

INTEGRATED HEALTH PROMOTION FOR PROBLEM GAMBLING

PRIMARY CARE PARTNERSHIP PROGRAM



ANNUAL REPORT 1 JULY 2009 – 30 JUNE 2010

For Office of Gambling and Racing

Department of Justice

PCP: Bendigo Loddon PCP
P O Box 1121
Bendigo 3552

Contact: Jeanette Grant
Title: Executive Officer
Phone: 5448 1624
Email: blpcp@bchs.com.au

July 2010

Status Update

The Bendigo Loddon Primary Care Partnership (BLPCP) has been funded by the Office of Gambling and Racing (OGR) as a non-priority funded PCP within the Problem Gambling Primary Care Partnership Program.

The BLPCP reached agreement with OGR to deliver three integrated health promotion objectives/outcomes in 2009-2010. These were:

1. To improve mental health literacy amongst health workers in the Bendigo Loddon catchment.
2. To increase social connectedness amongst an at risk group.
3. To build capacity to address the harm and impact of problem gambling.

Strategies were implemented for each of these Health Promotion deliverables and we are pleased to report that these deliverables have been achieved as follows:

Objective/Outcome	Strategies	Summary of Activity								
1. To improve mental health literacy amongst health workers in the Bendigo Loddon catchment.	1.1 Investigate potential Mental Health Promotion Short Courses that could be offered locally, and negotiate the sharing of costs and participants with other Loddon Mallee Region PCP's.	Mental Health literacy has been improved amongst health workers in Bendigo Loddon through negotiation with Southern Mallee, Campaspe and Central Victorian Health Alliance PCP, to share the costs of the VicHealth Participation in Health course (previously known as Mental Health Promotion Short Course). Agreement was reached for the Course to be delivered in Bendigo on a fee for service basis and this was subsequently arranged by the Bendigo Loddon PCP.								
	1.2 Facilitate a Mental Health Promotion Short Course in the region.	<p>In February 2010, VicHealth delivered the Participation in Health Course in Bendigo and this was attended by staff of partner organisations in the following PCPs:</p> <table style="margin-left: 20px;"> <tr> <td>Bendigo Loddon</td> <td>10</td> </tr> <tr> <td>Southern Mallee</td> <td>5</td> </tr> <tr> <td>Campaspe</td> <td>5</td> </tr> <tr> <td>CVHA</td> <td>10</td> </tr> </table> <p>Increased awareness of mental health promotion in Bendigo Loddon was achieved through health worker attendance at this course.</p> <p>Further planning is now occurring to provide an alternative Mental Health Promotion Short Course (Auseinet) in 2010-2011.</p>	Bendigo Loddon	10	Southern Mallee	5	Campaspe	5	CVHA	10
Bendigo Loddon	10									
Southern Mallee	5									
Campaspe	5									
CVHA	10									

<p>2. To increase social connectedness amongst an at risk group.</p>	<p>2.1 Work with Women's Health Loddon Mallee (WHLM) to develop and implement a program for women aged 55-74 years in the Bendigo Loddon catchment, with a focus on improving the social determinants of health.</p>	<p>The social connectedness amongst the at risk group of women over the aged of 55 years has been increased through an arrangement with Women's Health Loddon Mallee (WHLM), one of the health promoting organisations for women in the Loddon Mallee Region and a key partner of the BLPCP. Support and resources were provided for WHLM to develop an innovative program for women in the 55+age cohort to enable them to network and develop and/or enhance their awareness of health issues and services. The 'Scraptherapy' project resulted and this is currently being implemented by WHLM. Increased social connectedness and self awareness of participants has resulted for this at risk group through the 'Scraptherapy' project. This project has been written up as a case study as part of this report.</p>
<p>3. To build capacity to address the harm and impact of problem gambling.</p>	<p>3.1 Meet on a regular basis with the St Luke's Community Educator and other identified Gamblers Help Staff.</p>	<p>Capacity within the Gamblers Help Agency in Bendigo has been increased through recognition of the role that health promotion is able to play in addressing the harm and impact of problem gambling. This has been achieved in part by the building of improved relationships with St Lukes Gamblers Help Staff through regular meetings between the PCP Project Officer and the Gamblers Help Community Educator. In addition, the GH Community Educator is invited to attend all meetings of the Integrated Health Promotion (IHP) Plan Governance Group of the BLPCP.</p>
	<p>3.2 Network with other PCP's in the Loddon Mallee region and in particular with the Priority PCP.</p>	<p>A Partnership Group was formed in September 2008 between St Lukes Anglicare and Centacare and all PCPs in the Loddon Mallee Region, including the priority funded PCP. Three meetings were convened by St Lukes in 2009-2010 and all PCPs attended these meetings. Additionally, the PCPs in Loddon Mallee meet quarterly to discuss a range of shared initiatives and the Problem Gambling PCP Program has been discussed informally at these forums. This has assisted in building the capacity of PCPs to address the harm and impact of problem gambling in each PCP catchment.</p>
	<p>3.3 Provide a regular update report to the Integrated</p>	<p>The capacity of the PCP Health Promotion partners has been enhanced whenever the</p>

	Health Promotion (IHP) Coordinating Committee.	Gamblers Help Community Educator is able to attend the IHP Plan Meetings. The networking and discussion that occurs builds the capacity of each IHP partner to address the harm and impact of problem gambling within their HP strategies. WHLM will provide a report on the Scraptherapy project to the IHP Plan Governance Group, which has replaced the IHP Coordinating Committee and the learning from this social connectedness project will assist in building the evidence of the benefits of high level IHP interventions to reduce problem gambling.
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Partnerships

The Partnership between the Bendigo Loddon PCP and the Gamblers Help Service in the Bendigo Loddon catchment commenced in a positive way from September 2008. The first two years of the partnership work appeared to be more formal and effective, with partnership meetings being convened by St Lukes on a bi-monthly basis. Three meetings were held in 2009-2010 and the partnership is now maintained on a less formal basis. This is mainly through the networking between the Gamblers Help Community Educator who works in the PCP catchment and the BLPCP Project Officer who holds the Gambling Portfolio.

St Lukes Anglicare was represented at the workshops held to develop the PCP Strategic Plan and IHP Plan. Now that the BLPCP Governance Group for this IHP Plan has been established, it is expected that the Gamblers Help Community Educator will attend these quarterly meetings and use these opportunities to assist the PCP Project Officer to embed the issue of problem gambling in PCP priorities and activities.

Integrated Health Promotion.

Since the commencement of the Problem Gambling PCP Program, a significant increase in the awareness of the risk factors for problem gambling has been achieved. The BLPCP IHP Plan for 2009-2012 includes a range of social inclusion and mental health strategies for those at risk of problem gambling and the PCP IHP Plan is provided as Attachment 5 and demonstrates this evidence. Particular IHP strategies addressing the social determinants of problem gambling contained in this Plan are:

1. Establish and maintain a Committee to implement the Bendigo Loddon Alcohol Action Plan
2. Conduct a Mental Health Week event
3. Bring together local services, businesses, community groups and clubs to showcase their services and distribute information in a festival style event.
4. Conduct population based men's health events during September.
5. Conduct a population based women's health event.

6. Establish and maintain a Greater Bendigo Healthy Minds Network.
7. Support the Loddon Campaspe Family Violence Advisory Committee.
8. Assist aboriginal people in South Loddon to access mainstream mental health and social support services as required.
9. Maintain the Loddon Shire Healthy Minds Network
10. Support the implementation of the Loddon Mallee Region Problem Gambling Integrated Health Promotion Catchment Plan 2009-2012.
11. Develop and implement a program for women aged 55-74 years in Greater Bendigo and Loddon with a focus on improving the social determinants of health.
12. With other members of the Rural Women Leading Change Reference Group take action to increase the numbers of women in leadership, increase social connectedness, and raise metropolitan women's awareness of rural issues of women.
13. Run activities that promote social connectedness such as book club and film nights.
14. Run group programs such as choices, challenges and change; anger and other emotions; Upbeat; Wisdom of Older Women; Sharing and Caring over 70's; meditation and emotional strength building.
15. Develop a program for women dealing effectively with change.

The Case Study in this report is the IHP Project 'Scraptherapy' .

The reported outcomes of the implemented integrated health promotion outcomes for 2009-2010 will be documented in the Bendigo Loddon PCP Annual Report which will be published by 30 September 2010.

Budget

All Problem Gambling Primary Care Partnership Project funds of \$10,000 have been expended on the implementation of the 2009-2010 Action Plan as the agreed deliverables.

These are:

Deliverable	Expenditure
To improve mental health literacy amongst health workers in the Bendigo Loddon catchment.	3000
To increase social connectedness amongst an at risk group.	5000
To build capacity to address the harm and impact of problem gambling.	2000
Total	\$10,000

In kind funds on travel, telephone, administration, management, report preparation, catering, venue hire and a range of other expenses have been met by the Bendigo Loddon PCP. It is estimated that this in kind contribution would equate to at least \$8000 in 2009-2010.

There are no funds to be rolled over.

Issues/Risk Management.

The need to encourage greater links between the health promotion partner organisations and the Gamblers Help Consortium is evident. Whilst strategies are in place to encourage networking and capacity building, time is often the barrier which prevents this occurring. The way that the PCP has managed this issue is to ensure that the PCP Project Worker has a portfolio of IHP for Problem Gambling and that the PCP uses the skills of the Project Worker to build the capacity within PCP Health Promotion partners rather than facilitating the Gamblers Help Community Educator to assist in this work. This has been an effective model as can be evidenced by the objectives and strategies contained in the 2009-2012 IHP Implementation Plan for the Bendigo Loddon catchment.

The Gamblers Help Regional Community Education Health Promotion Plan has not include reviews by the Bendigo Loddon Integrated Health Promotion Coordinating Committee which has now been replaced by the IHP Plan Governance Group. This issue has been managed by inviting the St Lukes Community Educator to attend the next IHP Plan Governance Group in August 2010 to update that group on the Community Education Health Promotion Plan for 2010-2011.

Encouragement will be given to St. Lukes to convene the meetings with Centacare and the PCPs on a quarterly basis in 2010-2011 to work on enhanced integration of the Gamblers/Help Program with PCPs.

Case Study

Details of PCP contact

Name of PCP	Bendigo Loddon Primary Care Partnership
Contact Person	Brett Belot
Position/Title	Project Officer
Phone No.	5448 1624
Email Address	brettbelot@bchs.com.au;

Identified Partners

Partner Organisations	Roles and responsibilities with regard to the project	Contact person details (<i>name, position</i>)
Women's Health Loddon Mallee	Development, implementation, facilitation and evaluation of the "Scraptherapy in Bendigo" project.	Bridget Nutting Health Promotion Project Worker, Women's Health Loddon Mallee.
Bendigo Health	Co-Facilitator of the "Scraptherapy in Bendigo" Project	June Hopley TITLE: Women's Mental Health Project Worker Bendigo Health
Bendigo Community Health Services	Presenter on issues of positive mental health	Anne-Maree McCarthy Psychologist.
Other private practitioners including art therapist, yoga teacher, psycho-dynamic body therapist.	Presenters on particular issues and themes	Various.

Case Study Title**Scraptherapy in Bendigo****Summary/Abstract (200 words)**

The Scraptherapy in Bendigo Program is an 8-week program aimed at women aged 55 years and over. Its key objective is to increase social connectedness in participants, however, it also aims to assist women to strengthen and develop personal skills for managing change and transitions in the second half of the life cycle. An integral component of the program is the number of guest speakers from various public and private organisations, providing psycho-social education, and increased awareness of local support services. By strengthening women’s emotional well being and social connectedness, we are able to assist women to be less vulnerable to engaging in negative coping strategies such as addictions and gambling.

This program is based on a model which integrates creativity and personal development. The creative medium of scrapbooking is a key to the success of this program. Themed scrapbooking each session, and between sessions at home, has been an extremely effective means of connecting women in quite strong and significant ways, creating group cohesion and positive energy, and enabling women to work through and process life issues in a wide range of ways.

The themes worked on during each session are carefully chosen to address life issues common to women in the second half of the life cycle. This program clearly shows evidence of the women participants growing each week in their sense of self-awareness, social/communication skills, ability to manage change, and ability to express themselves with more clarity, assertion, and confidence.

Background

Name of Project	Integrated Health Promotion for Problem Gambling PCP Project Bendigo Loddon: “Scraptherapy in Bendigo.”
Priority goal	To increase social connectedness and provide enhanced access to services for women aged over 55 years in Bendigo.
Priority issue(s)	<ol style="list-style-type: none"> 1. To build capacity to address the harm and impact of problem gambling. 2. Increase social connectedness and decrease isolation. 3. Target an at risk group.
Target group	Women aged between 55 and 74 years.
Department of Health IHP Expectations/Program Logic 2009-12	<ul style="list-style-type: none"> • Ensure integrated health promotion practice engages with hard to reach population groups and vulnerable communities. • Embed capacity building into integrated health promotion practice at all levels • Implement improved integrated health promotion performance measures including annual provision of case studies for dissemination through the PCP website.

- Embed evaluation practice with the planning and implementation of health promotion.

Background

How was the project selected as an activity to be pursued by your partnership?

During the second year of the Problem Gambling PCP Project, the overall aim was to implement and develop best practice. The way that this was addressed by the Bendigo Loddon PCP was to plan to implement a specific problem gambling integrated health promotion project and disseminate the results of this project to our PCP partner organisations, once it was evaluated. Following discussion within the PCP Executive Committee, it was determined that the focus of this project would be on women in the 55+ age cohort due to this group being specified as a particular group at risk of problem gambling. The City of Greater Bendigo has a growing number of new residents in this age group and the Executive Committee felt that it was important to address the social determinants of this group in regards to problem gambling risk.

Project management and governance arrangements.

The project was managed through the organisational structure of Women’s Health Loddon Mallee, where the Project Worker reported directly to the Senior Team Leader Health Promotion who is responsible to the Executive Officer of WHLM. The Executive Officer is accountable to the Board of WHLM. The BLPCP Project Officer liaised with the WHLM Project Worker and the Executive Officers of WHLM and BLPCP met regularly. The WHLM Senior Team Leader Health Promotion is the Deputy Chairperson of the BLPCP IHP Plan Governance and the Executive Officer of WHLM is a member of the Board of BLPCP and were available to answer questions regarding the project at BLPCP Meetings.

The Scraptherapy in Bendigo Project is contained in the BLPCP IHP Plan.

What sources of evidence were used to inform the decision?

A number of sources were used to inform the decision to deliver this program targeted at women aged between 55 and 74 years. The main evidence was a document prepared by the City of Greater Bendigo from a range of sources including the OGR website. This report stated that: *“.. there are some age differences in people accessing Gambler’s Help services according to a report undertaken by KPMG consulting in 2007. It was found that males tend to outnumber female clients between the ages of 18-44 years, while female clients outnumber males from the age of 55 – 74 years.” (Gambler’s Help Services-Regional Demographic Profiles : Loddon Mallee Region)*

This same report also identified that: *“Studies show that men and women often gamble for different reasons. Women usually gamble to escape daily worries, as well as both present and past issues: whereas men generally gamble in order to make extra money or gain self esteem.” (DHS 2000:113)*

Briefly describe the project.

Once the decision to focus on women was agreed, Women’s Health Loddon Mallee (WHLM) was tasked with developing and implementing an innovative project, aimed at enhancing mental health and increasing social connectedness. WHLM identified a model and program, based around the use of scrapbooking as the medium for this group work. WHLM chose this model as it is known that scrapbooking is a craft of growing popularity, particularly with women from mid-life and on. Having used scrapbooking in other group program activities, WHLM was aware of its power to

	<p>stimulate therapeutic conversation in an indirect and non-threatening way. The positive and busy conversation scrapbooking creates, makes it an ideal way to connect women, and encourage them to share life stories. The initial idea and title “Scraptherapy” came from Women’s Health Queensland, but WHLM has built on and significantly expanded the concept and model.</p> <p><u>How does the project link and align with the PCP’s strategic plan and any catchment-wide strategic priorities?</u></p> <p>This projects links closely with the BLPCP Strategic Plan and catchment wide priorities. The Strategic Goal of the Bendigo Loddon PCP states that: <i>Our Partnership will foster the mental health and wellbeing of our community, promote positive lifestyles and ensure that principles of social inclusion are embedded in our work.</i></p> <p>In addition one of the objectives contained within the Mental Health and Wellbeing Integrated Health Promotion Priority for the catchment is : <i>Create supportive environments for positive lifestyles for older people.</i></p> <p>The strategy for this objective as contained in the BLPCP Strategic Plan and IHP Plan is: Develop and implement a program for women aged 55-74 years in Greater Bendigo and Loddon, with a focus on improving the social determinants of health.</p>
<p>Objectives</p>	<ul style="list-style-type: none"> • Build a sense of social connection between participants, • Assist participants to develop healthy self-care and personal coping strategies, enabling them to be more resilient to stress. • Provide a forum for participants to explore different aspects and life experiences common to women in mid-life and older age. • Increase awareness of community services, supports and activities.

Project participants

Women aged 55 years and over were the key target group. Most participants fell within this age range, but several were late 40’s and early 50’s. There was significant interest shown by a number of the referring agencies to include women in their 30’s and older, and further investigation will be undertaken to identify how we can respond to the needs of this younger age group in the future. WHLM targeted women in hard to reach population groups and vulnerable communities who were currently struggling with life issues, and/or were socially isolated. The women who are now participating in the group met these target criteria, and are a group of very diverse women. Many have suffered trauma, abuse, family breakdown, and grief during their lives. Many are also struggling with significant physical and mental health issues, which have contributed to their isolation. By addressing the social determinants of problem gambling we believe that we have provided an alternative for these women. The program was led by two facilitators. Guest speakers included an art therapist, a yoga teacher, a Psychologist, and a psycho-dynamic body therapist.

Methodology and approach

Describe key project activities.

The Scraptherapy project consists of 8 weekly sessions, each one having a topic theme. The topics were:

1. Changes mid-life and on;
2. The Relationships of our Lives;
3. Relaxation and Self-Care;
4. Challenging Times;
5. Working with our Emotions;
6. Expressing Who I Am;
7. Creating life Balance; and
8. My Life as a Diamond.

During the busy activity space, the facilitator is able to gently weave and guide the conversation to useful reflections, questions, ideas and shared experiences.

The activity of journaling is a key aspect in each session, and the journaling responses are later incorporated into the scrapbooking pages. Half of the sessions incorporate guest speakers, who stimulate reflection and conversation around the topic areas, and engage the women in group activities and psycho-education material.

Women are introduced to and taught basic scrapbooking techniques, and each is provided with a tub of materials with which to work. Half the session is spent in scrapbooking, sharing their pages and the meanings and significance of the life material they have expressed, and chatting, laughing and sharing refreshments together.

The group is structured for increasing self-sufficiency, so that if participants choose to, the group can continue to function independently after the project is completed.

Evaluation is structured into the program with both pre and post program questionnaires, weekly evaluation, and informal conversational evaluation during and at the conclusion of the program.

Describe resources such as evaluation tools, planning tools or other resources used in the implementation of the project. Attach if possible.

A telephone intake method was used where those women who phoned to register, were asked a series of questions to identify whether they met the criteria for this project. **Attachment 1** is the Pre-Program Questionnaire that was used for this purpose.

It is intended that this questionnaire will be used again at the conclusion of the project to identify the changes that may have occurred through the women's self assessment.

Describe the communication strategies employed.

Approximately 300 brochures were delivered or mailed out to a range of appropriate women's groups and located in areas such as the public library, retirement village's community centres, neighbourhood houses, and a range of community and welfare agencies. This brochure is **Attachment 2**.

A media release was also sent to all local media outlets(**Attachment 3**)

A letter confirming registration, venue, date and time of the project was sent to each participant prior to its commencement. **Attachment 4**.

Describe any monitoring or continuous quality improvement strategies employed.

The Co-Facilitators are constant and are using ongoing evaluation both qualitative and quantitative which will be documented at the conclusion of the project. As feedback and ideas are provided by the women participating in the project, changes are made to respond to the issues raised. The method used for continuous improvement is the Plan, Do Study, Act (PDSA) cycle and this has proved to be a successful way of maintaining involvement of the women and enhancing the project as it is implemented.

Results

Impacts and outcomes	<p>The program will conclude following the last two sessions in July 2010. The Evaluation Report will be provided by the beginning of September 2010. However, as a pilot program, “Scraptherapy in Bendigo” is clearly showing effectiveness in successfully meeting program objectives, and meeting the needs of women in positive and unanticipated ways. Examples include:</p> <ul style="list-style-type: none">• Registrations filled very quickly, with a waiting list put in place.• Strong interest from service providers, with significant referral from employment services.• High attendance at all sessions, indicating a strong sense of commitment, connection and positive gain for the women.• High level of support, cohesion and encouragement between group members, and a very positive tolerance of difference.• High participation within sessions, and a busy, energetic and enthusiastic “buzz” in the room.• Participants regularly reporting ways in which the scrapbooking, topic material and journaling are working as “therapy” in their lives, relationships, self-expression, in processing difficult issues, in discovering a new creative activity to love and “lose themselves in” at home, and in putting challenging experiences in their past “in their place”, acknowledging the good and the bad in such situations.• Participants have learned and are utilising new personal skills in their everyday lives, such as journaling, assertive communication, breath and body techniques, and scrapbooking.• Some participants have taken up new personal development pathways as a result of this program, such as accessing counselling and other support services.• Participants are keen to continue the group after the program, and have formed the beginnings of positive new friendships and connections.
Status and sustainability	<p>The Scraptherapy group will continue as a self-supporting group, initially with the support of one of the facilitators for part of their first few meetings. The group is able to continue at the same venue on a fortnightly basis at no cost.</p> <p>The program model will be used in other settings in the future. There has been interest shown from other service areas such as employment services, psychiatric services, and community houses/Neighbourhood Renewal.</p>

Conclusions

The Project results so far have been very positive and are showing evidence of an effective IHP intervention addressing the social determinants. A detailed evaluation will be completed for inclusion in the BLPCP Annual Report in September and will also be placed on the BLPCP website www.blpcp.com.au

Key success factors:

- Effective marketing and targeting strategies.
- The funds provided by OGR which has enabled the provision of quality equipment, materials and speakers.
- An integrated model, which blends a creative medium with a personal development approach.
- Skilled facilitators.

Key challenges:

- Venues to suit this type of activity are very difficult to find in Bendigo and those available are very expensive.

Relevance of findings to other areas of PCP activity.

This project has proven to be a very effective IHP strategy which can be modelled to suit other 'at risk' demographics in the Bendigo Loddon region. This will be further investigated and promoted.

Future directions

The BLPCP will support WHLM to investigate ways of packaging this program, with a view to training other providers to run it in other settings and places, and in more rural and remote areas.

SCRAP THERAPY

Pre-Program Questionnaire

NAME

1. What are you hoping to gain from this program?

2. Would you like to form some new, regular, connections with other women? **Y/N**

3. Do you currently use a creative activity which helps you express yourself and feel good? **Y/N**

4. How would you currently rate the time and effort you give toward looking after your own health and happiness?

| | | | |

Very low Low Medium High Very High

5. How would you currently rate your ability to manage change/challenges in life?

| | | | |

Very low Low Medium High Very High

6. What do you see as your strengths and the best things about your life at the moment?

7. What do you experience as the main challenges and difficulties in your life, at the moment?

No scrapbooking experience necessary.

Just simple and fun experimenting with your own photos, and with magazines, words and craft materials.

You will leave the program with an album that expresses the amazing and interesting you!

Each participant will be provided with a great scrapbooking kit of materials, which they can use in sessions, at home, and after the program.

We gratefully acknowledge funding support through Bendigo Loddon PCP.



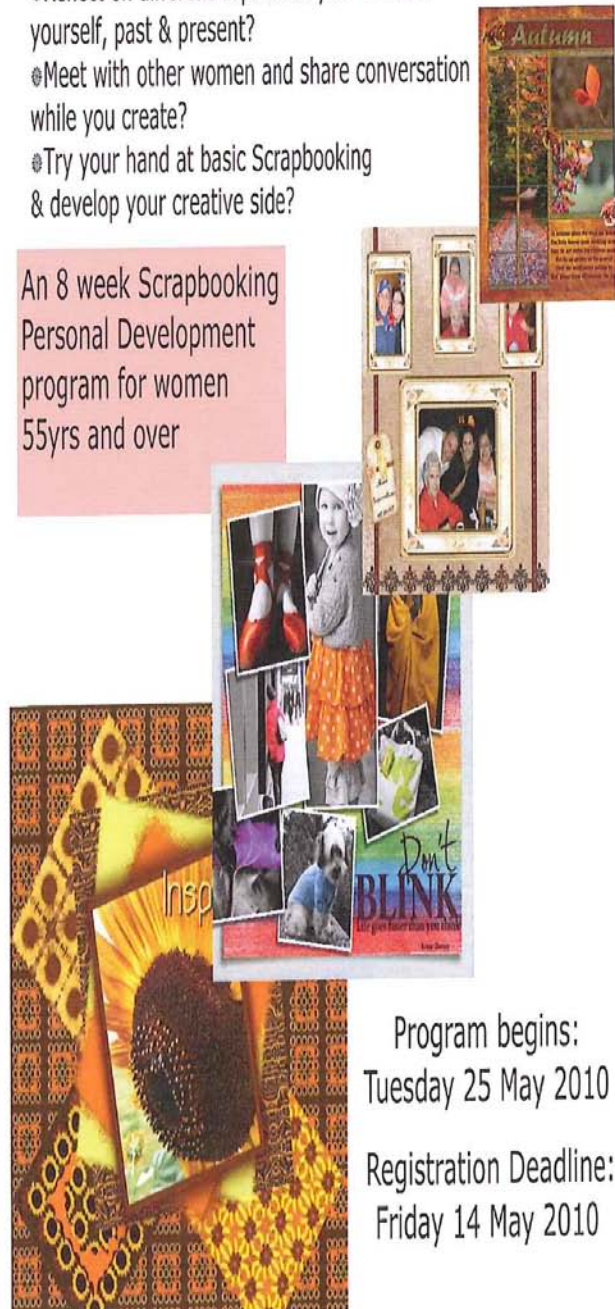
Women's Health Loddon Mallee
47 Myers Street, Bendigo
Freecall: 1800 350 233
Phone: 03 5443 0233
Website: www.whlm.org.au

Scraptherapy

Would you like the opportunity to:

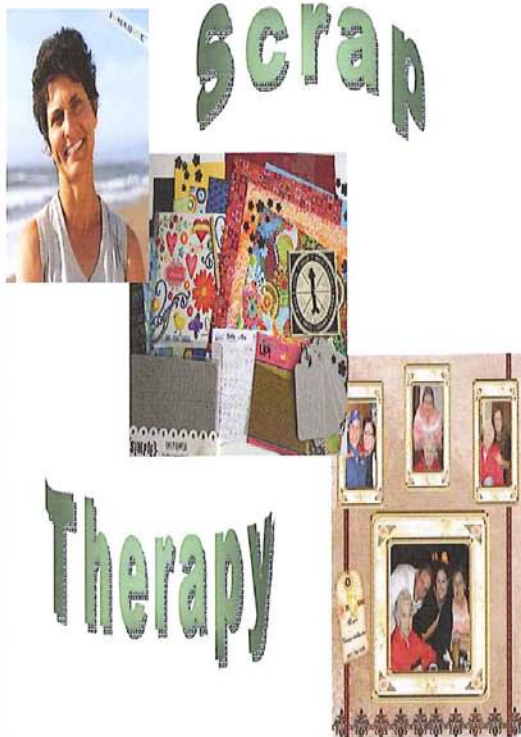
- Reflect on different aspects of your life and yourself, past & present?
- Meet with other women and share conversation while you create?
- Try your hand at basic Scrapbooking & develop your creative side?

An 8 week Scrapbooking
Personal Development
program for women
55yrs and over



Program begins:
Tuesday 25 May 2010

Registration Deadline:
Friday 14 May 2010



Each session will have a topic theme, with a guest speaker to get you thinking and talking. The second half of each session will be your opportunity to scrapbook, and express some of your own experiences, thoughts and feelings.

Topics covered will include:

- Mid-Life and on.....(physical and emotional changes)
- Looking after yourself and creating balance.
- Assertive communication.
- Working with emotions.
- The relationships of our lives.
- Difficult times.
- Myself as a "diamond". My strengths, and the many faces of me.

The second half of our lives as women can look quite different to the first. In the first half we are often busy with lots of "doing", and with the needs and expectations of others. In the second half, we can find ourselves reflecting back on experiences, questioning, and wanting to make new goals, balance, and room for creativity.

Creative activities like scrapbooking can be great ways of expressing ourselves and what's important in our lives.

Where: 8 Olinda St. Bendigo

When: Tuesdays 10.00-12.00pm. Beginning Tuesday 25th May, then weekly for 8 weeks.

Cost: Free of Charge

Facilitator: Bridget Nutting. Women's Mental Health Project Worker, Women's Health Loddon Mallee.

To Register: Phone Women's Health Loddon Mallee on 54430233 by 14th May 2010



Attachment 3

SCRAPBOOKING WITH A DIFFERENCE.

Women's Health Loddon Mallee is beginning a new program "Scraptherapy", for women 55 years and over. It involves the art of scrapbooking, but with a difference. The program will provide a creative space for women to reflect on themselves and their lives, to share in conversation with women of a similar age, and then to express some of this in their own scrapbooking album.

"Scraptherapy" sessions are themed around issues such as managing change, the relationships of our lives, finding balance, working with emotions, looking after ourself, relaxation, and coping with difficult times. A variety of guest speakers will get women thinking about the topic, and then participants will be able to chat and create personal pages around the themes for their own album.

This program aims to engage women who may feel isolated, or a little "lost" in this second half of life. Group programs like this can be great ways for women to make new connections with other women of a similar age, share experiences, and build friendships. Scrapbooking in a group like this can offer a comfortable and relaxed activity, where women can chat about life, while they are busy creating their pages. Conversation is guided informally through the facilitator, and weaves its way through the session in an indirect and non-confronting way.

The first half of life as women can often be busy with lots of "doing", and with the needs and expectations of others. In the second half, women can find themselves thinking back on experiences, questioning, and making new goals. They can become aware of a need to create more balance in their life, and make some room for more of their creative side. Creative activity is a wonderful way of expressing what is important in life, in ways which can't always be put into words or explained. Creative expression has been shown to be a very valuable aspect of emotional health and wellbeing.

Many women don't see themselves as creative, until they have a go at something new. Scrapbooking is an activity which has taken off in recent years, and can be done in beautiful but very simple ways, using a few photos and pictures, and a variety of other craft materials

The "Scraptherapy" program doesn't require any scrapbooking experience. Women, who don't see themselves as creative, may discover a new side to themselves. There is no cost involved for participants, and each will be provided with their own kit of materials and album. There is some provision for transport if needed.

To enquire or register for this program, ring Bridget at Women's Health Loddon Mallee, on 54 43 0233. The program begins 25th May, and runs on a Tuesday morning for 8 weeks. This program is funded through the Bendigo Loddon Primary Care Partnerships.

Attachment 4

Dear

Just a brief letter to confirm your registration in the Scraptherapy Program.

I am looking forward to meeting you, and sharing with you in this group program. I think you will find it both enjoyable and interesting, as we explore some of the challenges of the second half of our lives, and find creative ways of expressing ourselves through the art of scrapbooking.

It will be an opportunity to build both on your own strengths, and to build new connections with other women of a similar life stage.

The venue is 8 Olinda St. Bendigo, and we will be meeting in the upstairs meeting room, from 10.00-12.00pm.

If you are able to, could you take some time to select some photos to bring along, which represent different times in your life, different aspects of yourself, what's important to you, roles in your life, relationships etc. It is completely up to you whether you want to use personal photos or not, but it can be handy to have some re-prints of some, in case you may want to cut them up in certain ways.

You will receive a tub of your own materials, and an album to work with during the program. There is no fee for the program, but if people are able to give a gold coin donation towards morning tea, that would be helpful.

Look forward to seeing you on Tuesday May 25th.

Kind Regards,

Bridget Nutting (Women's Health Project Worker).

SECTION FIVE: INTEGRATED HEALTH PROMOTION IMPLEMENTATION PLAN

What is Integrated Health Promotion

There is growing evidence that investment in health promotion and disease prevention benefits individuals and communities alike by reducing preventable diseases, promoting positive wellbeing and by lowering health care expenditure.

The Ottawa Charter for Health Promotion, developed by the World Health Organisation in 1986 defines health promotion as *“the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore seen as a resource for everyday life, not an objective of living”*.

Integrated health promotion where organisations in a locality work together and with the community using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues, is a cornerstone of the work of Primary Care Partnerships. It is based on a social model of health and draws on the philosophies of health promotion outlined by the World Health Organisation and Australian national and state health promotion policies. The guiding principles of integrated health promotion are that activities should:

- address the broader determinants of health
- be based on the best available data and evidence
- act to reduce social inequities and injustice
- emphasise active consumer and community participation
- empower individuals and communities
- explicitly consider differences in gender and culture
- involve organisations working in collaboration

Primary Care Partnerships and organisations funded for health promotion by the Primary Care Branch of the Victorian Department of Health are required to plan, implement, evaluate, review and report on their health promotion activities on an annual basis. There needs to be consideration of health promotion activities that include a mix of interventions focused on individuals and populations and include activities that are designed to build health promotion capacity within and across organisations.

How We Developed Our Integrated Health Promotion Plan

The Integrated Health Promotion component of the BLPCP Strategic Plan 2009-12 was developed in line with the framework set out in the Department of Human Services’ publication *Integrated Health Promotion: A Practice Guide for Service Providers*. This framework was used in our Partnership workshops when considering health promotion activities relating to the priority population groups of children and young people, Aboriginal people and older people. The Guide was also used by individual member organisations (funded to deliver health promotion activities). The Guide provides a framework for planning for health promotion with a focus on vision setting, problem definitions, generating solutions, capacity building, implementing and evaluating the outcomes of health promotion activities.

A review of the best available evidence relating to the health promotion needs in the Bendigo and Loddon LGAs for the national and state health promotion priority areas was undertaken to assist in the planning process.

A workshop was held in August 2009 with key health promotion organisations to determine our shared priorities for health promotion. It was agreed that for the next three years our Partnership will focus on integrated health promotion on the following priorities:

- mental health and wellbeing
- physical activity and active communities
- sexual and reproductive health
- reducing tobacco related harm

Organisations funded to delivery health promotion activities were then invited to contribute their individual 'plans' for health promotion activities in one or more of the priority areas – for inclusion in this 'catchment-wide' plan for integrated health promotion. These individual organisational plans have been collated into the implementation plan on the following pages.

Our BLPCP Integrated Health Promotion Plan reflects a consolidation of all the health promotion activities relating to mental health and wellbeing, physical activities, sexual and reproductive health and tobacco planned by our Partnership and by individual organisations who are funded for health promotion by the Primary Health Branch of the Department of Health. It provides an easy to access 'snapshot' of the health promotion activities for our priority issues in the Loddon and Greater Bendigo areas for the next three years. The BLPCP Secretariat will report on these activities annually to the Department of Health by collecting information and evaluation data from the organisations involved and documenting appropriate case studies.

Evidence of the Need for Health Promotion

Health promotion activities, like all the activities planned for our Partnership over the next three years, are based on an analysis of the evidence of health and wellbeing needs of people living in the Greater Bendigo and Loddon areas. Selected evidence from the BLPCP Community Profile (see BLPCP, 2009 www.blpcp.com.au) is provided here to demonstrate that the focus of this Integrated Health Promotion Plan is based on established needs related to our priority issues of mental health and wellbeing, physical activity and active communities, reducing tobacco related harm and sexual and reproductive health.

In general, we have significantly higher incidence of chronic diseases such as Diabetes and cardiovascular diseases than the Victorian averages. In terms of Diabetes, the prevalence in 2008 was 3.61% of all people living in Greater Bendigo had Diabetes and 10.3% of people in the Loddon Shire had Diabetes. Health promotion activities focused on risk factors for chronic illnesses (such as reducing obesity, increasing physical exercise and smoking cessation) and reinforcing protecting factors known to delay/obstruct the onset of illnesses will act to prevent new incidences of these diseases within our communities.

Much of the evidence relating to the mental health and wellbeing of people living in the Greater Bendigo and Loddon Shire areas focuses on statistics of 'ill-health' (such as psychiatric hospital admissions, intentional self harm or suicide deaths). Approximately 3% of all deaths for people in the Greater Bendigo LGA are attributed to mental and behavioural disorders (compared with the Victorian average of 4%).

Similarly hospitalisations for 'mental diseases and disorders' in 2007/2008 accounted for 2% of hospitalisations (compared with 3% for all of Victoria). Whilst these statistics indicate that mental ill-health is not a significantly higher health problem for people in our Partnership catchment areas than the remainder of Victoria – the seriousness, and preventable nature of many mental illness/ill health suggest a focus should be made on promoting positive mental health and wellbeing and where possible, preventing the onset of mental ill health.

However, mental health and wellbeing is more than just 'ill health' requiring hospitalisation. There is evidence from the 2004/2005 National Health Survey to suggest that people in our catchment areas have a higher rate of self-reported mental, behavioural and mood problems, and psychological distress than in other rural areas of Victoria and the Victorian average. This is particularly evident for men in our areas. For example, most areas of Greater Bendigo and Loddon had higher rates of self reported mental and behavioural problems for men than the Victorian average. The area of Greater Bendigo-Eaglehawk had the highest rates of self reported mental, behavioural and mood problems for both men and women in our catchment areas.

There is indisputable evidence that physical activity is a protective factor against a range of chronic illness. Estimates of physical inactivity taken from the 2004/2005 National Health Survey suggest that generally speaking, estimated rates of physical inactivity in people in the Greater Bendigo areas were lower than the Victorian average. Rates of physical inactivity for people living in the Loddon Shire were similar to the Victorian averages. Whilst this evidence appears at first glance to be 'promising', the evidence means that anywhere between 201.4 and 415.2 people in every 1000 people in our catchment were considered not to be sufficiently physically active.

Evidence relating to the prevalence of obesity provides further justification for a focus of health promotion activities on physical activity. Evidence from the 2004/2005 National Health Survey shows that, generally, men in our catchment areas have higher rates of obesity than the Victorian or Country Victorian averages, with significantly more men in the Loddon Shire being considered obese than the Victorian average (for example 226.6 men per 1000 were considered obese in North Loddon in comparison to 159.6 per 1000 in the rest of Victoria). However rates of obesity for females in the Greater Bendigo and Loddon were similar to or less than the Victorian averages.

The ill-health effects of tobacco use are well known and documented and significant resources are expended by all levels of governments to try to prevent tobacco related harm occurring. Evidence from the 2004/2005 National Health Survey suggests that, generally, there is a higher rate of adults smoking in the Greater Bendigo and Loddon areas than the Victorian average. For example, 335.3 men per 1000 in Central Greater Bendigo smoked in comparison to a rate of 259.8 per 1000 men in the rest of Victoria and 275.3 per 1000 women in the Central Greater Bendigo smoked in comparison to a rate of 181.5 per 1000 women in the rest of Victoria.

On issues relating to sexual and reproductive health, there is evidence that a specific focus should be made on targeted health promotion, screening and prevention activities. There appears to be an unusual increase in the incidence of Hepatitis C within the Loddon area (a rate of 62 per 1000 in comparison to a rate of 46.5 per 1000 for the rest of Victoria). In the Greater Bendigo area, we see a significantly higher incidence of Chlamydia (360.7 per 1000) compared with the rate for the rest of Victoria (259.8 per 1000).

In terms of screening for early detection of breast cancer, the best available evidence suggests that the screening rate for women aged 50-69 years is generally similar to the rate for the Victorian population –

however there is some tentative evidence to suggest that women who live in particular parts of Greater Bendigo or Loddon Shire are not participating in breast screening at the same rate (with particularly low rates in Marong and the Bealiba/Logan area). There is also evidence to suggest that cervical cancer screening rates are lower in our Partnership catchment area than the regional and state rates with recent advice from Pap Screen Victoria stating that, compared to the State average of 63.1% of women in the target age groups participating, only 60.9% from Greater Bendigo and 60.6% from Loddon participate in screening.