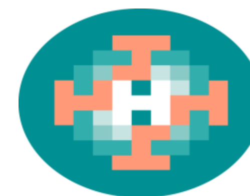
Goulburn Valley Health & Goulburn Valley Community Health Service
'Better Rural Health'
Integrated Health Promotion Plan
2009-2012



For further information regarding this document please contact:

Health Promotion Worker
Goulburn Valley Community Health Service
Ph: (03) 5823 3292
Email: healthpromotion@gvchs.com.au

OR

Health Promotion Team
Goulburn Valley Health
Ph: (03) 58 322 200
Email: healthpromotion@gvhealth.org.au

Components		Page
Acronyms		4
Part A: **Agency Vision**		5-7
Health Promotion Priority: **Promoting Mental Health and Wellbeing**	Part B: Problem definition & priority setting Part C: Solution generation Part D: Capacity building – support & resources	8-14
Health Promotion Priority: **Promoting Nutritious and Accessible Food**	Part B: Problem definition & priority setting Part C: Solution generation Part D: Capacity building – support & resources	15-19
Health Promotion Priority: **Sexual & Reproductive Health**	Part B: Problem definition & priority setting Part C: Solution generation Part D: Capacity building – support & resources	20-25
Health Promotion Priority: **Health Promoting Health Services**	Part B: Problem definition & priority setting Part C: Solution generation Part D: Capacity building – support & resources	26-29
Certification		30
References		31-32

Acronyms

BBFKH – Building Blocks for Kids Health
COGS – City of Greater Shepparton
GVCHS – Goulburn Valley Community Health Service
GVH – Goulburn Valley Health
GVH – HP Goulburn Valley Health – Health Promotion Team
GSOTM – Greater Shepparton on the Moove
HPV - Human Papillomavirus
MPHP – Municipal Public Health Plan
STI – Sexually Transmitted Infection

Part A: Agency Vision

Goulburn Valley Health (GVH) and Goulburn Valley Community Health Service (GVCHS) recognise that prevention of illness and the promotion of health is pivotal in reducing the burden of disease and associated health costs in our community. GVH and GVCHS are therefore committed to implementing a range of health promotion strategies to enable people to increase control over, and to improve, their health and wellbeing.

GVH and GVCHS will ensure planned health promotion programs and interventions:

1. Encourage and support staff, consumers and the wider community to increase control over, and to improve, their health and wellbeing.
2. Are informed by the best available data and evidence.
3. Act to reduce health inequalities
4. Address the broader determinants of health
5. Emphasise active consumer and community participation
6. Empower individuals, communities and organisations through capacity building action
7. Foster collaboration across sectors and an integrated approach
8. Ensure 'access for all' is encouraged and supported.
9. Provide services that are accessible, culturally acceptable and relevant
10. Develop closer partnership relationships with the Greater Shepparton community and health services.

The GVH & GVCHS Integrated Health Promotion Plan 2009-2012 has been guided by GVH's Strategic Plan 2007-2010, and has a direct link to GVH's mission – '*to provide coordinated services that enhance the health and wellbeing of the community',* and statement of values, committing to: *serving rural needs, integrated planning, continual improvement, staff development, responding to cultural diversity, equity of access and consumer participation.* There is also a direct link to GVCHS vision – '*to be recognised for our community to excellence through innovation and partnerships which provide a catalyst for positive change, building strong and healthy communities though a holistic approach.'*

The GVH & GVCHS Integrated Health Promotion Plan 2009-2012 complements and supports the GV H's Strategic Plan 2007-2010 long term vision that:

'Within ten years (2017):

- *GVH will be a leading regional health provider with a range of new or expanded services including………innovative health promotion*
- *GVH will be forging strong partnerships resulting in integrated services that provide the region with access to a range of contemporary services focusing on health improvement.'*

The GVH & GVCHS Integrated Health Promotion Plan 2009-2012 also has the capacity to assist GVCHS mission and value statements. GVCHS mission is '*to work with our community to provide primary health services that strengthen the ability of individuals and families to make lifestyle choices that will improve health and wellbeing.* Our statement values include:

- *We value integrity, credibility and respect for the individual*
- *We respect the knowledge and diversity of our people*
- *We build partnerships through communication and collaboration*
- *We take a proactive and evidence based approach to service delivery*
- *We believe in striving for excellence through continuous improvement and innovation*

Over the next three years the GVH & GVCHS Integrated Health Promotion Plan 2009-2012 will play an important role in working towards GVCHS mission and value statements.

Health promotion planning and selection of priorities for the 2009-2012 Health Promotion plan has been informed by, and aligns with the:

- International health promotion priorities and policies such as the World Health Organisation (WHO) charters and declarations for Health Promotion
- Victorian state-wide health promotion priorities 2007-2012
- National and state-wide strategies and action plans developed to address health challenges such as nutrition and mental health and wellbeing,
- State-wide policy and initiatives such as the Primary Care Partnership Strategy, municipal public health planning and 'Go For Your Life',
- Evidence-based health promotion resource kits, including mental health and oral health
- WHO Health Promoting Health Services concepts

The selection of priorities for 2009-2012 and local solution generation have been guided by the GVH & GVCHS Integrated Health Promotion Steering Committee, and through consultation and collaboration with a range of stakeholders and settings including:

- Greater Shepparton City Council
- Goulburn Valley Primary Care Partnership
- Early Years settings
- GVH - Primary Care and Population Health Advisory Committee
- Dental Health Services Victoria
- Gowrie Victoria

GVH & GVCHS Health Promotion Plan 2009-2012 builds on the previous work and outcomes of the GVH & GVCHS Integrated Health Promotion Plan 2006-2009, and focuses on the major health promotion challenges that confront our community including:

- Promoting nutritious and accessible food
- Promoting mental health and wellbeing
- Sexual and reproductive health

In addition, GVH & GVCHS have a commitment to reorienting their health services to become Health Promoting Health Services.

Promoting Mental Health & Wellbeing

Problem Definition and Priority Setting

*Mental health is described by the World Health Organisation as**: a state of well being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.***

a) Impact and scale of the issue

Good mental health is fundamental to the wellbeing of individuals, their families and the population as a whole. Although largely invisible, mental health problems and mental illness are a major cause of poor health in Victoria. It is estimated that they will affect more than one in five adults in their lifetime. Mental health problems and mental illness include a range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of individuals (Victorian Population Health Survey, 2003).

14% of children and young people aged 4-17 years are affected by mental illness at some time. This rises to 26% for those aged 16-24 years.(ABS, 2007) In fact, 75% of severe mental health problems emerge before the age of 25 and account for 70% of the total burden of disease amongst young people. (ABS, 2007) In comparison, the majority of older people enjoy good mental health, with only 10% reportedly experiencing one or more mental or behavioural disorders or high levels of psychological distress. However, nearly a quarter take medication for their mental wellbeing. (AIHW, 2007)

Social inclusion is a key determinant of mental and physical health, and equity. In particular, the mental distress resulting from social isolation and lack of social support has been shown to increase the likelihood of heart disease, complications in pregnancy and delivery, and suicide (VicHealth, 2003). Low levels of social connectedness can lower the immune system, and a lack of close relationships, unemployment, financial problems and low social status can make a person vulnerable to depression (VicHealth, 2003).

According to Vic Health the stronger people feel a sense of belonging, the healthier they are. Social networks make people feel cared for and valued which has a positive effect on health (VicHealth, 2005). A socially inclusive society is one where all people feel valued, their differences are respected, and their basic needs are met so that they can live in dignity. (Saunders, 2003) Additionally, people who participate and those who can obtain help when needed are healthier and feel more positive about the communities in which they live (Victorian Population Health Survey, 2003).

The Victorian Population Health Survey (2007) incorporates a suite of questions relating to social support, connectedness and participation. In particular, it collected information on informal social contacts (friends, family and neighbours) and membership or involvement with broader organisations such as sporting clubs, professional associations and community groups.

The survey results indicated:

- **Social support**
  92.1% of persons living within Greater Shepparton reported that they could definitely get help from friends, family or neighbours when they needed it, as compared to 93.6% in the Hume Region (Department of Planning and Community Development Strength Survey, 2006).

- **Participation**
  Approximately 64.3% of males and 60% of females in the Hume region were participating in groups (a sports, church, school, community or action, or professional group, or an academic society), where participation was reported in terms of membership of one or more groups (Department of Human Services, 2008)

  Nearly 16% of Australian households cannot afford to participate in social activities such as family holidays, having a night out or having family or friends over for a meal (Saunders, 2003)

- **Feeling valued by society**
  Community Connection was measured in the 2007 Community Indicators Victoria survey. Respondents were asked to rate their satisfaction with feeling part of their community (answers are presented according to a 0-100 range). Normative data from the Australian Unity Wellbeing Index (AUWBI) indicates that the average Community Connection score for Australians is approx 70. In comparison, the average Community Connection score for persons living in Greater Shepparton was 77 in 2007 (Community Indicators Victoria Survey, 2007).

  State-wide, 52% of people reported feeling valued by society, with a further 31% reporting they feel valued by society sometimes (Victorian Government, 2007).

- **Opportunities to have a say**
  Data on the participation of Victorians in selected forms of Citizen Engagement were collected in the 2007 Community Indicators Victoria Survey. Respondents were asked if they had attended a town meeting or public hearing, met, called or written to a local politician, joined a protest or signed a petition in the previous 12 months. 56.6% of persons in Greater Shepparton had engaged in at least one of the selected activities in the previous year, compared to the Victorian State average of 53.8%.

- **Volunteering**
  Statewide, over one in three persons (35.5%) aged 18 years or over helped out at a local group as a volunteer (either yes definitely or sometimes). One in twenty persons aged 18 years and over (5.0%) currently benefit from some sort of help from a volunteer based organisation.

b) Degree of health inequality

The mental health burden is not spread evenly across communities; there is considerable difference amongst population groups.

- Compared to the estimate for Victoria, there are a number of population sub-groups who perceived themselves as being in a more equivocal position with respect to the accessibility of social support and other resources, included those who have lower levels of household income, are separated or divorced, born overseas, unemployed, are single parents with dependent children, have poorer health or higher Kessler 10 scores (Victorian Government, 2007).

- The proportion of individuals from households with lower levels of income (less than $40,000 per year) who had attended a local community event was lower than the Victorian estimate (Department of Human Services, 2008).

- The proportion of those who were born overseas or spoke a language other than English at home, who a) helped a local group as a volunteer, b) attended a local community event, or c) who were members of a sports group was lower than the average for Victoria (Department of Human Services, 2008).

- Over the past few years the number of migrants and refugees resettling in the Greater Shepparton area has grown considerably. Along with the many benefits of migrant and refugee resettlement in our community there are nevertheless, many difficulties that these people face. Of particular concern are the mental health issues that often arise due to reasons such as social exclusion, language barriers, separation from family and forced removal and torture.

- Youth – The activities of young people who have left school have been sourced from the customised 2006 Census tables obtained from the Australian Bureau of Statistics. These data describe the level of engagement in work and study activities of 15-19 year olds who are not attending school. This population can be categorised into three major groups: fully engaged school leavers are defined as those who are involved in work and/or non-school study (including university, TAFE, and vocational training) on a full time basis; disengaged school leavers are defined as those who are not involved in any work or study activities at all; and the remaining are defined as partly engaged. In Greater Shepparton, 55.4% of 15-19 year old school leavers were fully engaged in work or non-school study, significantly lower than the Victorian State average of 71.9%. Furthermore, 24.6% were disengaged, significantly higher than the Victorian State average of 15.4%.

Solution Generation

The VicHealth Framework for the Promotion of Mental Health and Wellbeing (2006) identified three overarching social and economic determinants of mental health:

1. Social inclusion
2. Freedom from violence and discrimination, and
3. Access to economic resources and participation.

Social inclusion is a key determinant of mental and physical health, and equity. Social inclusion includes a focus on:

- Social and community connections
- Stable and supportive environments
- A variety of social and physical activities
- Access to networks and supportive relationships
- A valued social position

The focus of this priority issue for Goulburn Valley Health & Goulburn Valley Community Health Service has three key benchmarks related to social inclusion:

- community connectedness (attitudes)
- community participation, and
- community empowerment

To be socially included all Australians need to be given the opportunity to secure a job, access services, connect with family, friends, work, personal interests and local community, deal with personal crisis and have their voices heard (Australian Government, 2008) Additionally, whether individuals take up opportunities for social interaction and community engagement may depend in part on the extent to which a number of conditions are fulfilled including whether they trust casual acquaintances and strangers, feel valued as members of society and consider that there are opportunities to be involved in different institutions and activities. Evidence suggests that well *connected communities with* strong social networks are more likely to benefit from lower crime figures, better health, higher educational achievement and better economic growth.

Community participation on various levels is a key element to an individual's sense of wellbeing and to the state of the health of the community generally. *Community participation* allows for participants to learn transferable skills such as communication, problem-solving, negotiation and cooperation. Community participation allows for individuals and groups to be linked to relevant support services, creating interagency links, increasing communication between these links and improving services. *Community participation* in sport or

recreational programs provides opportunities for socialising, building friendships and networks, reducing social isolation and enhancing community wellbeing. These all ultimately, lead to improved mental and physical health (VicHealth, 2003).

It must be noted that to *participate*, the most disadvantaged Australians may:

- require practical assistance with transport, cost, flexible opening hours, flexible settings (i.e. formal settings may be threatening), and care for children
- need additional support to be organised to participate
- for sustained participation, require support to develop resilience to be able to deal with things that happen out of the ordinary or setbacks.

Strategies to build healthier communities and healthier people can also be seen from a *consumer empowerment* perspective, which considers how individuals can take greater responsibility for their own health.

The literature on mental health promotion to promote social inclusion focuses on interventions designed to build social capital, promote community wellbeing, overcome social isolation, increase social connectedness and address social exclusion. This includes interventions summarised as, 1) community building and regeneration programs, 2) school-based programs for mental health & wellbeing, 3) structured opportunities for participation, 4) workplace mental health promotion, 5) social support, 6) volunteering, 7) community arts program, 8) physical activity, and 9) media campaigns for mental health promotion.

Finally, access to economic resources is a determinant of health related to social inclusion and connectedness. Interventions developed to reduce income inequality, given links to poorer health outcomes among 'those most vulnerable to poverty, and diminished life changes; (DHS, 2006). The VicHealth Framework for the Promotion of Mental Health & Wellbeing has identified adult literacy programs, and in particular, health literacy as an effective intervention for mental health promotion:

> *While literacy programs are rarely evaluated in terms of mental health promotion outcomes, participation in adult literacy programs has a positive effect on self-concept, self-esteem and self-image (Beder 1999).*
>
> *Health literacy is considered to include knowledge about health and health care; the ability to find, understand, interpret and communicate health information; and the ability to seek appropriate care and make critical health decisions, including the ability to comprehend and act on social and economic determinants of health. And it is believed to improve* ***community empowerment*** *(Rootman & Ronson, 2002).*

Partnerships with individuals and organisations in a range of sectors, such as housing, employment, sport and recreation, education and income security, are pivotal to effective mental health promotion.

Capacity Building – Support and Resources

The GVH– Health Promotion Team will have a key role in coordinating the social inclusion priority and actions. They will take a lead role in planning, implementing and evaluating GVH's interventions, as well as actively contributing to the development of collaborative initiatives with key stakeholders.

To implement the proposed social inclusion actions, GVH will need to build on existing partnerships with local and state-wide stakeholders. It will be important to establish a local network to promote and support mental health promotion leadership, partnerships, community participation, and opportunities for information exchange and resource sharing.

Strengthening workforce skills and knowledge of health promotion approaches to mental health and wellbeing will be crucial to ensuring the success of GV Health's interventions in social inclusion.

Key GVH staff, including the Health Promotion team will be involved in:

- attending training and skill development training in relation to best practice in mental health and wellbeing health promotion approaches and initiatives
- coordinating local training and support for staff and practitioners to develop evidence-based interventions
- a scoping activity to determine the most effective evaluation parameters (process and impact measures) for determining community connectedness, community participation, community empowerment and health literacy.
- applying and evaluating mental health promotion initiatives with a social connectedness framework, addressing community connectedness, community participation, community empowerment and health literacy.
- actively participating in the planning and development of collaborative initiatives, including those developed through GVPCP, the Greater Shepparton Municipal Public Health Plan task groups, and the Greater Shepparton Best Start Municipal Early Years Plan workgroups

Mental Health and Wellbeing is a relatively new issue of focus for the Health Promotion Worker at GVCHS and stronger links will need to be developed with our generalist team as well as with other professionals within the agency who are working on projects that incorporates a mental health promotion role. Stronger links will also be developed with external mental health providers.
The Health Promotion worker will play a key role along with other GVCHS workers such as the Refugee Health Nurse, Family Violence Worker and Generalist Counsellors to coordinate the mental health and wellbeing planned interventions for the GVH & GVCHS Integrated Health Promotion Plan. This will include planning, implementing and evaluating GVCHS interventions as well as participate in other initiatives developed from key agencies such as Primary Care Partnership and Greater Shepparton City Council.

The key capacity building areas that GVCHS will be strengthening include:

Workforce Development
Strengthening the skills and knowledge of mental health promotion of key staff will be crucial to implementing and delivering effective planned interventions.
Training in specific school programs such as, the real life program will be required to be undertaken for effective delivery.

Partnerships
Partnerships will be developed with key staff from GVCHS and with external agencies such as the Ethnic Council.
GVCHS will play a key role in participating in the delivery of the GV Primary Care Partnership Community Health Plan as well as participation on working groups. Development of linkages and partnerships with the Greater Shepparton City Council, Municipal Public Health Plan and working groups will also need to be made.

Resources
A number of physical resources such as program materials will be used to support the implementation of mental health promotion interventions as well as the use of specialist advice from mental health experts to ensure success of GVCHS interventions.
The community consultation advisory group will support and inform mental health promotion interventions
The refugee physical activity and nutrition network will be utilised to access support, information and specialist advice from other experts working with the CALD community.
Health promotion student placements will be utilised to help deliver program interventions

<u>Promoting Accessible and Nutritious Food</u>

Problem Definition and Priority Setting

*The World Food Submit of 1996 defined food security as existing **"when all people at all times have access to enough food for an active healthy life"***

Food security includes at a minimum:

- *the ready availability of nutritionally adequate and safe foods and*
- *an assured ability to acquire acceptable foods in socially acceptable ways and*
- *without resorting to emergency food supplies, scavenging, stealing or other coping strategies.*
- *when money is scarce, food choices can be discretionary unlike fixed expenses such as rent and utility bills.*

VicHealth consider the term 'nutritious foods' to:

- *refer to a wide variety of foods, in accordance wit the Dietary Guidelines for Australians, and*
- *be that which is balanced against the body's requirement for growth, metabolism and physical activity across the life stages, and*
- *be that which is consumed regularly and consistently; without periods of over-consumption or severe restriction as evident in patterns of extreme dieting or hunger, and*
- *be fundamentally unchanged in its definition over many years despite the varying and conflicting messages in the public arena.*

(VicHealth, 2005)

In Australia, geographic remoteness, accessibility to transport, availability of local food retailers, availability of culturally appropriate food and access to adequate cooking facilities have each been reported as important determinants of food choice and intake.

*Therefore, in conclusion, **the ability to eat well involves** more than understanding how to choose nutritious food, the cooking and consumption of these foods, and the protection this gives against chronic illness. It also involves the social and cultural significance of purchasing, preparing, eating and the enjoyment of eating experiences with families, friends and communities* (Murcott, 2002. and Valentine, 1999).

a) Impact and scale of the issue

- Poor nutrition is a key factor in the increasing burden of chronic diseases worldwide (State of Victoria, 2006).

- In Greater Shepparton, the breastfeeding rates are low compared to the Victorian State average.

- Poor oral health can impair eating, leading to reduced nutritional status and diet-related ill-health, particularly for children and older people. And the significant costs associated with dental care create barriers for many of the most disadvantaged in our community (2008).

- Females from the Hume region were significantly more likely to meet the dietary guidelines for fruit (2 or more serves), and vegetable intake (5 or more serves) than males (Victorian Government, 2007).

- Food security was measured in the 2007 Community Indicators Victoria Survey. 7% of people in the City of Greater Shepparton had experienced food insecurity in the past 12 months, where they had run out of food and could not afford to buy more, higher than the state average of 6.1%.

- Food insecurity extracts a high cost from individuals, families and communities. The immediate effects are anxiety, hunger and lack of energy. In the longer term, there is growing evidence that people experiencing food insecurity are more likely to be overweight or obese, particularly women. Being overweight carries its own health risks. There is also a related impact on mental wellbeing through a sense of powerlessness and social exclusion, which often results in disruption to the family and community.

b) Degree of health inequality

Victorians bear the impact of poor nutrition in different ways in different communities.

- Men, people living on low incomes, people living with a disability, people from diverse cultural and linguistic backgrounds and indigenous Victorians face particular issues in relation to nutrition, and are known to be at a greater risk of poor nutrition (State of Victoria, 2006).

- People on lower incomes are more likely to consume energy-dense foods and lower amounts of plant based foods. Energy dense foods are often perceived as more affordable, more filling, more acceptable to family members and more readily available in disadvantaged areas (VicHealth, 2007).

- People on lower incomes are more likely to live in areas with low-rental housing that feature inadequate infrastructure such as poor public transport, scarcity of supermarkets and fruit and veg shops (VicHealth ,2007).

- The City of Greater Shepparton was ranked 9th in Victoria by the Australian Bureau of Statistics (ABS), Socio-economic Index For Areas (SEIFA) Index of Relative Socio Economic Disadvantage (IRSED), which was the highest disadvantage ranking for a local government area in the Hume region (DHS, 2003).

Solution Generation

Health promotion interventions most effective at addressing healthy eating include those coordinated to ensure good quality food is accessible in terms of regular food supply, geographical availability and affordability, as well as providing for food safety, collectively known as food security. There is also value in targeting key nutrition issues with strategic and multifaceted interventions.

Through a variety of projects, strategies and campaigns, the 'Go For Your Life' initiative aims to increase levels of healthy eating by Victorians, and to promote stronger, healthier communities (State of Victoria, 2006). In particular, the 'Go For Your Life' strategic plan 2006-2010 seeks to improve the health and wellbeing of Victorians through:

1. Healthy eating, by:
   - Increasing consumption of fruit and vegetables,
   - Decreasing consumption of energy-dense food and drinks
   - Increasing breastfeeding, and

2. Structural changes to support healthy eating, by:
   - Improving healthy food access and supply for all groups in the community.
   - Addressing the underlying health inequality impacts on healthy eating.

To improve healthy food access and supply, individuals and groups in the community must have:
- sufficient quantities of food available on a consistent basis (food availability),
- sufficient resources to obtain appropriate foods for a nutritious diet (food access),
- appropriate use based on knowledge of basic nutrition and care (food use).

Initiatives that support healthy eating feature a population approach with five population groups, and a range of settings identified.

In particular, children in the early years aged 0 to 5 and their families are an important population group for preventing future nutrition-related problems. Early childhood settings offer significant potential to improve the health eating of young children in their care. Therefore, it is important to build the knowledge, confidence and skills of early childhood staff to promote culturally and age-appropriate

healthy eating to children, and, where possible, their parents and carers (State of Victoria, 2006). Investments in early childhood can also be a powerful force for equity, with interventions having the largest benefits for the most disadvantaged children (2008).

Certain groups in the community that bear a greater burden of disease and experience higher rates of poor nutrition, overweight and obesity and associated chronic diseases (including people living on a low income, indigenous Victorians, men, and people from diverse cultural and linguistic backgrounds) suggest these groups need to be able to acquire increased knowledge, confidence and skills to change their behaviour and adopt a healthy lifestyle that can protect them against chronic disease.

The plan also identifies aspects of the broader environment that need to change to support healthy eating behaviours including:

- Policy and planning at the local level
- Food supply
- Media, advertising and communications
- Regulation, legislation and fiscal policy
- Research, monitoring and evaluation.

Capacity Building – Support and Resources

To address this health promotion priority, GVH – Health Promotion team will:

- Continue to develop and build on existing relationships and collaborative strategies, including Goulburn Valley 'Building Blocks for Kids Health' initiatives, with a wide range of stakeholders, including Dental Health Services Victoria ***Smiles 4 Miles*** program, Kids 'Go For Your Life' state team, Gowrie Victoria 'Start Right Eat Right Program', Greater Shepparton Municipal Public Health Plan and Early Years Plan, ValleySport, Ethnic Council of Shepparton & District, Goulburn Ovens T.A.F.E. multicultural unit, local early years services (including Aboriginal pre-school and childcare centres).
- Develop links with state-wide and national initiatives, so that GVH – Health Promotion policies and programs reflect best practice in the promotion of nutritious and accessible food.
- Develop a consumer participation framework to support 'Building Blocks for Kids Health' initiatives
- Involve Community Health @ GVH Dietitian's in health promotion initiatives, as required.
- Explore options for the sustainability of GVH's 'Building Blocks for Kids Health' initiatives, including ***Smiles 4 Miles***.

The Health Promotion Worker and Dietitian at GVCHS will play a key role in food security, Kids Go For Your Life program and Health Promoting School initiatives. Other staff at GVCHS will also contribute to these initiatives such staff include the Refugee Health Nurse and the Aboriginal Health Promotion Worker. The Health Promotion Worker and Dietitian will take a lead role in planning, implementing

and evaluating the effectiveness of each initiative as well as contributing to the development of collaborative initiatives with key stakeholders such as City of Greater Shepparton and local primary and high schools.

Key capacity building strategies required to ensure success include:

Workforce Development
Key staff will attend training to strengthen their skills and knowledge in food security, healthy eating and physical activity

Organisation Development
Invest in the criteria for breast feeding friendly criteria

Resources
Health promotion/dietetic student placements will be utilised to help deliver program interventions
Maintain participation and linkages with the City of Greater Shepparton Best start strategy working group
Create a link with other regional food security initiatives to access expertise, advice and support
Participate in the health promoting schools network as well as access appropriate program resources.

Partnerships
Develop links/partnerships with key emergency relief providers, local universities, Greater Shepparton City Council, Ethnic Council, local corner store providers and internal key staff
Strengthen partnerships with the local primary and secondary schools
Develop stronger links with state-wide initiatives such as the Kids Go For Your Life Program

Sexual and Reproductive Health

Problem Definition and Priority Setting

Sexual health encompasses sexual development and reproductive health, as well as characteristics such as:
- *the ability to develop and maintain meaningful interpersonal relationships,*
- *appreciate one's own body,*
- *interact with both genders in respectful and appropriate ways and,*
- *express affection love and intimacy in ways consistent with ones own values*

(Family Planning Victoria, Royal Women's Hospital and Centre for Adolescent Health, 2005).

Reproductive health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to it's functions and processes. Reproductive health, therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide it, when and how often to do so (Family Planning Victoria, Royal Women's Hospital and Centre for Adolescent Health, 2005).

Finally, sexual and reproductive health is inter-linked with many other aspects of health, particularly mental health and contributes to the overall health and wellbeing of the individual.

a) Impact and scale of the issue

- Most Year 10 students have experienced sexual activity, including kissing (76% of men and 77% of women) and sexual touching (64% of men and 60% of women) (Smith, Agius, Dyson, Mitchell, & Pitts, 2003).

- 28% of men and 24% of women in Year 10 reported having had sexual intercourse at least once, which is higher than in 1997. (Smith et al, 2003; AIHW, 2003) Further, in 2002 almost half the Year 12 students, 48% of men and 46% of women, reported having had sexual intercourse (Smith et al, 2003)

- One in five women has been coerced into unwanted sex, and because of this is more likely to experience psychological distress (NCHECR, 2007).

- *Chlamydia trachomatis* is the most commonly diagnosed bacterial sexually transmitted disease (STI) in Australia, with notification rate rising dramatically from **73.9 per 100,000 in 1999** to **278.4 per 100,000** in 2008. (DHS, Victoria, 2009). In fact, the notification of STI's to the Public Health Branch, in the past 12 months, indicates the rate of chlamydia in the Greater Shepparton area, is 32% higher than the state average (DHS, Victoria, 2009).

- A considerable proportion of sexually active students have sex with three or more people in a year (Smith, Agius, Mitchell, Barette, & Pitts, 2009).

- Secondary school student knowledge of HPV and cervical cancer is alarmingly low (Smith et al, 2009).

- The role of alcohol in unwanted sex in becoming increasing prominent in secondary school aged children (Smith et al, 2009).

- There is evidence of increasing infection rates of HIV and other sexually transmitted infections (STI's) in Australia, with some of the highest infection rates reported among the 15-29 year old age group (Stancombe Research & Planning, 2009).

- Ninety percent of Australians use contraception at their first episode of sexual activity. There are lower rates of contraceptive use in young people who report an earlier age of first sexual intercourse (Family Planning Victoria & Royal Women's Hospital Centre for Adolescent Health, 2005)

b) Degree of health inequality

- In ***rural areas***, the proportion of students reporting having had sexual intercourse was higher, with 40% of females in rural areas compared with 31% of females in urban areas, and 39% and 34% of males from rural and urban areas, respectively (AIHW, 2003).

- Predominantly, women bear the primary responsibility for contraception (Women's Health Victoria, 2005).

- Lack of access to public termination services in Victoria impedes women's control over their reproductive health, particularly in rural and regional areas (Women's Health Victoria, 2005).

- Women living in rural areas often experience difficulty accessing services, pay more for services and are concerned about confidentiality and a lack of appropriate services (Women's Health Victoria, 2005).

- Women from culturally and linguistically diverse (CALD) backgrounds are less likely to use health services than women born in Australia (Women's Health Victoria, 2005).

- People most at risk of STI's are often margainalised and experience many of the usual social determinants of health, such as poverty, geographic location and sexuality and so forth (DHS, 2006).

Chlamydia trachomatis is the commonest notifiable STI in Victoria, with:

- The rate of increase in national notifications of c*hlamydia trachomatis* highest in young women (Women's Health Victoria, 2005).

- 75% of Victorian notifications in people under 25 years of age (Women's Health Victoria, 2005).

- Young people under the age of 25 years have higher rates of STI's for a variety of factors. These include the sexual behaviour patterns of young people, their stage of psychological and cognitive development, as well as anatomical and physiological characteristics of the genital tract (Family Planning Victoria & Royal Women's Hospital Centre for Adolescent Health, 2005)

- Unpublished data from the Australian Research Centre for Sex Health and Society (ARCSHS) show that higher proportions of younger than older women having an abortion travel more than 50 kilometers and or are away from home overnight, suggesting that access to abortion may be more difficult for this group (Family Planning Victoria & Royal Women's Hospital Centre for Adolescent Health, 2005)

Solution Generation

The World Health Organisation (WHO) identifies the main issues in adolescent sexual and reproductive health globally as:

- Sexual development and sexuality (including puberty)
- Sexually transmitted diseases (including HIV/AIDS)
- Unwanted and unsafe pregnancies (Family Planning Victoria & Royal Women's Hospital Centre for Adolescent Health, 2005)

Adolescents have sexual and reproductive health needs that differ from those of adults in important ways, and which remain poorly understood or served in much of the world. Neglect of this population has major implications for the future, since sexual and reproductive behaviours during adolescence have far reaching consequences for people's lives as they develop into adulthood (Family Planning Victoria & Royal Women's Hospital Centre for Adolescent Health, 2005)

Key factors that can prevent young people from engaging in unsafe or unwanted sexual behaviour include strong relationship with parents, connection to school and open communication with sexual partners.(AIHW, 2003) Open communication can be enhanced and encouraged through health promotion strategies designed to strengthen protective factors for young people.

Family Planning Victoria & Royal Women's Hospital Centre for Adolescent Health (2005) suggest that these same key factors such as family connectedness, good parent-child communication and sex education can protect adolescents also against pregnancy. While some primary schools currently address sexual education, there is little consensus about the appropriateness of sexuality education for younger students, and little integration with later teaching in secondary school (Family Planning Victoria & Royal Women's Hospital Centre for Adolescent Health, 2005)

The Australian Medical Association (AMA) (2009) has provided recommendation to the Victorian Government for better sex education in schools and better provision of information to parents about sexual health and relationships. AMA believes good quality sex education is a key to better sexual health. Knowledge is a predicator for changed behaviour and allows young people to make informed choices about risk. AMA also suggested to improve young people's sexual health choices, better information must be provided. This information must be of a high standard and, to be effective, it must begin prior to puberty and before the advent of sexual experimentation. The advice of experts should be canvassed, but an indicative age for the program would be to provide information at 10, 12 and 14 years.

Whereas, Fenton (2001) calls for strategies to improve sexual health among ethnic minorities, including increased research and surveillance, improved access to sexual health services, better partnerships with ethnic communities, increased understanding of the cultural context, and targeting high risk groups.

Research in sexual and reproductive health have increasingly identified that poor sexual and reproductive health knowledge and practices as having an impact on the population, in particular the rising number of sexually transmissible infection (STI) notifications in Victoria, and the costs associated with unplanned pregnancy. Shepparton has in the past had little focus until recently on sexual and reproductive health promotion and there is considerable need as the research suggests to focus on better sex education and healthy relationship school based programs, improving and ensuring accessible information and improving access to services. Our attention should also be drawn to the issue of lack of sexual and reproductive health promotion to the culturally and linguistically diverse communities, including newly arrived migrants and refugee groups. This is a concern and will be priority with a particular focus on youth and those entering early adulthood.

Our aim will be to provide quality sexual health promotion interventions that include education and training as well as support the existing services and collaborate with those organisations who are working on sexual and reproductive health such as the Melbourne University, School of Rural Health and Women's Health Goulburn North East.

Capacity Building – Support and Resources

The GVH – Health Promotion Team will have a key role in coordinating the sexual and reproductive health priority and actions. They will take a lead role in planning, implementing and evaluating GVH's interventions, as well as actively contributing to the development of collaborative initiatives with key stakeholders.

To implement the proposed sexual and reproductive health actions, GVH will need to build on existing partnerships with local and state-wide stakeholders. It will be important to establish a local network to promote and support sexual and reproductive health promotion leadership, partnerships, community participation, and opportunities for information exchange and resource sharing.

Strengthening workforce skills and knowledge of health promotion approaches to sexual and reproductive health will be crucial to ensuring the success of GVH's interventions.

Key GVH staff, including the Health Promotion team will be involved in:

- attending training and skill development training in relation to best practice in sexual and reproductive health - health promotion approaches and initiatives
- actively participating in the planning and development of collaborative initiatives, including those developed through the University of Melbourne - School of Rural Health, Centre for Excellence in Sexual and Reproductive Health
- Develop links with state-wide and national initiatives, so that GVH – Health Promotion programs reflect best practice in the promotion of sexual and reproductive health

The Health Promotion Worker at GVCHS will play a key role in planning, implementing and evaluating sexual and reproductive health initiatives. The Health Promotion Worker will need to develop key linkages with internal staff such as the Refugee Health and Community Health Nurse as well as with other external providers such as the University of Melbourne, School of Rural Health.

Key capacity building strategies required to ensure success include:

Workforce Development
The health promotion worker and other key staff will need to develop and further their skills and knowledge in sexual and reproductive health by undertaking appropriate training.
The Health Promotion Worker will assist in coordinating training for other health professionals within the region

Organisational Development

Investigate a model for a youth clinic specialising in sexual health

Resources
Consultations with youth including same sex attacked will help inform sexual health promotion initiatives.
University students will be utilised to help deliver sexual and reproductive health initiatives.

Partnerships
Develop partnerships with the University of Melbourne, School of Rural Health, Ethnic Council, Women's Health Goulburn North East, local primary and secondary schools.
Develop links with the African community leaders.

Health Promoting Health Services (HPHS)

Problem Definition and Priority Setting

Whilst it may seem self-evident that a health service should be a supportive and healthy healing environment, a healthy place to work, contribute to a healthy environment and be a source of health in the community (Hancock, 1999), the literature identifies that health services have not reached their potential regarding many of these issues until recently due to the structure of the health systems (Victorian Healthcare Association, 2009).

The role of health promotion in health services is changing. It is becoming an integral part of the health care process and is related to clinical, educational, behavioural and organisational issues (Groene & Carcia-Barbero, 2005). Health Promoting Health Services are much about health promotion activity, developing infrastructure to support health promotion and organisational change (Johnson & Paton, 2007)

The health promoting health service settings approach acknowledges that behavioural changes are only possible and stable if they are integrated into everyday life and correspond with concurrent habits and existing cultures. Health promotion initiatives therefore must address changing individuals but also underlying norms, rules and cultures (Groene & Garcia-Barbero, 2005). The challenge for health services is to shift from their dominant focus on curative and individual clinical care to include making a concerted effort to address population health issues. Health services that make the decision to reorientate to become settings for health promotion are fundamental making a decision to improve population health (Johnson & Paton, 2007).

Reorientating the health service to become more health promoting requires an organisation to have a changed set of attitudes and beliefs and a change in direction of the service. This change is usually aimed at changing the organisational culture through an alteration of direction based on a new set of values. The end result for this change will include creating a supportive organisational environment for health promotion practice in health services and equitable and improved health outcomes for individuals and populations (Johnson & Paton, 2007).

Solution Generation

The Health Promoting Hospitals and Health Services movement was initiated in 1988 by the World Health Organisation (WHO) as a component of a broader ‘healthy settings’ approach. The Budapest Declaration (1991) and the Vienna Recommendations on Health

Promoting Hospitals (1997) provide the basis for this approach as a core element to maximise the health of a community (Yeatman, HR & Nove, T., 2002).

In applying the health promoting health service strategy the World Health Organisation (2004) state that health services must be committed to integrate health promotion in daily activities and to follow the Vienna Recommendations, which advocate a number of strategic and ethical directions such as encouraging patient participation, involving all professionals, fostering patient rights and promoting a healthy environment within the health service.

The VHA consider a Health Promoting Health Service, not only provide high quality comprehensive health and medical services, but also:

- Develops a corporate identity that embraces the aims of health promotion
- Develops a health promoting organisational structure and culture
- Includes active, participatory roles for patients and all members of staff
- Develops itself into a health promoting physical environment
- Actively cooperates with its community
- Develops health services using the principles of health promotion
- Applies evidence-based health promotion in health care settings (VHA, 2009).

The key elements required for GV Health to successfully improve the health of the ‘setting’ and the community are:

- Strong leadership at different levels of the organisation (including Board of Management, CEO, Health Promotion Team and several champions from corporate and clinical areas)
- Incorporation of health promotion into the health service vision and strategic role statements and policies
- Strategic, operational and evaluation plans for health promotion
- Staff development and education; and
- Resource allocation

(Johnson & Baum, 2001).

Capacity Building – Support and Resources

The key elements supporting and resourcing GVH’s ability to successfully improve the health of the ‘setting’ and the community are:

- Leadership at different levels of the organisation. In particular, the HPHS principles and strategies will be directed and coordinated by GVH’s Director of Community & Integrated Care and the Health Promotion Team.
- GVH’s Strategic Plan 2007-2010 and the GVH & GVCHS IHP plan 2009-2012

- A health promotion management structure, including the GVH & GVCHS IHP steering committee, a GVH – Health Promotion team, and participation of GVH departments and services in health promotion initiatives
- Opportunities for staff development and education in health promotion.

GVH's commitment to becoming a more 'health promoting health service' is also gaining momentum through organisational and physical environment - health promotion activities, involving a significant number of departments and staff. For example, GVH's organisational programs (such as the occupational health and safety program, infection control program, and community and consumer participation policy and program) and physical environment policies and programs (namely Greener GV Health) are actively improving the health of the environment (setting) and the health of the community.

GVCHS will continue to strive to become a health promoting health service by meeting the Health Promoting Health Service standards. The Health Promotion Worker will have an important role in achieving effective outcomes and will be responsible for ensuring that health promotion is a responsibility of all staff and that a culture of health promotion is created across the board. A number of key capacity building initiatives will need to be implemented to achieve success.

Key capacity building strategies required to ensure success include:

Leadership
The Health Promotion Worker and Manager of Health, Families and Counselling will need to provide leadership to other staff and management to create an environment that allows time for co-workers to understand and integrate the principles and practice of integrated health promotion into their work, be a strong advocate for health promoting health services and find ways to maintain momentum for integrated health promotion particularly when there are competing pressures.

Organisational Development
Regularly review the current organisational health promotion policy as well as other key health promotion policies.
Continue to include health promotion in position descriptions
Ensure GVCHS strategic plan includes a commitment and vision for health promotion
Ensure that health promotion is included in policies and procedures where relevant
Implement environmental sustainable practices across the organisation
Continue to provide Health Promotion and Planning and Evaluation Wizard (PEW) tool orientations to new staff
Develop a health promotion leadership committee

Workforce Development
Deliver the Introduction to Health Promotion workshop to new staff

Develop a health promotion professional development strategy for staff
Provide opportunities for university students to have a health promotion placement at GVCHS.
Information sessions introducing the GVH & GVCHS Integrated Health Promotion plan 2009-2012 will be conducted

Resources
Ensure that the Planning and Evaluation Wizard tool is used by all staff
Budgets are put in place to support needs analysis and PEW community programs and events
Health Promotion and evidence based resources are available to staff
Accessing key expertise and professional advice by becoming a member of the Health Promoting Hospitals network, Victorian Health Promotion Association and the Public Health Association
Access advice and support by participating on the GVPCP Integrated Health Promotion Network as well as other key networks and groups.

Certification

I certify that the Goulburn Valley Health and Goulburn Valley Community Health Service Better Rural Health: Integrated Health Promotion Plan 2009-2012 is compiled correctly and reflects our plan for health promotion interventions for the next three years.

Name **Leigh Rhode**
Position Director of Community and Integrated Care, Goulburn Valley Health

Signature ____ Date ________31st August 2009___________________________________

Name **Michael Rogers**
Position CEO, Goulburn Valley Community Health Service

Signature ___________ Date________31st August 2009___________________________________

References

Australian Bureau of Statistics (ABS) (2007) *National Survey of Mental Health and Wellbeing: summary results.* Canberra; Australia.

Australian Government (2008). *Social inclusion; origins, concepts and key themes*. Canberra, Australia.

Australian Institute of Health and Welfare (AIHW) (2003) *Australia's young people: Their health and wellbeing 2003*. Canberra: Australian Institute of Health and Welfare, Cat. No. PHE 50.

Australian Institute of Health and Welfare (AIHW) (2007). *Older Australia at a glance: 4th edition.* Canberra; Australia.

Australian Medical Association (2009). *Sexual Health for Young People*. Accessed via [http://www.amavic.com.au].

Beder, H (1999). The outcomes and impacts of adult literacy education in the United States, National Center for the Study of Adult Learning and Literacy. *Harvard Graduate School of Education*. Cambridge; Massachusetts.

Community Indicators Victoria (2007). *Greater Shepparton Wellbeing Report*. Accessed via [http://www.communityindicators.net.au/wellbeing_reports/greater_shepparton]

Department of Human Services, Victoria (2003). *Measuring Disadvantage Across Victoria.* Victorian Government, Melbourne, Victoria.

Department of Human Services, Victoria (2006). *'VicHealth 2005 Framework for the Promotion of Mental Health and Wellbeing' In: Evidence-based mental health promotion resource*. Victorian Government, Melbourne, Victoria.

Department of Human Services Victoria (2006). Evidence-based mental health promotion resource. Public Health Group, Victorian Government Department of Human Services. Melbourne; Victoria.

Department of Human Services, Victoria (2006). *Victorian Sexually Transmissible Infection Strategy 2006-2009.* Melbourne. Department of Human Services.

Department of Planning and Community Development Strength Survey (2006) Indicators of community strength at the Local Government Area level in Victoria 2006; Greater Shepparton. Accessed via [http://www.dvc.vic.gov.au/Web14/dvc/rwpgslib.nsf/GraphicFiles/Greater+Shepparton/$file/Greater+Shepparton.pdf]

Department of Human Services (2008) Victorian Population Health Survey 2007; selected findings. Accessed via [http://www.health.vic.gov.au/healthstatus/downloads/vic_health_survey_07_findings.pdf]

Department of Human Services, Victoria. (2009) '*Notifications of infectious diseases'.* Department of Human Services, Communicable Disease Control – Public Health Branch .

Family Planning Victoria, Royal Women's Hospital and Centre for Adolescent Health (2005). *The Sexual and Reproductive Health of Young Victorians.* Accessed via [http://www.fpv.org.au/pdfs/HReport2_02Dec2005.pdf]

Fenton K, Johnson AM, Nicoll A. (2001) Race, ethnicity, and sexual health. *BMJ* 314:1703-4.

Groene, O & Garcia-Barbero, M (2005) *Health promotion in hospitals: Evidence and quality management.* World Health Organisation.

Hancock, T (1999). Creating health and health promoting hospitals: a worthy challenge for the twenty-first century. *Leadership in Health Services.* 12(2): 8-19.

Johnson, A & Baum, F (2001) Health Promoting Hospitals: a typology of different organisational approaches to health promotion. *Health Promotion International.* 16(3): 281-287.

Johnson, A & Paton, K (2007) *Health Promotion and Health services: Management for change*. Oxford University Press, South Melbourne, Victoria.

Murcott A. (2002), 'Nutrition and inequalities, a note on sociological approaches', European Journal of Public Health, vol. XII, no 3.

National Health and Hospitals Reform Commission (2008) *A Healthier Future for All Australians: Interim Report December 2008.* ACT; Australia.

NCHECR (2007) HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2007.: National Centre in HIV Epidemiology and Clinical Research.

Number of notifications of Chlamydial infections, Australia, 2008 by age group and sex. 2009 [cited 2009 23/03/2009]; Available from: http://www.health.gov.au/cda/Source/Rpt_5.cfm

Rootman, I & Ronson, B (2002). *The National Literacy and Health Program* (Canada). Accessed via [http://www.nlhp.cpha.ca]

Saunders, P. (2003) *Can Social Exclusion Provide a New Framework for Measuring Poverty?,* Social Policy Research Centre (SPRC) Discussion Paper 127, SPRC, Sydney.

Smith, A., Agius, P., Dyson, S., Mitchell, A. & Pitts, M. (2003) *Secondary students and sexual health 2002: Results of the 3rd national survey of Australian secondary students, HIV/AIDS and sexual health, Monograph series number 47*. Melbourne: Australian Research Centre into Health, Sex and Society, LaTrobe University.

Smith, A., Agius, P., Mitchell, A., Barette, C & Pitts, M (2009) *Secondary Students and Sexual Health 2008: Results of the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health*. Australian Research Centre in Sex, Health & Society. Melbourne. Victoria.

Stancombe Research & Planning (2009). *Qualitative Research Report: Measuring awareness and attitudes among young Australians towards STI's including HIV/AIDS.* Stancombe Research & Planning. Paddington. New South Wales.

State of Victoria (2006). *"Go For Your Life' Victoria – leading the way to a healthy and active community. Strategic Plan 2006-2010.* Victorian Government Department of Human Services, Melbourne, Victoria.

Women's Health Victoria (2005). *Women and Sexual and Reproductive Health; The Royal Women's Hospital, Family Planning Victoria*. Melbourne; Victoria.

Valentine G. (1999), *"*Eating in: home, consumption and identity'. The Editorial Board of the Sociological Review, 47, pp.492-524.

Victorian Healthcare Association (2009). 'Health Promoting Health Services: turning vision into action'. VHA Literature Review – Draft. Victorian Healthcare Association. Melbourne; Victoria.

Victorian Government (2007) 'Well-being and lifestyles – the evidence 2007, Hume Region'.

Victorian Health Promotion Foundation (2005). *A plan for action 2005-2007; Promoting mental health and wellbeing*. Carlton; Victoria.

Victorian Population Health Survey (2003). *Department of Human Services North West and Metropolitan Region 2003; Patterns of health, wellbeing and community strength*. Accessed via [http://www.health.vic.gov.au/healthstatus/downloads/vphs/hw_northwest.pdf]

Vic Health (2007) *Food Security Fact Sheet* .Accessed via [http://www.vichealth.vic.gov.au/en/programs_and_projects/healthy_eating.aspx].

VicHealth (2003). *Together we do better; health facts*. Accessed via [http://www.togetherwedobetter.vic.gov.au/healthfacts/default.asp]

VicHealth (2005). Research Summary number 2; Social inclusion as a determinant of mental health and wellbeing. Accessed via [http://www.vichealth.vic.gov.au/~/media/ProgramsandProjects/MentalHealthandWellBeing/Publications/Attachments/Social_Inclusion_Final_Fact_sheet.ashx]

VicHealth (2005). Position Statement on Healthy Eating. Accessed via http://www.vichealth.vic.gov.au/~/media/ResourceCentre/PublicationsandResources/healthy%20eating/Position%20Statement%20Healthy%20Eating%20Oct%2005%20Final.ashx

Yeatman, HR & Nove, T., (2002). Reorienting health services with capacity building: a case study of the Core Skills in Health Promotion Project. *Health Promotion International.* 17(4): 341-350.