; to prevent or reduce barriers to intellectual development and learning; to reduce or prevent mental, emotional, and psychological stress and disturbances, and to improve social interactions for all students.

Health Promoting Schools Partnership members include EACH, Maroondah LGA, Bayswater North Community Renewal Project, School Focus Youth Services, VIC Police, Deakin University, Bunnings and Blackburn English Language School Maroondah Campus.

Details of the three pilot schools and information about specific health promotion strategies can be found in the 2009 -2010 IHP operational plan

Program Background: Setting Based / Workplace/ Health Promoting Community Health Service

An overview of the organisation.

EACH is one of the largest employers in Melbourne's Eastern Region, with approximately six hundred employees and two hundred volunteers.

Health Promoting Health Service Framework

A health promoting health service is defined as moving beyond a focus on the provision of clinical and curative services to promote health and prevent illness and injury to improve the health of the broader community (Johnson & Paton, 2007). Traditionally, community health services have focused on the treatment of clients and left health promotion to health promotion practitioners and other staff trained to contribute. The health promoting health service framework seeks to have all staff working in a health promoting way, to ensure prevention and empowerment is at the forefront of all service provision.

This project is about recognising and building on the good practice that is going on day-to-day at EACH and having this formally recognised within 'a health promoting health service' framework. A key component in the development of the HPHS is organisational capacity building. Health Scotland (2009) research shows that the development of additional skills and knowledge, integration of health promotion into day-to-day work, and movement towards a whole system approach, depend on a jigsaw of support which includes:

- Good background material and tools
- Organisational commitment and good co-ordination at a governance level
- Skilled, supportive facilitation
- Strong project leadership. (Health Scotland 2009)

EACH - a Health Promoting Organisation

Increasing organisational health promotion capacity will support a service which prevents ill health and promotes wellbeing as well as providing health care, enhancing positive health, and enabling people to take more control over their own health. The emphasis on health promotion as an extension to clinical and curative care as core business is fuelled by the fact that health systems as they currently stand are unsustainable and need to better use their existing resources to improve population health equitably (Johnson and Paton, 2007). Skinner (2002) has identified three health service prototypes, which characterise the different status of organisations and their potential for reorientation toward health promotion, they are reactive, proactive and high performing.

They are summarised as:

- *Reactive* - the focus is on disease management and rehabilitation of clients. Little time and resources are directed to prevention.
- *Proactive* - the focus is on prevention (health and disease screening, advice and education) in addition to disease management. Some outreach initiatives are taken for high risk clients.
- *High performing* – the focus is not only on individual clients and families but also on the population serviced by the organisation. Emphasis is placed on preventive services and community health promotion that integrates both individual and population health perspectives.

It is envisaged that through the implementation of the health promoting health service framework EACH, will achieve the title of being a “high performing” organisation. The Health Promoting Organisation project will concentrate on the following key capacity building areas.

Workforce development

Workforce learning will be directed in three ways

Incidental learning where the learning appears to be by ‘accident’ and people are not aware that they are learning. For example, in casual conversations or when a person is engaged in activities such as attending the launch of a health promotion program or product.

Informal learning where the learner is aware of being engaged in the learning process. There are three types of informal learning activities: proactively, such as encouraging people to take on new responsibilities. Creativity, such as encouraging people to break out of old patterns of thinking and reflectivity, which is learning from reframing a problem or issue and looking at new solutions which may be superior to the ones initially tried by the learner.

Formal learning strategies where the learner or their workplace has identified learning or training needs and develops strategies to meet these. For example, mentoring schemes, training programs.

Leadership

One aspect of leadership that the health promotion team will be pursuing in the next four year strategic time frame is the notion of ‘managing up’. This involves the development of strategies to engage managers in decision making processes about health promotion, and to recognise sources of authority and to work with these.

Rather than identifying leadership as a position of authority or a person with certain personality traits, Senge believes it is more meaningful to identify leadership as an art. Leadership needs to be apparent at every level of a program, not merely at the top. Health promotion practitioners will use their personal qualities as leaders and as resources that will work across various settings to build leadership in others.

Resourcing

Resources' includes those things needed to support a health promoting program. This includes people, physical space, administrative support, planning tools, and financial support. It can also include commitment of 'in kind' allocations from inter-organisational groups or partners. Some strategies used by the health promotion team will include:

- Lobbying for an appropriate proportion of service or organisation's budget to be allocated to health promotion action and obtaining short and long term funding for special projects.
- Actively disseminate information about funding opportunities from health and other sectors to other organisations so that they might become engaged and interested in health promotion.
- Establishment of 'core' health promotion positions to support program development.
- Developing opportunities for others outside the health system to do health promotion.
- Build a base of advocates for health promotion within health and other sectors and in particular, at senior management levels.
- Ensuring availability and use of information (e.g. health status, risk factors, national goals and targets, literature reviews, information about effective practice) to support health promotion action.
- Negotiate for health promotion material and access to databases be available through health service and other libraries and share this information with program partners.
- Specialist advice. Ensuring access to expertise when required (e.g. research and evaluation, planning, media and marketing, workforce development).
- Provide 'no-cost' or 'low-cost' access to health promotion skills development courses for potential program partners in the community and other sectors.
- Decision making tools. Utilise best practice models, guidelines and/or standards for health promotion action.

Research and Evaluation

The Health Promotion team will work to support cross organisational skills development in evaluation and planning. This will include short course evaluation training, support and mentoring for a selected number of demonstration projects. Details of the evaluation capacity building project can be found in the IHP operational plan.

The Culturally & Linguistically Diverse Project.

Program Background: Sub-Population / Population Health Approach/Life Course

This project aims to build organisational capacity to develop effective CALD consumer participation strategies, in order to increase primary health care service access by CALD communities.

EACH identified newly-arrived refugees and migrants as a priority population group as part the strategic directions. As part of the scoping exercise that would identify the key health promotion priorities for 2009-2012 the Health Promotion team began the engagement process to undertake a health and social needs assessment.

Data on recent migrant settlement in the Maroondah municipality indicates that cultural and linguistic diversity is becoming an increasingly marked characteristic of the Maroondah community. From 2003 to 2008, twenty-one percent of international settlers in the City of Maroondah came from Burma (Myanmar) and Maroondah is now home to the largest Burmese community in Melbourne's Eastern Region. The second largest source country during this period was China (twelve percent of international settlers). The UK was the third largest source country, followed by India, Sudan and Thailand. Refugees entering Australia experience a higher rate of long term psychological and medical conditions than other migrants and tend to report a poorer state of well being. Common issues for newly arrived refugees in Maroondah include: English language, housing (affordable rentals), education, employment, services (access, awareness, appropriateness), and participation (social, recreational and civic) (Migrant Information Centre, 2008).

The literature indicates that other key health issues of people from refugee backgrounds include: dental problems, childhood developmental problems, chronic disease, hearing, immunisation, infectious diseases (particularly AIDS/HIV, Tuberculosis, Hepatitis B & C, injuries sustained in the course of trauma and torture, intestinal parasitic disease, mental health, nutritional deficiencies, visual and women's health (Foundation House, 2008).

In order to inform IHP planning 2009-2012 the HP team will

- Conduct a mapping of current and potential CALD consumers. Baseline data collection from existing Trakcare database and a review of organisational interpreter use.
- Facilitate organisational opportunity to participate in Cultural Awareness Training.
- Establish EACH CALD Special Interest Group.
- Facilitate meaningful partnerships with ethno-specific organisations, community and cultural associations.

Youth CALD Mental Health & Wellbeing & Social Connectedness

This project aims to

- Partner with organisations that engage with CALD young people.
- Identify the mental health and wellbeing needs of newly-arrived CALD young people.
- Identify key areas of partnership working that will address identified needs of young newly-arrived refugees and migrants.

Background

- 45% (212) refugees settling in Maroondah are under 18 years of age
- 35% (165) refugees settling in Maroondah are aged between 19-35 years, which is a significant shift in the demographic profile compared to the preceding 5 years 1998-2003 (Census, 2006).
- The PCP and DHS have prioritised mental health and well being as a priority area, and CALD communities as a priority population group.
- Community consultation (focus groups conducted by EACH) with key community groups in Maroondah (Burmese Chin and Karen; Sudanese and Chinese community) confirm the need to address mental health and wellbeing of CALD young people.
- Anecdotal feedback from Blackburn English Learning School, the Migrant Information Centre, Migrant Settlement Committee and Foundation House confirms mental wellbeing and social connectedness as a key priority with the nominated community groups.
- There is little data on current levels of civic and community participation amongst refugee young people (Cortis, Sawrikar & Muir, 2007) suggesting that participation rates are substantially lower than people of non-CALD backgrounds.
- CALD children and young people face an increased risk of being overweight. Schools where CALD young attend need to address barriers to participation in physical activity and healthier eating in order to engage children and parents in health promotion programs.

IHP planning and implementation will focus on partnering with Blackburn English Language School and Maroondah Secondary College Campus, to determine a plan to work with Maroondah Secondary School to identify and address the needs of CALD young people.

EACH Health Promotion will participate in the Maroondah Youth Services Provider Network; a strategic alliance that works to support the health and social wellbeing of young people. Operational activities from this project can be viewed in the relevant IHP operational plans.