



**INTEGRATED HEALTH PROMOTION PLAN**  
**Colac Area Health**  
**2017-2021**

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# INTEGRATED HEALTH PROMOTION PLAN

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### Introduction

Colac Area Health is committed to reducing health inequalities in the Colac Otway Shire.

The Integrated Health Promotion Plan 2017-2021 has been developed in partnership with the Colac Otway Shire and other regional partners.

A number of health and wellbeing issues have been determined as shared priorities of integrated health promotion funded agencies in the G21 region. Whilst Colac Area Health has developed a separate plan for these priorities, contributions will be made to these regional action plans and a similar collective impact approach will be taken in the implementation of this plan.

### Our Priority Areas

Colac Area Health's Integrated Health Promotion Plan 2017-2021 outlines three key priority areas:

- Healthier Eating and Active Living
- Tobacco Free Living
- Preventing Violence Against Women

### Our Partners

Colac Area Health will work directly with local, regional and state partners to implement the Integrated Health Promotion Plan 2017-2021. A number of key partners have been identified:

- Colac Otway Shire
- G21 Regional Alliance
- Deakin University
- Barwon Health
- Bellarine Community Health
- Dental Health Services Victoria
- Victorian Network of Smoke Free Healthcare Services

### Alignment

Colac Area Health's Integrated Health Promotion Plan aligns to the Victorian Public Health and Wellbeing Plan's (2015-19) priority issues of Healthier Eating and Active Living, Tobacco Free Living and Preventing Violence and Injury. At a local level this plan aligns closely with a number of health and wellbeing plans:



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### **Colac Otway Shire Municipal Public Health and Wellbeing Plan 2017-2021**

Colac Otway Shire's Municipal Public Health and Wellbeing Plan 2017-2021 aims to achieve better health and wellbeing outcomes for the whole community by supporting local people within the COS to stay active and connected to their friends, family and community.

Colac Otway Shire works in partnership with DHHS, G21, Colac Area Health and other partners to undertake health initiatives, projects and programs to accomplish better outcomes for the community.

In the development of this plan, COS undertook a series of workshops (January 2017 – February 2017) with local health professionals and the community to gain a clear understanding of the health and wellbeing issues locally, and within partner agencies including Colac Area Health. At the stakeholder workshops, local agencies identified a number of health and wellbeing issues for action to meet the needs of the community and align with regional and state health and wellbeing plans.

From the health and wellbeing priorities identified at the workshops, nine key priorities have been identified in the COS Municipal Public Health and Wellbeing Plan 2017-2021. Colac Area Health has selected three of these health and wellbeing priorities to align with for action in the Integrated Health Promotion Plan 2017-2021. These priorities are: Healthy Eating and Active Living, Family Violence and Reduce harm from alcohol, tobacco and other drugs.

As a key partner, CAH will work in partnership with COS and other relevant stakeholders to achieve the objectives of these selected priority areas as set out in the COS Municipal Health and Wellbeing Plan and CAH Integrated Health Promotion Plan 2017-2021.

### **G21 Health and Wellbeing Regional Action Plan 2017-2018: Healthier Eating and Active Living**

G21 and the Department of Health and Human Services (DHHS) held two Prevention Workshops (September 2016 - November 2016) with staff from DHHS prevention funded agencies to align health and wellbeing action between organisations across the G21 region and with the Victorian Public Health and Wellbeing Plan 2015-2019.

Representatives at these workshops agreed to work together, collectively to achieve measurable health and wellbeing outcomes within the community on the joint priority area of: Healthier Eating and Active Living.



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Further workshops were held (January 2017 - October 2017) with partner agencies to develop the regional action plan to achieve Healthier Eating and Active Living across the G21 region. Whilst Colac Area Health was involved in the development of this action plan and remains a key partner on this plan, a separate Healthier Eating and Active Living plan has been developed for COS to incorporate existing work being completed with Deakin University to *Prevent Childhood Obesity across the Great South Coast*.

### Preventing Childhood Obesity in the Great South Coast

Deakin University, together with 26 partner agencies from across the Great South Coast (GSC) were successful in receiving an NHMRC grant *Whole of Systems Trial of Prevention Strategies for childhood obesity: WHO STOPS childhood obesity*. The goals of this grant are to: 1) strengthen community action for childhood obesity prevention, and 2) measure the impacts of increased action on risk factors for childhood obesity.

Preliminary discussions commenced between Global Obesity Centre, Deakin University (GLOBE) and a group of identified Colac leaders in September 2016, with the agreement that a systems approach to childhood obesity was worthwhile pursuing and supporting for the Colac Otway region.

Following the completion of the formal Group Model Building (GMB) process (November 2016 – September 2017), Colac Otway community members identified and are leading many actions relating to Healthy Eating and Active Living with support and strategic direction from the Colac Leadership Group (including CAH and COS). These actions whilst led by the community, also link to the G21 Regional Action Plan for Healthier Eating and Active Living 2017-2021.

### Abbreviations:

<b>BH:</b> Barwon Health	<b>G21:</b> G21 Health & Wellbeing Pillar
<b>BCH:</b> Bellarine Community Health	<b>PVAW:</b> Prevention of Violence Against Women
<b>CAH:</b> Colac Area Health	<b>GNTHS:</b> Global Network for Tobacco Free Health Services
<b>COS:</b> Colac Otway Shire	<b>WHWBSW:</b> Women's Health and Wellbeing Barwon South West



## Action Plan 2018-2019

### PRIORITY: Healthier Eating and Active Living

Goal	Objective	Key Actions	Who?	How will we know we've made progress?	By when?
1.1 Reduce the prevalence of overweight and obesity within the Colac Otway Shire.  <b>COS MPHWP Goal:</b> <i>Healthy Eating and Active Living</i>	1.1.1 Increase fruit and vegetable consumption, whilst decreasing SSB consumption  1.1.2 Increase physical activity levels  <b>COS MPHWP Objective:</b> <i>Increase levels of healthier eating and active</i>	i. Support the development of at least three community working groups to commit to making healthy changes within the COS.	Lead: CAH  Other: Deakin, COS, CSC, TCC.	Working groups are developed and supported	December 2019



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	<i>living amongst boys and girls through the community based Obesity project.</i>	ii. Engage and gain commitment from four local sporting groups or facilities to implement healthy changes to their club/facility.	Lead: CAH Other: Deakin, COS.	Four sporting clubs or facilities are engaged.	Jun 2019
		iii. Increase knowledge relating healthy eating and physical activity	Lead: CAH	Current FoodMate program continues to see new participants join.	Jun 2019
		iv. Support the measurement of the impacts of increased action on risk factors for childhood obesity.	Lead: Deakin, CAH Other: Primary Schools	Data collection completed and results disseminated to partners.	Term 2 2019



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### PRIORITY: Tobacco Free Living

Goal	Objective	Key Actions	Who?	How will we know we've made progress?	By when?
2.1 Reduce the prevalence of smoking within the Colac Otway Shire.  <b>COS MPHWP Goal:</b> <i>Reduced harm from alcohol, tobacco and other drugs.</i>	2.1.1 By 2020 improve VNSHS self-audit score by 8 points with a specific focus on standards 3 and 8.  <i>Standard 3 has a focus on education and training, "The healthcare organisation ensures appropriate education and training for clinical</i>	i. Include information in orientation on CAH tobacco policies and a guide on how to approach and inform visitors, patients and contractors on CAH tobacco policies and cessation services.	Lead: CAH  Other: VNSHS	Tobacco policies and cessation services will be addressed in orientation.	June 2019
		ii. Implement mandatory training directed at clinical staff on how to motivate tobacco and e-cigarette users to quit.	Lead: CAH  Other: QUIT	QUIT training "supporting patients," is mandatory for staff to complete.	December 2019





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	<p><i>and non-clinical staff.”</i></p> <p><i>Standard 8 has a focus on monitoring and evaluation, “the healthcare organisation monitors and evaluates the implementation of all the ENSH-Global standards at regular intervals.”</i></p> <p><b>COS MPHWP Objective:</b> <i>Commitment to supporting people to quit smoking and live tobacco free.</i></p>	<p>iii. Provide specialist knowledge and understanding about smoke free environments to support local businesses and organisations to implement legislative tobacco requirements as changes arise.</p>	<p>Lead: Local businesses and organisations</p> <p>Other: COS, CAH</p>	<p>Legislative requirements are implemented.</p>	<p>Ongoing</p>
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**PRIORITY: Prevention of Violence Against Women and Children** *(joint action plan between Barwon Health, Bellarine Community Health and Colac Area Health)*

Goal	Objective	Key Actions	Who?	How will we know we've made progress?	By when?
1. Strengthening Leadership	1.1 Gain and maintain commitment from organisational leaders to lead change to achieve safe, equal and respectful communities	1.1.1 Utilise and update tools and/or resources to engage organisational leaders to increase awareness, support and commitment of PVAW.	BH, BCH, CAH, G21, WHWBSW	<b>Process:</b> <ul style="list-style-type: none"> <li>Tools and/or resources have been utilised to engage organisational leaders.</li> <li>Training has been developed in partnership with WHWBSW.</li> <li>Organisational commitment was disseminated to a wide audience.</li> </ul> <b>Impact:</b> <ul style="list-style-type: none"> <li>An increased number of organisational leaders that have demonstrated a commitment to achieve safe, equal and respectful communities.</li> </ul>	Dec 2018
		1.1.2 Partner with WHWBSW to tailor and identify PVAW training and resources for organisational leaders.	BH, BCH, CAH, G21, WHWBSW		Feb 2019
		1.1.3 Strengthen and expand commitment to the Health Alliance Collective Action plan from health services leadership.	BH, BCH, CAH, G21, WHWBSW		Oct 2018
		1.1.4 Communicate leadership commitment of PVAW to a wider audience including delivery of a best practice forum.	BH, BCH, CAH, G21		Dec 2018



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2. Increasing Capacity	2.1 Embed understanding of the drivers, forms and impacts of violence against women in health care settings and their communities through a partnership approach	2.1.1 Partner with WHWBSW and others to identify, tailor and embed PVAW training and resources in health care settings and community.	BH, BCH, CAH, WHWBSW	<b>Process:</b> <ul style="list-style-type: none"> <li>• Training has been identified, tailored and embedded in health care settings.</li> <li>• Opportunities to extend training identified.</li> <li>• Number of partnerships developed with organisations contributing to PVAW</li> <li>• Shared tasks with LGA's identified and actioned.</li> <li>• Documented contribution to communities of practice</li> </ul> <b>Impact:</b> <ul style="list-style-type: none"> <li>• Increase in workforce and community understanding of drivers, forms and impacts of PVAW (measured through pre and post training surveys)</li> </ul>	June 2019
		2.1.2 Identify opportunities for other organisations to access PVAW training and resources.	BH, BCH, CAH, G21, WHWBSW		June 2019
		2.1.3 Build partnerships and align with local government areas (LGAs) and other organisations to identify and action shared tasks arising from MPHWP plans	BH, BCH, CAH, G21, WHWBSW		Dec 2018
		2.1.4 Health promotion officers from health services will participate in the PVAW Community of Practice.	All		June 2019
3. Communicating Key Messages	3.1 Build regional understanding of the drivers of violence and actions	3.1.1 Embed health literacy principles into the development of shared messaging tools.	BH, BCH, CAH, G21, WHWBSW	<b>Process:</b> <ul style="list-style-type: none"> <li>• Health literacy audit of developed communication tools.</li> <li>• Participation and engagement with the 'Preventing and Addressing</li> </ul>	June 2019



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	to prevent violence against women	3.1.2 Contribute to regional action on shared marketing materials, social media responses and resources.	BH, BCH, CAH, G21, WHWBSW	<p>Violence against Women and Children strategic plan media and messaging working group</p> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>• Increased awareness of the drivers of violence, being:</li> <li>• Condoning of violence against women</li> <li>• Men’s control of decision-making and limits to women’s independence</li> <li>• Stereotyped constructions of masculinity and femininity</li> <li>• Disrespect towards women, and male peer relations that emphasise aggression</li> </ul>	June 2019
4. Build evidence base	4.1 Translate and communicate evidence collected in the health service and other settings to inform future practice on the prevention of violence against women.	4.1.1 Collate and update existing evidence and gaps and best practice	BH, BCH, CAH, WHWBSW	<p><b>Process</b></p> <ul style="list-style-type: none"> <li>• Evidence and learning stored and shared in accessible formats</li> </ul>	June 2019
		4.1.2 Identify, develop and share common tools to align practice.	BH, BCH, CASH, WHWBSW		June 2019