

# ISEPICH Health Promotion Action Plan 2010-11 – Summary

(A more detailed version of this plan, including indicators and links to agency plans is also available)

## Goal 1: To reduce health inequalities in the ISEPICH catchment by increasing social inclusion and community capacity to address the social determinants of health.

Objective 1: By June 2011, to have developed and begun to implement an ISEPICH health equity strategy, as part of a broader equity, sustainability and health strategy

Strategies:

1. Complete the ISEPICH health inequalities resource (building on the previous ISEPICH resource 'Not the rich list') and disseminate to ISEPICH members.
2. Develop a framework for 'Promoting equity, sustainability and health' (PESH) (this is also part of a Monash University research project)
3. Use the framework to identify actions that ISEPICH members can take to reduce health inequalities and increase health equity
4. Commence actions identified through PESH framework to increase health equity in ISEPICH catchment
5. Continue community action and advocacy for people who are unemployed or living in poverty.

The PESH project is facilitated by the ISEPICH Health Promotion Coordinator (supervised by Monash University) with ISEPICH committees and a wide range of member agencies

Community action led by **Income Equity Working Group** including Port Phillip Community Group (convenor), St Kilda Community Legal Service, St Kilda Community Housing, community members, ISEPICH Health Promotion Coordinator.

Objective 2: From June 2010, maintain and enhance opportunities for social connection and social inclusion in ISEPICH communities

Strategies:

6. Improve access to community facilities in the ISEPICH catchment through policy development
7. Improve access to community activities through enhanced transport options
8. Increase health professional and community knowledge of programs and services available to people who are socially isolated or at risk of social isolation
9. Build capacity in the Social Inclusion working group and ISEPICH through sharing of knowledge on good practice and enhanced evaluation.

Led by **Social Inclusion Working Group** convened by Bentleigh Bayside Community Health, includes Community members, Inner South Community Health, Caulfield Community Health Service, Caulfield Aged Mental Health, Gamblers Help Southern, Hanover Welfare Services, Christ Church Community Centre, Glen Eira City Council, City of Stonnington, New Hope Migrant & Refugee Centre, Connections Uniting Care

## Goal 2: To create a supportive environment that enhances sustainable and affordable living in the inner south east.

Objective 1: From July 2010, to implement new or enhanced strategies to reduce barriers to healthy eating and increase food security in the inner south east. Food security may be defined as 'the state in which all persons obtain a nutritionally adequate, culturally acceptable diet at all times through local non-emergency sources' (Community Food Security Coalition 1995)

Strategies:

10. Identify/develop appropriate food security assessment tools for service providers
11. Provide food security training opportunities for service providers
12. Increase knowledge of inner south nutrition and food security activities within relevant community groups
13. Determine the working group's advocacy role in nutrition and food security issues

Led by **Food Security Working Group** includes Caulfield Community Health (convenor), Community members, Inner South Community Health Service, Bentleigh Bayside Community Health, City of Port Phillip Social Meals Program, Hanover Welfare Services, Christ Church Community Centre, Baker-IDI Heart and Diabetes Institute, Glen Eira City Council, Community Information Glen Eira, Prahran Community Advice Bureau

Objective 2: From July 2010, implement new or enhanced strategies to increase active transport and physical activity in the inner south east.

Strategies:

14. Work with relevant partners, for example planners and sustainable transport officers in Councils, to create supportive environments for active transport (walking, cycling and public transport). Include consideration of people who face barriers because of frailty and disability and support projects to increase safety on buses and

trams for people at risk of falling.

15. Work with relevant partners, for example 'Go for your life' and local Councils, to raise health professional and community awareness of affordable and accessible physical activity options
16. Continue to support projects increasing physical activity, and preventing falls, in diverse population groups. This is a flexible strategy and where possible should include extending the reach to younger age groups and disadvantaged or hard to reach groups.

Led by **Physical Activity Working Group** includes Glen Eira Council (convenor), Community members, Inner South Community Health Service, Bentleigh Bayside Community Health, Caulfield Community Health Service, Caulfield Aged Mental Health, Baker-IDI Heart and Diabetes Institute.

**The Falls Prevention Network** includes Bentleigh Bayside Community Health, Inner South Community Health Service, Central Bayside Community Health Service, Home Based Allied Health Service, Caulfield Community Health Service, Cities of Bayside, Glen Eira, Kingston, Port Phillip and Stonnington, Community Rehabilitation Centres, Sandringham and District Hospital and Peer Educators.

**Objective 3: By June 2011, to have developed and begun to implement an ISEPICH sustainability and health strategy, as part of a broader equity, sustainability and health strategy**

Strategies:

17. Complete a background paper on sustainable and affordable housing for ISEPICH and disseminate to all member agencies
18. Use the PESH framework to identify actions that ISEPICH members can take to improve environmental sustainability and reduce health inequities
19. Commence actions identified through PESH framework to increase environmental sustainability and health equity in ISEPICH catchment

Facilitated by ISEPICH Health Promotion Coordinator (supervised by Monash University), with ISEPICH Committees and member agencies.

### **Goal 3: To increase the capacity for integrated health promotion in ISEPICH**

**Objective 1: In 2010-11, to increase workforce capacity through increased skills and knowledge in health promotion and increased organisational support for health promotion.**

Strategies:

20. Hold a PCP information sharing and peer learning forum or workshop for health promotion workers (aiming to include those who are part-time and/or have only a small fraction of their time allocated to health promotion) in ISEPICH. This may include peer learning and mentoring opportunities. The forum will include a focus on community participation and be open to interested community members.
21. In collaboration with DHS regional Health Promotion Officer and the regional capacity building working group:
  - a. hold one Introduction to Health Promotion workshop, in ISEPICH catchment
  - b. review the online Introduction to Health promotion course with a view to enhancement or improvement as required
  - c. work with PCP agencies and management to enhance organisational support for health promotion
22. Maintain and where possible enhance support for ISEPICH structures and processes, including working groups and the communication strategy.

All objectives under Goal 3 are led by the Health Promotion Steering Committee and Health Promotion Coordinator, with support from ISEPICH Committees, the Community Advisory Group and Regional Department of Health staff.

**Objective 2: In 2010-12, increase the participation of the broader community in ISEPICH health promotion**

Strategies:

23. In 2010-11, in collaboration with community members on the Health Promotion Steering Committee and the ISEPICH Community Advisory Group (CAG), engage more community members in ISEPICH health promotion through forums and outreach to community groups.

**Objective 3: In 2009-12, increase the links between health promotion, disease prevention and chronic disease management in ISEPICH, through improving access and referral to physical activity programs, building on work previously done in 2006-09.**

Strategies:

24. In 2010-11, continue to develop resources and procedures to enhance community and health professional awareness of physical activity options, and their value, and referral to appropriate physical activity options. This includes programs relevant to people who have fallen or are at risk of falling, for example programs with a balance component.