

Victorian Primary Care Partnerships

# Contributing to Better Health for Our Communities



Examples from  
around Victoria

*Bendigo-Loddon,  
Campaspe, Central  
Highlands, Central Hume,  
Central Victorian Primary Care Partnership,  
Central West Gippsland, East Gippsland,  
Frankston Mornington Peninsula, G21, Goulburn Valley, Grampians Pyrenees,  
HealthWest, Hume Whittlesea, Inner East, Inner North West, North East,  
Lower Hume, Northern Mallee, Outer East Health and Community Support Alliance,  
South Coast, South East, South West, Southern Grampians-Glenelg, Southern Melbourne,  
Southern Mallee, Upper Hume, Wellington, Wimmera*

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# There are 28 Primary Care Partnerships in Victoria:

## Barwon South Western Region

### **Southern Grampians Glenelg Primary Care Partnership**

comprises the Southern Grampians and Glenelg shires

### **South West Primary Care Partnership**

comprises the Corangamite, Moyne and Warrnambool shires.

### **G21**

comprises the Borough of Queenscliffe, the City of Greater Geelong, and the Colac Otway, Golden Plains and Surf Coast shires.

## Eastern Metropolitan Region

### **Inner East Primary Care Partnership**

comprises the cities of Boroondara, Manningham, Monash and Whitehorse

### **Outer East Health and Community Support Alliance**

comprises the cities of Maroondah and Knox, and the Yarra Ranges Shire

## Gippsland Region

### **East Gippsland Primary Care Partnership**

comprises East Gippsland Shire in far eastern Victoria.

### **Wellington Primary Care Partnership**

comprises Wellington Shire.

### **Central West Gippsland Primary Care Partnership**

comprises Latrobe City and Baw Baw Shire.

### **South Coast Primary Care Partnership**

comprises the Bass Coast and South Gippsland shires.

## Grampians Region

### **Wimmera Primary Care Partnership**

comprises Horsham Rural City, and the West Wimmera, Hindmarsh and Yarriambiack shires.

### **Grampians Pyrenees Primary Care Partnership**

comprises Ararat Rural City, and the Northern Grampians and Pyrenees shires.

### **Central Highlands Primary Care Partnership**

comprises the City of Ballarat and the Golden Plains, Moorabool and Hepburn shires.

## Hume Region

### **Lower Hume Primary Care Partnership**

comprises the Mitchell and Murrindindi shires.

### **Goulburn Valley Primary Care Partnership**

comprises the Greater Shepparton, Moira and Strathbogie shires.

### **Central Hume Primary Care Partnership**

comprises the rural cities of Benalla and Wangaratta, and the Alpine and Mansfield shires.

### **Upper Hume Primary Care Partnership**

comprises the City of Wodonga and the Indigo and Towong shires.

## Loddon Mallee Region

### **Northern Mallee Community Partnership**

comprises Mildura Rural City and the town of Robinvale

### **Southern Mallee Primary Care Partnership**

comprises Swan Hill Rural City (excluding Robinvale) and the Buloke and Gannawarra shires.

### **Bendigo Loddon Primary Care Partnership**

comprises the City of Greater Bendigo and Loddon Shire.

### **Campaspe Primary Care Partnership**

comprises Campaspe Shire in northern Victoria.

### **Central Victorian Primary Care Partnership**

comprises the Mt Alexander, Macedon Ranges and Central Goldfields shires.

## North and West Metropolitan Region

### **HealthWest Primary Care Partnership**

comprises the cities of Brimbank, Melton, Wyndham, Hobson's Bay and Maribyrnong.

### **Hume-Whittlesea Primary Care Partnership**

comprises the cities of Hume and Whittlesea

### **Inner North West Primary Care Partnership**

comprises the cities of Melbourne, Moreland, Moonee Valley and Yarra

### **North East Primary Care Partnership**

comprises the cities of Banyule and Darebin, and Nillumbik Shire

## Southern Metropolitan Region

### **Southern Melbourne Primary Care Partnership**

comprises the cities of Port Philip, Stonnington, Glen Eira, Kingston, Inner South East and Bayside.

### **Enliven Victoria**

comprises the cities of Greater Dandenong and Casey, and the Shire of Cardinia

### **Frankston-Mornington Peninsula Primary Care Partnership**

comprises the City of Frankston and the Mornington Peninsula Shire

Across Victoria over 800 organisations belong to their local PCP.



# What are Primary Care Partnerships?

Primary Care Partnerships (PCPs) are established networks of local health and human service organisations. They work together to find smarter ways to deliver health services, so the health of their communities is improved. Since they were introduced by the Victorian Government in 2000, PCPs have become a vital component of the Victorian healthcare system.

In the 15 years of operation PCPs have grown significantly, in both size and reputation, as more and more health and social services and community groups join them in the quest to deliver better healthcare outcomes for Victorians. Today, PCPs facilitate partnerships with a wide range of health and social service providers and community groups; and they support collaboration and service integration. Most importantly, they play a key role in enhancing the wellbeing of people within local communities.

There are now 28 PCPs across Victoria that connect more than 800 organisations across many different sectors. This includes: hospitals, GPs, local government, universities, community health services, disability services, problem gambling services, women's health and family violence services, mental health services, sports groups, schools, police and many more.

These diverse organisations are working together to plan the needs of the community, to share their skills and expertise, and align their efforts. In bringing these health and social service organisations together, PCPs find new ways to collaborate and share valuable learning, research and information.

PCPs also enable more effective integrated planning, and work to develop the service system through co-ordination of integrated care. PCPs' focus is on making better use of data, evidence-informed interventions and developing a common planning framework with Primary Care.

Primary Care Partnerships have a proud fifteen year history delivering health promotion, partnership and capacity building activities. This work has resulted in hundreds of member agencies focussing on prevention and health promotion work to address many key priorities that we have shared with successive state governments. PCP health promotion work has been diverse and innovative and has covered areas such as obesity, food security and physical activity, smoking cessation, alcohol and other drug use, sexual and reproductive health, injury and falls prevention, prevention of family violence and violence against women and reducing the health impacts of climate change.

Primary Care Partnerships look forward to the delivery of the next Public Health and Wellbeing Plan and the contribution that we can make towards improving the health and wellbeing of the Victorian community. We are confident that our Partnerships, which include local governments, community health, hospital networks and others, will continue to deliver excellent results in the public health arena.

## What is VicPCP?

VicPCP is a voluntary alliance of the 28 primary care partnerships in Victoria. Vic PCP was created, and is supported, by the 28 PCPs. It exists to support and promote best practice in health and community care. It does this particularly through the promotion of partnerships to achieve improvements in population health and well being.

VicPCP...

- contributes combined expertise and practice wisdom to ensure that Victorians have access to the best quality care available,
- advocates for future investment in partnerships to improve health and wellbeing outcomes for the whole community, and
- supports primary care partnerships to deliver excellent outcomes that will improve the health status of all Victorians.

This publication focusses primarily on PCP prevention and health promotion work. It also captures some of our exceptional work in systems development and capacity building. PCPs welcome new members and encourage organisations interested in strengthening their partnerships to get in touch.



# PCPs: Partnerships and Creativity to prevent obesity

## SEA Change Portland – A whole of community approach to making the healthy choice the easy choice

### Southern Grampians Glenelg Primary Care Partnership (SGGPCP)

SEA Change Portland is working towards creating a **Portland where healthy eating and being active is easy**. SEA Change Portland will achieve this by empowering and strengthening the whole Portland community to make sustainable system changes so that the healthy choice is the easy choice, especially for children.

Southern Grampians Glenelg PCP (SGGPCP) has facilitated four partnership agencies to reorientate existing resources to take a collective, long term community driven systems approach. SGGPCP is supporting the translation of theory into practice and change management within partner organisations to this new way of working and continuing to support the embedding of new practice. The local workforce has been supported to develop appropriate skills in systems thinking, collective impact and community development frameworks, which are being used to engage, activate and influence at multiple levels.

SEA Change Portland has based the work on 3 key frameworks:

- **Collective Impact:** Used to support the partnership of the four contributing organisations.
- **Systems Dynamics and Complex Adaptive Systems:** The community used Group Model Building techniques to develop a Portland systems model and using a systems approach to support implementation.
- **Asset Based Community Development:** Used to call the community to action and empower them to make changes.

SEA Change Portland is supported by rigorous evaluation based on overweight and obesity levels of children aged 0-12 and behaviour data from primary schools children collected in partnership with Deakin University. Baseline data collected from year 2, 4 and 6 students across the Great South Coast including Portland found that 37% of primary schools

children are overweight or obese in the Glenelg Shire. Over 75% of government and independent schools agreed to participate, and within these schools over 91% of students in year 2, 4 & 6 were measured. This data will be collected every two years.

As a result of the work, over 60 participants representing a broad spectrum of the community have worked together to build a model that represents the complexity of the Portland obesity system and have used evidence to determine where to take action for most impact. Community members have formed teams and around 200 actions on the obesity systems have been undertaken by the Portland community within the past 12 months. These have occurred within settings such as schools, early years services, sporting clubs, service clubs, community groups, workplaces and community events. The vast majority of these have been focused on increasing water and healthy food consumption. Examples include:

- Glenelg Shire Council has undertaken an audit of public water fountains across Portland and is now in process of developing policy and budget to have accessible public water fountains.
- Several sporting clubs have adjusted their canteen menus to make healthier options more available and affordable as well as changed their culture on food shared at social gatherings.
- One school held a school community workshop to empower its community to make the changes to ensure the healthy food policy is implemented. This has resulted in numerous changes across the school within its canteen, special food days and cooking skills in the curriculum.

Empowering the community to understand the complexity of obesity and equipping them with the skills to take action is promising practice and an efficient way to achieve sustainable change that will impact on childhood obesity.

SGGPCP has been a key to the success of SEA Change Portland taking a role as catalyst, building partnerships with researchers, translating theory into local context, being an agent for change in moving to a new approach, providing stability across other partner organisations and being the strong 'glue' for partner organisations.

## A systems approach to build physical activity, nutrition & oral health community capacity

### South West Primary Care Partnership (SWPCP)

South West PCP (SWPCP) has led this project to build whole of community “system” capacity, so children and families eat healthier food, are more active & reduce their risk of tooth decay. A needs assessment of physical activity and nutrition behaviour in 2012-13 identified low levels of physical activity and poor nutrition behaviour amongst children, in addition to environments that were not supportive of healthier lifestyles.

SWPCP's whole of community approach involves 97 local partner organisations, including 52 early years services, 21 schools, 24 workplaces in three local government areas that do not receive Healthy Together Victoria funding.

SWPCP engages content experts to build the skills and knowledge of member agencies to deliver evidence based strategies. Key drivers of activity within the SWPCP include Cobden District Health Service, Cooyinda Terang Inc, Corangamite Shire, Moyne Health Service, Moyne Shire Council Southwest Healthcare (across four campuses), Terang & Mortlake Health Service, Timboon and District Health Service and Warrnambool City Council.

The initiative focuses on delivering multiple strategies across multiple settings. Strategies are selected from a mix of integrated health promotion intervention types and capacity building framework elements. The strategies are aligned with the nine objectives under one integrated action plan. Member agencies are responsible for the delivery of agreed state-wide evidence based strategies and piloting agreed innovation strategies.

Content experts train member agency staff who then train educators/champions within partner organisations to:

- develop healthy organisational policy and make healthy changes to canteens and menus
- create supportive environments
- deliver social marketing resources and visual displays and provide education sessions
- organise physical activity and active transport events
- support and coach at risk individuals as part of an integrated cross sector partnership approach

The goal is to have the majority of educators/champions within key settings role modelling healthy behaviours, delivering set interventions and partnering with families, work colleagues and friends. It is envisaged that a community culture of healthy habits will be established in the home, at school, at work, and at sporting clubs as part of a whole of community systems approach.

To maximise reach, member agencies have initially focused effort on schools and early years services allowing workplaces to self-nominate and trial innovative strategies. Results so far include:

- Participation by partners has more than doubled in 3 years to 97 in October 2015.
- The interventions are reaching over 7000 children
- 52 early years services, 21 primary and secondary schools and 24 workplaces totalling 97 organisations are engaged and implementing whole of service and school approaches
- 77 healthy eating, water only, menu and canteen policies have been implemented in partner organisations
- Two local government areas were shortlisted for the 2015 Victorian LGA Early Years award with the Heart of Corangamite Network (PCP partnership) named as the winner.
- Lunchbox audits of 300 children (pre & post 12 months apart) have shown promising results
- 25 schools and workplaces are registered with Healthy Together Victorian, 34 Kindergartens are registered with Smiles 4 Miles, and 3 LGA Long Day Care Clusters are registered for Healthy Little Smiles
- Seven schools have established health and wellbeing advisory groups with support from local health services.

## Healthier Oils in Baw Baw

### Central West Gippsland PCP

The Healthier Oils Initiative, as developed by the Heart Foundation, aims to promote the use of healthier oils options by food retailers, in particular where deep fryers are being utilised in food preparation. The Central West Gippsland PCP and Baw Baw Shire Council have worked in partnership to promote this initiative in food outlets across the Shire.

Reducing the levels of unhealthy saturated and trans fats in the local food supply can have a significant impact on improving heart health in the community. Food outlets can be encouraged to swap use of unhealthy oils with those containing higher levels of unsaturated fats.

This initiative is based on the principle that social marketing can be a powerful tool for achieving changes in behaviours, not only for individuals but also retailers. As part of the initiative, the following activities were undertaken:

- A telephone survey was conducted to determine those outlets using a deep fryer, and the type of oil used.
- Food outlets using a healthier oil were provided with promotional materials to display to their customers.
- Outlets using a less healthier oil were provided with information to encourage making a change.
- Follow up calls recorded any changes in oil use. These calls found the following:
  - 172 food outlets in Baw Baw, 87 of these outlets reported having a deep fryer
  - 25 outlets (29%) were using healthier oils before the intervention
  - 32 outlets (37%) were using healthier oils after the intervention
  - A further 5 outlets were considering changing to a healthier oil

The reach of these changes is significant given the significant numbers of people eating at these outlets. The Healthier Oils initiative has demonstrated real potential to influence the choice of oil used in food outlets in the Baw Baw Shire. Future directions in Baw Baw may focus on support and education for food outlets, along with greater engagement with bulk food suppliers.

In addition, it is anticipated that the display of promotional materials across the Shire, along with general print media messages, will increase general community awareness of Healthier Oils. This may in turn see a greater customer demand for use of healthier oils in the restaurant and take away sector by way of fostering 'social norms'.

Whilst some Councils have initiated this program independently, various obstacles meant that this was unlikely to happen in this area. The PCP was instrumental in this work given this gap. The PCP was able to demonstrate that modest resources invested strategically, can make real differences to the food that communities have access to. In addition, PCP leadership increased willingness of local agencies to undertake similar work in the future.

## Food for All Baw Baw

### Central West Gippsland PCP

As a result of food security research by CWGPCP, which revealed significant food insecurity, the Baw Baw Food Security Coalition was established in 2012. The Coalition brings together local government, community health, emergency relief agencies, neighbourhood houses and the community to work toward improving food security in Baw Baw.

Using a systems approach the Coalition is impacting the entire food system. Known as Food For All Baw Baw, the Coalition consists of a Steering committee, Strategic Planning Working Group, Community Food Access Network known as the Baw Baw Food Movement and the Emergency Food Relief Network. Each working group engages specialists from these specific areas to work collaboratively to improve food security.

The Strategic Planning Working Group has achieved over 50 actions from the 'VicHealth 10 ways local government can act on food security' including better engagement and collaboration across multiple Council Business Units. The Community Food Access Network has over 370 active 'food champions' across Baw Baw and over 50 local food activities. It also supports the Baw Baw Food Hub, which sells over 150 boxes of local produce weekly, and a monthly farmers market which 3000-4000 people attend.

In October 2014 a survey found improvement in food security in the Baw Baw community compared to two years earlier. CWGPCP effectiveness in this area has been built on a multipronged multi-level approach which impacts on the food system at numerous points. This has been done collectively and collaboratively to generate lasting change. Close working relationships with Council have been particularly critical to PCP success.





# PCPs: Innovation and Leadership for stronger systems and workforce

## INCEPT: Inner North West Collaborative Evaluation Project - *Evaluating the collective impact of preventing violence against women initiatives in Inner North West Melbourne*

### Inner North West PCP

INCEPT, led by the Inner North West PCP, aims to establish the collective impact of partners' efforts in the area of preventing violence against women. In addition, it seeks to strengthen partners' evaluation practice, support greater integration of health promotion planning and increase systematic use of integrated health promotion (IHP) indicators.

Preventing violence against women (PVAW) is a recognised area of need on a federal, state and local level. It has been a strategic and integrated health promotion priority for INWPCP since its formation in 2010. The Inner North West PCP identified that supporting partners to evaluate PVAW initiatives would be valuable given the difficulties in measuring change in this emerging area of practice.

INCEPT utilises elements of the collective impact framework. It seeks to define common progress measures for PVAW work through a shared evaluation framework. This framework includes shared evaluation indicators and questions that can be applied to a variety of PVAW initiatives.

The framework is being developed by University of Melbourne, through extensive consultation with partners via workshops and working group meetings over 2014-15. It is nearing completion.

Early in 2016, partners will pilot the framework. Improvements will be made to the framework and then data collection will run from July 2016 to June 2017. A final version, incorporating any changes required following this data collection period, will be disseminated widely in mid to late 2017. The data collected through INCEPT will be used to inform future planning processes and PVAW initiatives and produce reports and research articles.

At present, the evaluation framework incorporates these key elements:

- An overarching program logic model for the initiatives being evaluated in INCEPT

- Components to collect quantitative data (two evaluation indicators with associated evaluation questions and a document audit)
- Components to collect qualitative data (most significant change stories, lessons learned, sustainability tool)

The INCEPT evaluation framework and manual build on the recently published VicHealth document 'Evaluating Victorian projects for the primary prevention of violence against women: a concise guide'. INCEPT takes this a step further by providing an overarching evaluation plan with specific evaluation indicators and questions to determine collective impact of a variety of PVAW initiatives.

There has been interest from other organisations and funders in this project as a collaborative approach to establishing collective impact of PVAW work has not been undertaken widely. There is particular interest in using the final INCEPT evaluation framework to inform the outcomes framework for the Victorian Public Health and Wellbeing Plan 2015-19.

## Health Literacy

### Central West Gippsland, East Gippsland, South Coast and Wellington PCPs

The Gippsland PCPs have been working in the area of health literacy since 2011 delivering a range of capacity building projects with partner organisations. As a result health literacy is now firmly on health services agenda. Organisations recognise that improving health literacy in organisations has great potential to improve clients' understanding of the health system and information which will truly empower them to maintain good health.

Gippsland PCP work includes:

- Development of the comprehensive Gippsland Guide to becoming a Health Literate Organisation
- Health literacy training and workshops
- Health literacy forums to present organisational health literacy project outcomes from across Gippsland
- Mentoring and supporting staff to undertake health literacy improvement projects using the Plan, Do, Study, Act Model
- A formal academic evaluation of the Gippsland Health Literacy Project in conjunction with Monash University

Gippsland PCPs aim to create organisational change by implementing the 10 attributes to a health literate organisation. PCPs are providing the following support:

- Identify agency champions
- Support agencies to measure current organisational practice using the self-assessment checklist in the guide
- From the results of the self – assessment checklist the PCPs will support agencies to create a 1 year quality improvement action plan
- Mentor agency champions to help them implement the action plan within their workplace
- After 12 months of implementation, work with agency champions to use the self-assessment to measure the progress improvements that have occurred in the past year
- Create a new 1 year action plan and the improvement cycle starts again

Discussions about implementing the Gippsland Guide to becoming a Health Literate Organisation will take place with forty seven member organisations. Six organisations have already begun to work toward becoming more health literate.

The project will be evaluated over a 6 year period in partnership with Monash University. The evaluation will use both qualitative and quantitative data collection methods to measure the impacts and outcomes of this work.

Health Literacy is a central tenant of PCP work. PCPs have the members, the knowledge and the platforms to drive this work and be world leaders in this field.

## Collaboration for maximising reach: Hume Region Integrated Health Promotion Strategy

### Central Hume, Goulburn Valley, Lower Hume and Upper Hume PCPs

The main aim of the Hume Region Integrated Health Promotion Strategy (HRIHPS) has been to consolidate resources and create a common agenda, achieved through the identification of Healthy Eating as a single priority for the Hume Region. The HRIHPS aims to maximise health promotion outcomes for rural communities through an integrated approach reflective of Collective Impact principles.

As the backbone structure, PCP staff (with support from the Hume Region Department of Health) developed and coordinated the integrated planning process with partner agencies to develop four PCP catchment-based health promotion plans for 2012-2017. Alongside collaborative planning, PCPs have supported opportunities for health promotion staff across the region to network, share and learn from each other.

Throughout the development and implementation of the HRIHPS, a broad range of agency representatives have been engaged, beginning with endorsement of the HRIHPS by health service CEOs. Planning and implementation phases actively engaged health service managers and health promotion practitioners from across the Hume Region. At a local PCP level, other stakeholders have been involved in implementation of key activities, including local government, welfare agencies, schools, early childhood services, workplaces, community groups and sporting assemblies.

Coordinated by the four PCPs, the process of transition from 62 to four health promotion plans has resulted in a move away from ad hoc local health promotion interventions towards evidence based consistent practice with greater focus on reach.

A mapping activity conducted by PCP staff in August 2015 identified a number of mutually reinforcing activities being undertaken across the region. Evidence-based initiatives (several from the Healthy Together Victoria model) being implemented across the 12 local government areas (LGAs) in the Hume region include:

- Supporting increased access to healthy food options using the Healthy Food Connect model (n=11 LGAs)
- Smiles 4 Miles Program/Achievement Program in early childhood (n=12 LGAs)
- Achievement Program for schools (n=7 LGAs)
- Achievement Program for workplaces (n=6 LGAs)
- Communities Latching onto Breastfeeding (n=7 LGAs)
- The development of a regional healthy eating logo for social marketing
- Projects that focus on using strengths-based and community participation approaches to identify and address local healthy eating issues.

The mapping activity also identified that whilst some shared evaluation tools were being used across the region, there is an opportunity for PCPs to support collaboration around a shared measurement system.



An external evaluation of the HRIHPS will be undertaken and completed in early 2016. The results and recommendations from the evaluation will be used to inform the next planning stage to commence in 2017. As identified above, PCPs are currently focussing efforts to support a shared measurement system across Hume Region.

Importantly, the local workforce are benefitting from the improvement: "It is certainly better than the old system. We have come a long way and are working more effectively across the PCP catchment. Our efforts are much more coordinated and we are working towards a common goal." (Health promotion practitioner, 2015)

## Diabetes Service Review Collaborative

### Inner North West PCP

The Diabetes Service Review Collaborative is a local inter-agency approach to creating system level change, with the aim that people with type 2 diabetes receive the right service, at the right time, in the right setting.

Increasing prevalence of diabetes related health complications and growing service demands were the impetus for PCP member agencies to develop a more coordinated approach to service delivery. An audit of diabetes referrals within two large metropolitan hospitals indicated hospital based clinics were treating people with type 2 diabetes, who could more appropriately receive their care from their local community health service in conjunction with their general practitioner.

Local acute diabetes education programs, Hospital Admission Risk Programs (HARP) and community health services partnered to form a collaborative. The Inner North West PCP (INWPCP) coordinated a twelve month program of action oriented workshops, supporting ten agencies to develop, test and implement improvement strategies using the 'Plan, Do, Study, Act' (PDSA) framework. Local service mapping and analysis of levels of diabetes care based on health and social factors, contributed to the development of a type 2 diabetes referral pathway with agreed referral criteria. The pathway was promoted to local General Practices to guide referrals directly to community based diabetes services, where appropriate. An interagency agreement was developed with guiding principles for ongoing use of the pathway, including the redirection of referrals to the most appropriate service and referral acknowledgement.

A subsequent evaluation was undertaken in 2015, 2 years post project, to determine how the diabetes pathway is being utilised and to capture the impact on referrals to community based care.

The evaluation found that the collaborative has improved coordination of care for local people with diabetes, as demonstrated by:

- Facilitating ease and confidence of referral between partner agencies – particularly between hospital and community health services
- Increased volume of referrals from hospital into community health services
  - i. Referrals from one hospital to one community health service more than tripled from 2013 to 2014
  - ii. One hospital reported referrals out to community health services increased 78 fold (0 in 2011 to 78 in 2014) resulting in an increase in new client appointments
- Referral acknowledgments were made for 72% of referrals, significantly higher than the average acknowledgements returned from other services outside the collaborative
- The collaborative project saved resources and time through improving availability of appointments for clients requiring diabetes education in the hospital setting
- The collaborative has been sustained for 4 years with engaged and devoted members who have mutual respect for each other. Collaborative members elected to meet quarterly to foster the partnership and to sustain and build upon the system level improvements achieved.

For many people who have type 2 diabetes in Melbourne's Inner North West, these system level improvements mean that rather than attending busy metropolitan hospital outpatient clinic to receive diabetes care, they will have support from their local community health service to manage their diabetes, in conjunction with their local general practice.

A strong professional network between local diabetes service providers now exists, providing common ground for ongoing service improvements.

*"The diabetes collaborative project has implemented many changes at both the individual and organisational level. They have sustained their efforts for several years and are a shining example of commitment and passion from all members involved."* **Project partner**



# PCPs: Community Engagement and Participation to create health for all

## Our3021: a community-led approach to health and wellbeing

### HealthWest Partnership

Our3021 is a place-based project led by HealthWest PCP. It is set in postcode 3021 which covers St. Albans, Kealba & Kings Park which are suburbs of Brimbank, a vibrant and culturally diverse municipality with high levels of socio-economic disadvantage and poorer health outcomes in comparison to the rest of Victoria. Although people take pride in living in Brimbank, language and cultural barriers limit civic participation and socially isolate some individuals and ethno-specific groups from the rest of the community.

Our3021 is underpinned by evidence that mobilising communities to work together and enhancing civic participation lead to better health outcomes. The initiative aims to engage and strengthen the community to participate in decisions that impact on health and wellbeing at both an individual and neighbourhood level.

Our3021 is strength-based building on and harnessing the existing capacity of the community rather than focusing on disease and ill-health which can be perceived negatively. It is community-led and encourages community members to visualise the healthiest, happiest 3021 and supports them to take action to make change happen.

Outcomes that indicate success include examples of increased community connectedness, civic participation and local leadership and ownership around an issue. Our3021 is targeted at young people, women from African/Arabic speaking backgrounds, Vietnamese and Pasifika communities and isolated senior people.

Key partners in the project include ISIS Primary Care, cohealth and Brimbank City Council. This partnership provides a shared pool of resources and staffing (2.6 EFT) that allows for a greater reach and engagement than individual organisations could achieve on their own.

Community projects receive seed funding and mentoring as well as training on project management, team work, facilitation and cross-cultural awareness. Following the establishment of their project, community members are

supported to make the projects sustainable and to establish collective projects with other Our3021 participants or within the broader community.

In 2014-15, approximately 300 community members from diverse cultural backgrounds benefited from 20 community-led projects resulting in reduced social isolation, civic participation, local leadership and ownership of issues, and increased confidence within target groups. For example:

*In 2014, Thuy successfully formed a social group in St Albans through the Our3021 project to overcome social isolation amongst Vietnamese and Chinese women. The project attracted over one hundred elderly people who came together to learn about healthy eating, to dance and share their experience raising children in Australian culture. There was a great response to Thuy's group and the women benefited from the opportunity for social connection. Thuy's confidence and leadership skills developed throughout the project and in 2015, with the support of Our3021, she has become a peer educator for the Centre for Culture, Ethnicity and Health to raise awareness on blood borne viruses and sexually transmissible infections among Vietnamese community in Western Melbourne. Like many Our3021 participants, Thuy's work has had a positive impact on the lives of local residents and her contribution to making St Albans a vibrant and healthy place to live will continue beyond the completion of the project due to her increased confidence and leadership skills.*

Our3021 will continue to strengthen partnerships between decision makers, ethno-specific organisations and mobilised communities and build champions that will contribute to the sustainability of positive health and social outcomes. HealthWest Partnership initiated the workforce model with member organisations and has taken the lead in building the partnership and providing a coordination role between the partner organisations. Specifically, HealthWest provides a Project Manager, chairs the governance group, is responsible for financial management of projects and oversees project marketing and dissemination of results.

To find out more: <http://healthwest.org.au/projects/our-3021/>



# PCPs: Drivers of new ideas and investment

## The Socially Inclusive Communities Project

### Campaspe Primary Care Partnership

In July 2014, the Commonwealth Department of Social Services advertised a range of grant opportunities under their Families and Communities Programme – Strengthening Communities. Campaspe PCP recognised the strategic opportunity these grants presented for their “Social Inclusion” priority area. Eight PCP members attended a first meeting and indicated their support for a PCP led submission for a social inclusion project that consolidated many of the strategies already defined in the integrated health promotion plan. The application was submitted in July 2014.

In December 2014, applicants were notified of the outcome of their submission. Over 5,500 submissions from across Australia were submitted. Campaspe PCP's outstanding submission was successful and Campaspe PCP was offered \$300,000 for a two year project. The project commenced in July 2015.

The goal of the Socially Inclusive Communities Project is to build resilience, acceptance and cohesiveness within the communities of Campaspe. The Project will target the wider community to promote acceptance of diversity and inclusive practices across the Shire of Campaspe (VIC) and the cross-border Murray Shire (NSW).

The Victorian community strength indicators (2008) showed Campaspe scored significantly lower on the indicator ‘multiculturalism makes life in the area better’ compared to Victoria (55.5% vs 76%). The *Socially Inclusive Communities Project* has been developed following consultation with local health and community service organisations, and in response to wider community consultation, that highlighted the barriers many people encounter when undertaking normal daily activities.

## Preventing Harm from Gambling

### North East Primary Care Partnership

Early in 2014 the Victorian Responsible Gambling Foundation advertised a round of funding for projects to prevent harm from gambling in the Victorian community. A number of PCPs had been working in this area since 2008 when a Department of Justice initiative was commenced. The Department of Justice wanted to leverage off, apply learnings from, PCP integrated health promotion work. They chose the PCP platform as a vehicle to achieve this.

As a result of strong work in this area, the North East Primary Care Partnership (NEPCP) was well placed to work regionally with diverse agencies to identify projects that were worthy of funding. The NEPCP identified eight possible projects that worked with different systems and vulnerable communities. The PCP convened meetings with other local PCPs and community agencies to discuss how these projects might be delivered.

Strong partnerships were formed and the NEPCP assisted with the writing of eight funding submissions. Five of these submissions were successful including:

- ReSpin Gambling Awareness Speakers Bureau (led by NEPCP)
- Reducing Gambling Frequency with CALD communities (led by HealthWest PCP)
- Transforming Spin to Win (led by VicPCP in partnership with the Victorian Local Governance Association)
- Putting the Health and Wealth back into Whittlesea (led by Whittlesea Community Connections)
- Increasing the Odds for Safety and Respect (led by Women's Health in the North)

In total these projects received almost \$780,000 for the first 12 months from a total funding pool in Victoria of \$2.2 million. Furthermore, these projects have all been successful in obtaining additional funding until June 2017. They are recognised for the strength of their approaches and partnerships.

