

Inner South East Partnership in Community and Health (ISEPICH)



The ISEPICH Integrated Health Promotion Plan

2009-12

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Introduction

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being..." (Preamble to the WHO Constitution).

The Inner South East Partnership in Community and Health (ISEPICH) recognises and seeks to promote health as a universal right.

ISEPICH's vision is:

To improve the health and wellbeing of the inner south east community, through working in partnerships, with a commitment to equity and inclusion.

Background

ISEPICH is a partnership of 53 health and community support agencies in Glen Eira, Port Phillip and Stonnington. A full list of member agencies is available on the ISEPICH website at www.isepich.org under About ISEPICH. ISEPICH also has a community advisory group (CAG).

ISEPICH is a Primary Care Partnership (PCP) under the Victorian PCP program. The PCP program has two key aims:

- To improve the experience and outcomes for people who use primary health care services;
- To reduce the preventable use of hospital, medical and residential services through a greater emphasis on health promotion programs and by responding to the early signs of disease and/or people's need for support.

ISEPICH is one of 31 Primary Care Partnerships in Victoria.

PCPs are funded by the Victorian Department of Human Services for four key areas of work:

- Partnership Development
- Integrated Health Promotion
- Service Coordination
- Integrated Chronic Disease Management

PCPs also receive some funding from the Department of Justice to address problem gambling related issues. In addition, PCPs and their member agencies may also receive funding from a wide range of programs, departments and other funding bodies that use PCPs as a platform for distributing project funds for partnership activities.

The ISEPICH Strategic Health and Wellbeing Plan 2009-12 sets out the goals for ISEPICH and how we intend to achieve them over the next three years. The Strategic Health and Wellbeing Plan is available on the ISEPICH website www.isepich.org (see the About ISEPICH page).

ISEPICH provides annual reports to the Department of Health and to ISEPICH members on progress against the plan. All ISEPICH plans and reports are available to the public.

The Partnership is governed by an Executive Committee, drawn from local service providers that are members of the Partnership, and community members.

For more information about ISEPICH please visit the website at www.isepich.org

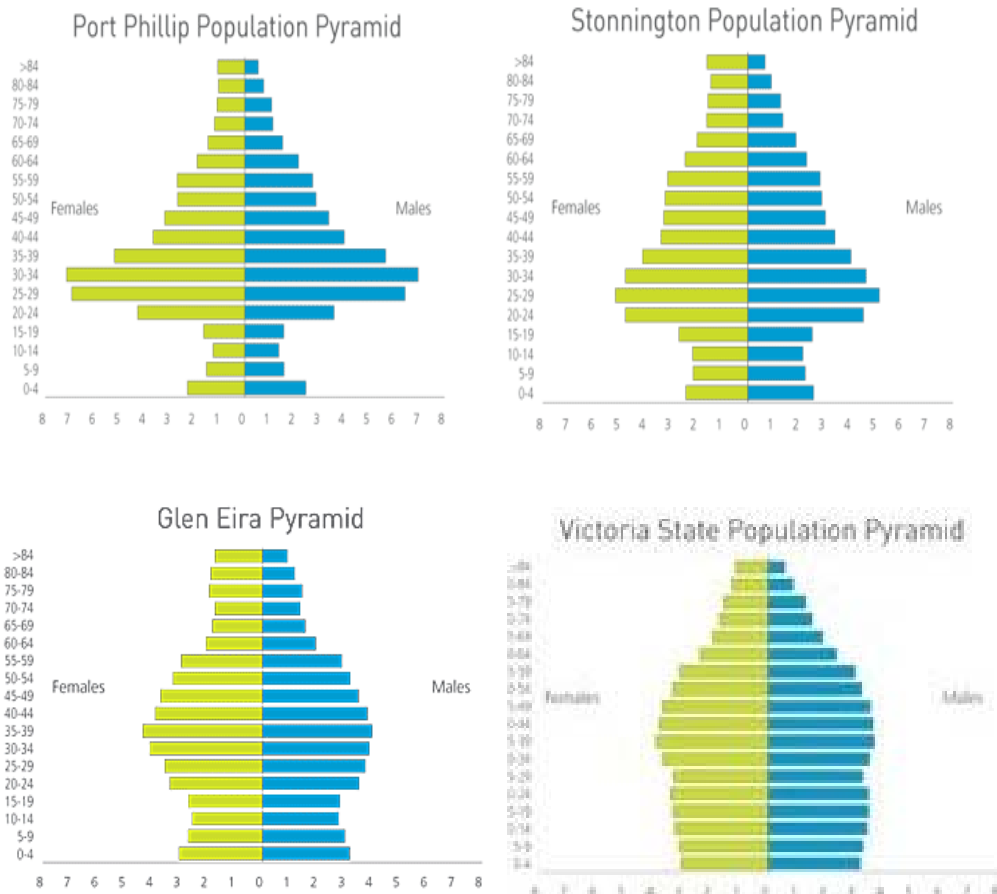
Community profile

Source: the information in this profile is based on a detailed demographic and health profile, which is progressively being made available on the ISEPICH website www.isepich.org. Further information may be obtained from ISEPICH by email to isepich@portphillip.vic.gov.au

The ISEPICH catchment covers the inner south east of metropolitan Melbourne, comprising the local government areas of Port Phillip, Stonnington and Glen Eira. The total population is just over 300,000 (population estimates 2006 Port Phillip- 86,883, Stonnington- 90,152, Glen Eira- 123,047). The population in all three local government areas is expected to increase in coming years, particularly in Port Phillip.

Population structure

Population pyramids below illustrate the different age structures of the three municipalities and of Victoria.



The City of Port Phillip has a smaller proportion of children, compared to Victoria overall, particularly in the 5-19 years age, although the 0-4 years group is closer to the state average.

Port Phillip has a markedly higher proportion in the 20-40 years age group, and a lower proportion in age groups over 65 years.

Population projections suggest that by 2011, numbers in all age groups in Port Phillip will increase, except those 75 years and over. The proportion of older adults (55-74 years) will increase slightly and the proportion of people 75 years and over will decrease slightly.

The City of Stonnington has a slightly lower proportion of children than the state average, and a higher proportion in the 20-35 age groups, but the difference is not as marked as in Port Phillip. Stonnington has slightly lower proportion in the 60-75 age range, but interestingly appears to have above average proportions over 80 years.

In Stonnington, the number of children is predicted to decline while numbers in other groups increase. The proportion of younger adults will decline while proportions of older adults and people 75 years and over increase slightly.

The City of Glen Eira has a similar population distribution to Victoria in age groups below 70, though slightly fewer in the 5-19 years age groups. Glen Eira has higher than average proportions of in all age groups over 70 years.

In Glen Eira, the numbers and proportions of children and people 70 years and over are predicted to decrease. Numbers in other age groups will increase. The proportion of the population aged 51-69 years will increase slightly.

Population diversity

Indigenous population

It is widely recognized that people of Aboriginal or Torres Strait Islander descent are likely to be undercounted in the census, therefore the actual figures for the Indigenous population may be higher than those shown below.

According to the Australian Bureau of Statistics, at the time of the 2006 census there were 235 people identifying as Aboriginal or Torres Strait Islander in the City of Port Phillip, a decrease of 24 from 2001. It is also important to note that the St Kilda area is a traditional gathering ground for Indigenous people and that these population figures may therefore underestimate the total number of Indigenous people who regularly visit the area or have ties to the area.

In the City of Stonnington, there were 167 people identifying as Aboriginal or Torres Strait Islander, an increase of 20 from 2001. In the City of Glen Eira, there were 167 people identifying as Aboriginal or Torres Strait Islander, a decrease of 29 from 2001.

Both Stonnington and Glen Eira have lower representation of Indigenous residents compared to the Melbourne Statistical Division.

The Indigenous population of the area has a lower proportion of people in older age groups than the non-Indigenous population, which may be related to a lower life expectancy. People of Aboriginal and Torres Strait Islander background in the area on average have a lower household and individual income than non-Indigenous people. It is interesting to note that across the inner south east they appear to pay on average a similar (in Port Phillip) or slightly higher rent (in Stonnington and Glen Eira) than the non-Indigenous population, even though their average household size is the same or smaller, and their income is lower. This suggests the Indigenous population of the area is not necessarily accessing low cost accommodation.

Countries of birth and languages spoken

In Port Phillip and Stonnington, the proportion of people born in non-English speaking countries in 2006 was slightly lower than the average for Melbourne (about 17% and 19% respectively compared with the Melbourne average of 22%). In Glen Eira the proportion born overseas (24%) was slightly higher. The most marked changes across the catchment since the 2001 census were significant increases in the number of people born in China and India, and declines in the number born in Poland and Greece.

The proportion of people born in non-English speaking countries is significantly higher in older age groups than in younger age groups across the whole catchment, particularly in Port Phillip. In Port Phillip the proportion of people 65 years and over born in non-English speaking countries is about 36%, in Stonnington it is about 29% and in Glen Eira it is about 37%.

People born in non-English speaking countries are much more likely to live in public or social housing than the remainder of the catchment population, which suggests they are also more likely to have lower incomes and higher rates of disability.

The most commonly spoken languages across the catchment are Greek, Russian, Italian, and Chinese languages (Mandarin and Cantonese) with Hebrew also significant in Glen Eira. The language groups with the largest number of people who have limited proficiency in English (that is, who speak English not well or not at all) are Greek, Russian, Mandarin and Cantonese. However there are a significant number of smaller language groups who have limited proficiency in English including Japanese, Polish, Turkish, Vietnamese and Yiddish speaking groups.

The City of Glen Eira has a higher proportion of people who speak a language other than English at home (26%) than Port Phillip (18%) or Stonnington (20%), however it has a slightly lower proportion of people with limited English proficiency. The proportion of people born overseas (aged five years and over), with limited proficiency in English, is 9% in Glen Eira, 9.5% in Port Phillip and 9.6% in Stonnington. This may reflect the fact that there is more public housing in Port Phillip and Stonnington than in Glen Eira. This would give lower-income immigrant groups, who may have had less opportunity to learn English than higher-income immigrants, more opportunities to settle in these two municipalities. The proportion of the total population with limited English proficiency is 3.1% in Glen Eira and Port Phillip and 2.9% in Stonnington, however this is likely to be higher in older age groups.

People with disabilities and chronic conditions

Compared to Victoria overall, there is a lower proportion of people needing assistance for core activities in the area, except in Glen Eira, which has above average number. Both Glen Eira and Stonnington have a higher number of people needing assistance for core activities in the 75 years and over age group. Glen Eira has a higher than average number of carers of people with disabilities. It is estimated that there are approximately 10,000 children and adults aged below 65 years in the area living with a profound or severe disability.

There are a number of specialist services located in the area, including mental health services and support services, and the HIV/Aids clinic at the Alfred Hospital. The area is also generally well serviced by public transport and has a range of welfare services and accommodation options for people with mental health and other conditions, including pension-only Supported Residential Services (although these are declining in number) community residential units and Rooming Houses. As a result there are a significant number of people with mental health and chronic conditions living in the area.

Sexual orientation

The inner south east has traditionally had above average rates of people who are gay, lesbian, bisexual, transgender or intersexual (GLBTI) in their sexual orientation. People of GLBTI orientation may experience discrimination and violence and young people, particularly those who are uncertain about their sexual orientation, may be at risk of depression and self-harm.

Housing

There is a marked shortage of affordable housing in this area and high levels of housing stress. Over 50% of household loan repayments made in the three municipalities exceed \$1,600 per month. There is a larger proportion of households paying high rental payments (>\$450/week) and smaller proportions paying low rental payments, compared with Melbourne overall. Housing and rental affordability for NewStart or pension recipients is extremely low.

More detailed information provided by the City of Port Phillip, below, illustrates the critical shortage of affordable housing in the municipality:

... general housing affordability in Port Phillip from 2006 showed only 1% of properties were affordable for someone with an income of \$68,219 and only 2% were available on an income of \$85,456, there were no affordable properties for people earning within the lowest 5 [income] deciles. The Office of Housing September 2007 Rental Report showed median rents in St Kilda, Sth Melbourne and Port Melbourne ranged from \$260 to \$350 per week for a one bedroom flat to \$340 to \$450 per week for 2 bedroom flat, substantially higher than Metropolitan Melbourne median rent of \$270 per week. None of these properties are close to affordable to low income earners or people on a Centrelink benefit...

(source: Submission by City of Port Phillip to the Senate Select Committee on Housing Affordability in Australia March 2008)

Housing workers in Port Phillip report ongoing problems with people whose rent is increasing and who are unable to continue living in the area.

There is a comparatively larger proportion of public or social housing in Port Phillip and Stonnington compared to Melbourne overall, with about 5.9% of all households being public or social rentals in Port Phillip, and about 4.0% in Stonnington, compared to an average 3.3% for the Melbourne Statistical District. However the amount of public housing is inadequate to meet demand. There are over 10,000 people on public housing wait lists in the Southern Metropolitan Region, including 1,946 registered with the South Melbourne/Prahran Office.

Glen Eira has very little public or social housing, being only about 1.4% of households. However the Council directly provides some rental housing for residents, including a number of Independent Living Units for older residents who may face financial difficulties. Many older residents who purchased their homes in earlier eras may be 'asset rich but income poor'.

Emerging trends in housing include an increase in high density housing in Port Phillip and Stonnington. There was an increase in the number of renters and a decrease in number of owners for all three municipalities between the 2001 and 2006 censuses. There was also an increase in the number of lone person households for all municipalities and a decrease in the proportion of couples with children in Stonnington and Port Phillip. In Port Phillip, about 41% of households are sole person households, in Stonnington about 35% and in Glen Eira about 30%, compared with an overall average for Melbourne of 24%.

Employment and education

Across the area as a whole there are higher levels of education, employment and income, compared to Melbourne or Victoria in general. However there are pockets of significant disadvantage (including some small areas that are ranked amongst the most disadvantaged in Victoria) often associated with public and social housing, including Rooming Houses and Supported Residential Services

There is a large proportion of people employed as “Professionals” in the area.

Approximately 15% of the population receive income or pension payments, and approximately 15% were earning less than \$349 per week in 2006. Glen Eira has a higher proportion of people receiving aged pension payments compared to Victoria overall.

Transport

While car travel is the single most common mode of transport to work in all three municipalities, ‘active travel’ (walking and cycling as a means of transport rather than recreation, and public transport use) is growing at a faster rate than private auto travel. The car is not the dominant mode of transport to work or for shopping and personal business in Port Phillip, as other means of transport (mainly public transport, walking and cycling) in combination account for more trips than private cars. It is also becoming less dominant in Stonnington. Residents in all three municipalities are more likely to use public transport in order to travel to work, social activities and special events or for personal business and shopping, than the state average.

Notwithstanding that the area is relatively well-serviced by public transport, transport problems are commonly reported as a barrier to participation and access to services in community consultation. Residents of Glen Eira have less access to public transport than the other two municipalities and are more likely to use private cars as a mode of transport.

Environmental data

Data from the Environment Protection Authority indicates that air quality in Melbourne has improved since 2001 (data is not available at local government area level)

Water usage per household has decreased overall in the area in recent years, but there is considerable variation between different suburbs.

The City of Port Phillip has collected data on CO₂ emissions over the last five years. The data indicates that although Council emissions have decreased, community emissions overall have increased. However residents who are participating in Council supported projects aiming to reduce emissions have been able to reduce their overall emissions. Data is not yet available for the cities of Glen Eira or Stonnington, although the City of Glen Eira expects to have data available within the near future.

Compared to the state average, all three municipalities have lower rates of household waste recycling. Port Phillip and Stonnington also have lower rates of waste water recycling.

Health and wellbeing

The three municipalities overall, compared with Victoria overall, rate themselves as healthier. However evidence from a survey of disadvantaged residents (health card holders) in Stonnington in 2007 showed that they rated their health substantially lower than the general population.

Health inequalities and gentrification

When considering overall health status, it is important to note that the inner south east is an area of marked inequality, with rich and poor people living in close proximity. There is widespread evidence in Australia and internationally that health status is linked to income, with wealthier people generally enjoying better health than those on lower incomes.¹

There is also evidence that health status is not only linked to income difference as such, but to the degree of income inequality in a population: higher levels of inequality can be associated with reduced community wellbeing, particularly when factors like crime rates are taken into account.² This is particularly relevant to the inner south east because the area is becoming more unequal. Rising housing costs mean people on low incomes are unable to find housing in the area and some who have lived here are being forced to leave, for example because of rent increases. Wealthier people are moving in and poorer people moving out: this is known as 'gentrification'.

People on low incomes who still live in the area, for example residents of public or social housing, and older people on low incomes who purchased their homes in previous eras, are increasingly concentrated in 'pockets' of disadvantage within a generally wealthy population. This can put additional stress on them, as the cost of living tends to increase in a wealthy area and the likelihood of stigmatization and social exclusion of poorer people may also increase.

In health terms, there are several important consequences. The first is that while most of the population in the inner south east appears to enjoy above average health, there are also very disadvantaged groups of people in the area who may have severe and complex health problems. In addition, apparent increases in health and wellbeing may indicate that people with more health problems are being "moved out", rather than that the current population is becoming healthier.

Finally, if inequality continues to increase, it may have a negative impact on community health and wellbeing, particularly in relation to crime rates, alcohol and drug use, and mental health.

On the other hand, a wealthy community can actively support the inclusion of those on lower incomes, if it wishes to do so. There is evidence from community consultation (discussed in a later section) that many residents of the inner south east are concerned about inequality and disadvantage and support measures to increase social inclusion.

Population health and wellbeing indicators

Residents overall are more likely than the state average to say that they have an adequate work-life balance and that they feel safe when walking in local areas during day. On the other hand,

¹ VicHealth (the Victorian Health Promotion Foundation) *Research Summary: Burden of disease due to health inequalities* VicHealth 2008 available at <http://www.vichealth.vic.gov.au/en/Resource-Centre/Publications-and-Resources/Health-Inequalities/Research-Summary-Burden-of-disease-due-to-health-inequalities.aspx> (accessed 4/6/09)

² R Wilkinson & K Pickett *Income inequality and population health: A review and explanation of the evidence* Elsevier 2005

they are less likely to report being engaged with their community and they report that they are more limited in transport options.

Glen Eira has higher than average rates of food insecurity (measured by the number of people who say that at least once in the past year they ran out of money and were unable to buy food). Port Phillip and Stonnington have substantially higher rates of crimes committed against people and property compared with state and Southern Metropolitan Region averages

The data below is from the Southern Metropolitan Region (2006) as it is not yet available at local government level (it is expected to be available at local government level later in 2009):

- Thirty two per cent of the population in the southern metropolitan region are estimated to be overweight, and 14% obese (this is based on self-reported data and may underestimate the actual levels);
- The national dietary guidelines for adults recommend that people consume at least five serves of vegetables and two serves of fruit per day. Women in the region are more likely than men to meet national dietary guidelines, but a majority of both sexes will not meet them;
- The national physical activity guidelines for adults recommend at least half an hour of moderate to vigorous exercise on most days of the week. Sixty two percent of men and 63% of women in the region meet these guidelines;
- Twenty two per cent of women and 20% of men are smokers. Rates of likely short term harm to health from drinking were higher for men (14%) than women (7%). Women were more likely to be abstainers from alcohol (21%) than men (9%).

Hospital admissions for Ambulatory Care Sensitive Conditions (ASCs)

Ambulatory care sensitive conditions are those for which it is considered hospitalisation could be avoided if preventive care and early disease management were applied.

The most common cause of admissions for ambulatory care sensitive conditions was diabetes complications, which has the highest rate in all three municipalities and in Victoria.

For most ambulatory care sensitive conditions (including diabetes complications) the rates were lower in this area than in Victoria overall. However there were a few conditions where there were higher rates. Port Phillip had higher rates of admissions for chronic obstructive airways disease, dental conditions, dehydration and gastroenteritis and congestive heart failure. Stonnington had higher rates for dental conditions and pyelonephritis and Glen Eira had higher rates for iron deficiency anaemia.

Hospital admissions by selected major diagnosis

Records of admissions to hospitals are grouped under major diagnostic categories. Alcohol and related drug conditions were higher in Stonnington and Port Phillip than Victoria overall. "Mental diseases and disorders" as a category were higher in all three municipalities.

Hospital emergency department presentations

"Respiratory system" and "digestive system" accounted for the most presentations to emergency departments across the three municipalities. Rates of presentations were lower across all categories in comparison with Victoria, except for "mental and behavioural" and "pregnancy, childbirth and the puerperium" for Port Phillip.

Avoidable mortality

Avoidable mortality is considered to be untimely and unnecessary deaths from diseases for which effective public health and medical interventions are available.

Ischaemic heart disease and lung cancer were the most common causes of avoidable mortality in the three municipalities and in Victoria overall.

Again, rates of avoidable mortality in this area are generally at or below the levels for Victoria overall, but there are some higher rates. Compared to Victoria, Port Phillip has higher rates of ischaemic heart disease, alcohol related conditions, breast cancer, poisoning, skin cancer, hepatitis and liver cancer and HIV/Aids. Stonnington has higher rates of colorectal cancer and alcohol related conditions and Glen Eira has higher rates of colorectal cancer, diabetes, stroke and poisoning.

Sexually transmitted diseases (other than HIV/Aids)

Compared with the Southern Metropolitan regional overall, the inner south east appears to have higher rates of the sexually transmitted diseases chlamydia, gonorrhoea and syphilis. However this may be related to higher detection rates rather than (or as well as) higher prevalence, as there is a lower rate of Pelvic Inflammatory Disease (which generally indicates higher rates of untreated sexually transmitted diseases) compared with other parts of the region. The Alfred Health Sexual Health Service has outreach programs to the inner south east, which are likely to result in higher rates of detection of sexually transmitted diseases.

Mental health and alcohol and drug services

Port Phillip has a significant number of mental health services clients. Port Phillip and Stonnington have, respectively, 13 and 5 times more alcohol and drug clients than the average rate for Victoria.

Maternal and child health

On average, all three municipalities perform well above the state in utilisation of maternal and child health services and have higher than average rates of breastfeeding.

Health of Culturally and Linguistically Diverse older people

Admissions for ambulatory care sensitive conditions in men of Non-English speaking background 65 years and over are higher than for men of English speaking background in both public and private hospital settings, particularly for diabetes. Rates for women of Non-English speaking background 65 years and over are higher than for women of English speaking background for diabetes, and higher for all admissions in Stonnington, in the public hospital setting.

Problem Gambling

Glen Eira had 794 Electronic Gaming Machines (EGMs, commonly called poker machines or pokies) and gambling losses of \$77m on EGMs in 2007-08. The EGM rate was 7.6 per 1000 adults, and the rate of losses was \$741 per adult. Glen Eira was ranked 24th highest amongst all 79 Victorian municipalities on the rate of EGMs per 1000 adults and 21st on the rate of gambling losses per adult.

Port Phillip had 393 EGMs and losses of \$30m 07-08. The rate of EGMs per 100 adults was 4.8 (57th in the state) and the rate of losses per adult was \$369 (52nd).

Stonnington had 295 EGMs and losses of \$24m 07-08. The rate of EGMs per 100 adults was 3.7 (60th in state) and the rate of losses per adult was \$294 (59th).

On these figures, rates of EGM gambling in Glen Eira would appear to be higher than in the other two LGAs, however the rates for Port Phillip and Stonnington do not reflect the impact of Crown Casino.

There are an additional 2500 EGMs at Crown Casino, which is readily accessible to residents of the Port Phillip and Stonnington, particularly to residents in the Port Melbourne and South Melbourne areas in Port Phillip, both of which areas have high concentrations of public and community housing. South Melbourne in particular includes some highly disadvantaged population groups. The losses from EGMs in Crown Casino are not reflected in the above figures, therefore the rates of EGM gambling losses for residents in these municipalities may be higher than the above figures suggest.

Moreover Stonnington and Port Phillip may have higher TAB losses. According to the 2003 Victorian Longitudinal Community Attitudes Survey, Stonnington (37.9%), Port Phillip (34%) and Glen Eira (32.3%), all had above State average (28.2%) participation rates in race betting. Glen Eira (11.9%) and Port Phillip (10.7%) had above State average (7.3%) participation rates in casino table games.

Gambler's Help Southern provides services to the southern metropolitan region, including the inner south east. Problem gambling counselling and financial counselling are amongst the services provided. The last statewide problem gambling service analysis report released by State Govt. in 2001/02 put the proportion of clients with EGM problems at 96% of female clients and 78% of male clients. Gambler's Help estimate at least 80-85% of clients have EGM problems.

Falls

It is estimated that the rate of falls in people aged 65 years and over is that one in three will fall at least once a year, and that one in ten of falls will result in a serious injury.

In 2006 there were 1595 falls related hospital admissions in people aged 65 years and over, 724 from Glen Eira, 552 from Stonnington and 319 from Port Phillip. The rate of falls does not appear to have changed significantly between 2003 and 2006 (latest available figures).

In 2005, there were 22 deaths from falls related injuries in the area, 12 in Glen Eira, 5 in Stonnington and 5 in Port Phillip. The majority of deaths tend to occur in people over 85 years and in women more than men.

Apart from injury and death, falls can have a range of other consequences, including reduced activity, with consequent poorer health and wellbeing and increased risk of social isolation.

Issues emerging from community consultation

In addition to the statistical data, it is important to take into account the views and experiences of community members on local needs and issues. Local Councils consult residents on a wide range of issues. Other agencies often consult their clients on service specific issues and may sometimes conduct consultations on broader health and wellbeing issues. Councils and agencies also sometimes support and act as industry partners in research projects.

In addition, ISEPICH and many of its member agencies have community and consumer advisory groups that provide regular input on a range of issues.

The information below is summarized from a number of reports on community consultation, both published and unpublished. Information was provided by the cities of Port Phillip, Stonnington and Glen Eira and by Caulfield Community Health Service. Port Phillip in particular has conducted and supported consultation on a wide range of issues. Information from previous ISEPICH reports was also reviewed including results from the 2003 and 2006 Rooming House consultations.

Overall issues that emerge as important to community members include:

- Social inclusion, community strengthening, addressing disadvantage
- Food security, healthy eating, physical activity
- Financial counselling
- Community transport
- Environment and sustainability
- Affordable access to recreation, physical activity options, and neighbourhood facilities
- Opportunities for consumers to have input into service delivery from community and government departments
- More accountability, alignment and understanding from government departments

Consultation with marginalised groups has identified the following priorities:

- Support for employment and education programs
- Need for after hour services and activities
- Cultural community development projects that provide new opportunities to foster increased understanding
- Opportunities to contribute to and be accepted by the community
- Homelessness contributes to mental illness
- Access to services for physical health are relevant for Rooming House Residents
- Quality of housing is important, also open space and green space are important

As part of this plan we will be developing resources on health inequalities and more extensive information from current and previous consultation will be included in these resources. In addition, we aim to conduct targeted consultation on issues where there is a need to gain more information and strengthen community participation.

Developing the plan

The ISEPICH Planning forum for 2009-12 was held at the Baker-IDI Heart and Diabetes Institute, Caulfield, on 26 March 2009. Professor Helen Keleher of Monash University facilitated the forum. The aims of the forum were:

- To identify 2-3 strategic priorities for the ISEPICH Partnership
- To identify goals for Integrated Health Promotion (IHP) and Service Coordination & Integrated Chronic Disease Management (SCIDM)

Fifty five people participated, including 29 representatives from 17 ISEPICH member agencies, 16 community members, five people from other community organisations, one representative from Department of Human Services, three ISEPICH staff members and the facilitator.

Following presentations on population health and wellbeing data and the policy context, participants worked in groups to identify strategic priorities for ISEPICH. The following priorities were identified:

- Social inclusion and inclusive communities
- Better access to services
- Sustainable living and environment.

Participants then identified draft goals for Integrated Health Promotion (IHP) and Service Coordination and Integrated Chronic Disease Management (SCIDM). It was agreed that further work was needed to finalise these goals, as well to develop objectives, strategies and an evaluation plan.

The forum was positively evaluated with nearly all participants reporting that they understood the aims, that they felt better informed about local population health and that the forum had achieved its key aim of identifying strategic priorities.

A full report of the forum is available from ISEPICH by email to isepich@portphillip.vic.gov.au.

As not all ISEPICH member agencies participated in the forum, ISEPICH staff conducted a follow up survey of the whole membership to assess the level of interest of agencies in working with other ISEPICH members to address the strategic priorities. Thirty eight of the 49 current member agencies responded. A summary of the level of support is below:

- Social inclusion and inclusive communities: 79% stated that they are very interested, 13% were somewhat interested and eight per cent are not interested;
- Better access to services: 76% very interested and 24% somewhat interested;
- Sustainable living and environment: 34% very interested, 55% somewhat interested, and 11% not interested.

Sixteen community members participated in the forum and two community members have been involved in the development of this plan. There has also been consultation with the ISEPICH Community Advisory Group, plus we have drawn on the results of a wide range of previous community consultations as listed above. We will seek further input of interested community members in the implementation and evaluation of strategies in this plan.

In December 2008 - January 2009, the Regional Health Promotion Officer of the Department of Human Services Southern Metropolitan Region, conducted a capacity building needs assessment survey in collaboration with the four PCPs in the region. Forty one workers from ISEPICH member agencies participated in this survey. The results of the survey have been very useful in developing the capacity building section of the Integrated Health Promotion Plan.

One of the immediate issues that emerged was that almost half of the ISEPICH respondents (19) did not seem to have had any significant engagement with ISEPICH partnership activities in health promotion and they appeared to want more involvement. This particularly seemed to affect people who had only a small proportion of their time allocated to health promotion, and those who only worked part time. Addressing this issue will be one of the first priorities in capacity building through organisational and workforce development.

What is integrated health promotion?

In Victoria, the term 'integrated health promotion' refers to agencies and organisations from a wide range of sectors and communities working in a collaborative manner to address priority health and wellbeing issues.

The Department of Human Services (DHS) has developed an Integrated Health Promotion Framework which guides this work. The key features are: effective partnerships, a mix of interventions and the involvement of a range of sectors and community members.

More information can be found at <http://www.health.vic.gov.au/pcps/hp/index.htm>

ISEPICH is also guided by the Social Model of Health in all activities.

The social model of health is a theoretical framework used for considering individual and population health and well being. This framework operates on the belief that improved health and well being is achieved by focusing on the social and environmental determinants of health, in tandem with biological and medical factors (Department of Human Services 2009). ISEPICH integrated health promotion particularly focuses on the social and environmental determinants of health. Member agencies also focus on the social and environmental determinants but they may also provide health promotion programs and activities for groups and individuals.

This plan is developed on an action research framework, allowing progressive stages of the plan to build on learning from previous stages. Yearly action plans will be developed based on the outcomes of previous work.

How do ISEPICH members work together on Integrated Health Promotion?

ISEPICH members work in different ways to address shared priorities. Much of the health promotion work is carried forward by member agencies either individually or in local partnerships with other organisations and the community. Some will be carried forward by joint working groups, including representatives of several member agencies and community members. Other organisations that are not members of the PCP will be invited to join these working groups, or work with them on projects or strategies, as needed.

Other actions will be carried forward mainly by the Health Promotion Coordinator and other ISEPICH staff, often in collaboration with the ISEPICH Community Advisory Group.

Finally there are some actions, such as advocacy for policy change or community action, which involve the ISEPICH Partnership as a whole. In this case the ISEPICH Executive Committee will have overall responsibility, often through the Chair.

Integrated Health Promotion Action Plans (see note at the end of this section) show at which level action will happen.

ISEPICH has a Health Promotion Steering Committee which has overall responsibility for the development, implementation and evaluation of the Integrated Health Promotion Plan. The committee includes representatives of the three local Councils and three community health services in ISEPICH, plus representatives of Baker-IDI Heart and Diabetes Institute and Women's Health in the South East (WHISE), depending on availability. (WHISE is a regional service and sometimes focuses only on certain parts of the region). The Committee also includes the ISEPICH Health Promotion Coordinator and two community members and has two spaces reserved for other ISEPICH member agencies that are interested in health promotion even though they may not receive DHS health promotion funding. The Committee is supported by working groups set up around specific objectives in the plan. Details of proposed working groups for 2009-2010 are shown in the Action Plan.

ISEPICH does not have one Health Promotion Plan for the whole partnership but has a number of related plans, as shown in the table below. The Action Plan on pages 18-24 includes a summary of what is being done by different agencies on shared priorities and Appendix Two includes more information and links (which will be updated as the plans are published).

ISEPICH Integrated Health Promotion Plan 2009-12 (IHPP)	Member agency plans	Community Participation
<p>ISEPICH IHPP addresses shared priorities of member agencies. The IHPP goals and objectives link to the ISEPICH strategic priorities</p> <p>PCPs are also required to address at least one statewide health promotion priority (see information on in Appendix 3) and also required to address problem gambling prevention.</p>	<p>Health promotion funded agencies:</p> <ul style="list-style-type: none"> o Inner South Community Health - Health Promotion Plan 2009-12 o Caulfield Community Health Service – Health Promotion Plan 2009-12 o Bentleigh Bayside Community Health – Health Promotion Plan 2009-12. (BBCH works across Kingston, Bayside and Glen Eira and is also involved a joint planning process in Kingston Bayside PCP.) o Baker-IDI Heart and Diabetes Institute – Health Promotion Plan 2009-12 <p>Council Municipal Public Health & Wellbeing Plans (MPHWPs) The Health and Wellbeing Act requires Councils to finalise their MPHWP by 12 months after Council elections. The Cities of Glen Eira and Port Phillip had existing plans. The City of Stonnington completed its plan in 2009.</p>	<p>ISEPICH and agency plans will include:</p> <p>Community Participation, for example through ISEPICH and agency structures such as advisory groups, forums and focus groups;</p> <p>Community Engagement, for example involvement in projects and strategies (as partners and participants).</p>
<p>Capacity building (developing the skills, knowledge, policy and resources needed for health promotion in organizations, workers and community) underlies all areas of health promotion</p>		

The Integrated Health Promotion Plan

The ISEPICH Integrated Health Promotion Plan 2009-12 has the following goals:

1. To reduce health inequalities in the ISEPICH catchment by increasing social inclusion and community capacity to address the social determinants of health;
2. To create a supportive environment that enhances sustainable living in the inner south east;
3. To increase the capacity for integrated health promotion in ISEPICH.

Objectives and strategies for each goal are set out in yearly Action Plans, available from ISEPICH (see note below).

The plan primarily addresses the ISEPICH strategic priorities

- Social inclusion and inclusive communities; and
- Sustainable living and environment.

Under the Capacity Building Section (Goal Three) there will also be measures to address Better access to services, through improved links between Service Coordination, Integrated Chronic Disease Management and Integrated Health Promotion, particularly in relation to improved referral to physical activity options. Under Goal One there are also strategies to increase access to recreational opportunities and community resources.

The Department of Health requires Primary Care Partnerships (PCPs) to choose at least one health promotion priority from the Victorian statewide health promotion priorities, which are:

1. Promoting physical activity and active communities
2. Promoting accessible and nutritious food
3. Promoting mental health and wellbeing
4. Reducing tobacco-related harm
5. Reducing and minimising harm from alcohol and other drugs
6. Safe environments to prevent unintentional injury
7. Sexual and reproductive health

Neighbourhood Renewal sites were also confirmed as one of the priority settings for health promotion practice from 2007.

The ISEPICH Integrated Health Promotion Plan 2009-12 addresses priorities one, two and three and also priority six to some extent, through Falls Prevention strategies. We also aim to work with the St Kilda Social Inclusion Project, which is a new project that shares some principles with Neighbourhood or Community Renewal sites.

Note re Action Plans: ISEPICH Integrated Health Promotion Action Plans are developed on a yearly basis and are available as separate documents, including evaluation frameworks and budgets. Action Plans are available on the ISEPICH website at www.isepich.org (see the Integrated Health Promotion page) or can be obtained from the ISEPICH Health Promotion Coordinator by email at isepich@portphillip.vic.gov.au or phone (03) 9209 6394.