

## Section Three:

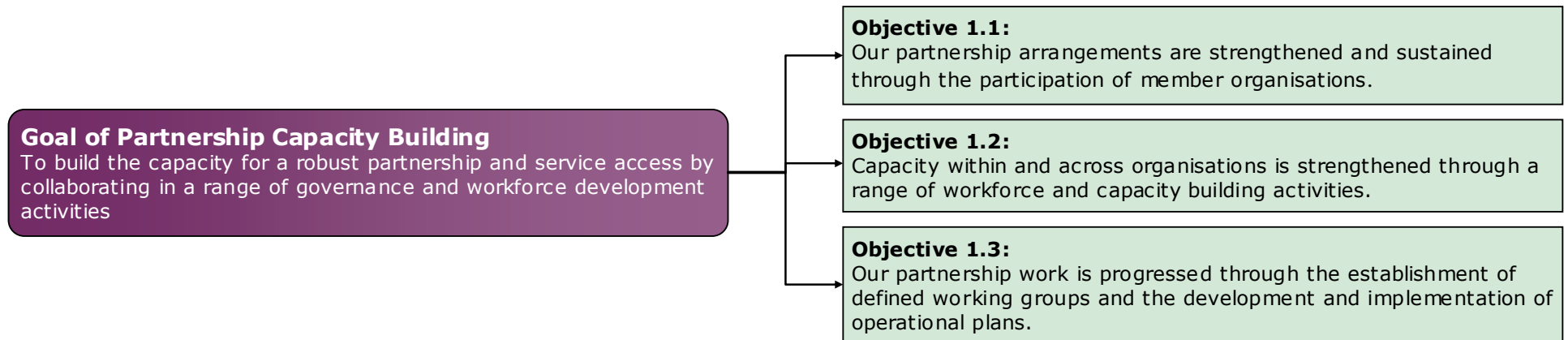
# Our Goals and Objectives

- ❖ Capacity building
- ❖ Older people aged 55+
- ❖ Aboriginal people
- ❖ Children and young people

## SECTION THREE: OUR GOALS AND OBJECTIVES

# Partnership Capacity Building in our PCP

**Strategic Goal:** 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.



# Priority Population Group: **Aboriginal People**

**Strategic Goal: 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.**

## **Goal of Partnership Capacity Building**

To build the capacity for a robust partnership and enhanced services by collaborating in a range of service development activities with organisations providing programs for Aboriginal people.

### **Objective 2.1:**

Our member organisations will have a strengthened understanding of services for Aboriginal people within Greater Bendigo and Loddon.

### **Objective 2.2:**

Organisations representing Aboriginal people participate more actively in our Partnership.

### **Objective 2.3:**

Mainstream services in our Partnership are more responsive to the needs of Aboriginal people and communities.

## **Goal of Service Coordination:**

To improve health and care outcomes of Aboriginal people by facilitating access to services and increasing opportunities for early intervention and health promotion in a culturally appropriate manner.

### **Objective 2.4:**

Information about a client's self-identified Aboriginal and/or Torres Strait Islander status will assist in appropriately tailoring services to their needs.

### **Objective 2.5:**

Increased knowledge and skills of Aboriginal Health Workers in electronic referral and use of Service Coordination Tool Templates.

## **Goal of Integrated Health Promotion:**

To promote culturally appropriate mental health and wellbeing and positive lifestyles to Aboriginal people and communities.

### **Objective 2.6:**

PCP Integrated Health Promotion Plan will include the Aboriginal Health Promotion Plan.

### **Objective 2.7:**

The number of Aboriginal people smoking in Greater Bendigo is reduced.

### **Objective 2.8:**

The number of Aboriginal women participating in health screening programs in Greater Bendigo and Loddon is increased.

## **Goal of Integrated Chronic Disease Management:**

To improve the integration of culturally appropriate chronic disease services and programs for Aboriginal people.

### **Objective 2.9:**

Aboriginal people have increased access to health workers trained in chronic disease management.

# Priority Population Group: Children and Young People

**Strategic Goal: 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.**

## **Goal of Partnership Capacity Building**

To build the capacity for a robust partnership and enhanced services by collaborating in a range of service development activities with organisations providing programs for children and young people.

### **Objective 3.1:**

Our member organisations will have a strengthened understanding of the range of services, programs, activities, supports and networks associated with children and young people in Greater Bendigo and Loddon.

## **Goal of Service Coordination:**

To improve health and care outcomes of children and young people by facilitating access to services and increasing opportunities for early intervention and health promotion in an age appropriate manner.

### **Objective 3.2:**

Information regarding organisation roles and responsibilities in programs for children and young people is made available to services within Greater Bendigo and Loddon.

### **Objective 3.3:**

Children and young people have improved access to health and welfare services.

## **Goal of Integrated Health Promotion:**

To promote age appropriate mental health and wellbeing and positive lifestyles to children and young people

### **Objective 3.4:**

Best practice will guide our health promotion activities.

### **Objective 3.5:**

Our capacity to provide a safe environment for children and young people is enhanced.

## **Goal of Integrated Chronic Disease Management:**

To reduce the risk of chronic disease in children and young people.

### **Objective 3.6:**

Information about chronic disease management is tailored to the needs of children and young people.

## Priority Population Group: Older People (55+)

**Strategic Goal: 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.**

### **Goal of Partnerships Work:**

To build the capacity for a robust partnership and enhanced services by collaborating in a range of service development activities with organisations providing programs for older people.

#### **Objective 4.1:**

To improve planning and development of Aged and Disability Services.

#### **Objective 4.2:**

Our member organisations are aware of plans for health and wellbeing in the case of emergencies.

### **Goal of Service Coordination:**

To improve health and care outcomes of older people by facilitating access to services and increasing opportunities for early intervention and health promotion in an age appropriate manner.

#### **Objective 4.3:**

The accuracy of aged care service information is improved and available.

#### **Objective 4.4:**

Older People have improved access to services.

### **Goal of Integrated Health Promotion:**

To promote age appropriate mental health and wellbeing and positive lifestyles to older people.

#### **Objective 4.5:**

Elder abuse information is promoted throughout the Loddon Mallee Region.

#### **Objective 4.6:**

Our capacity to provide a positive experience in health promotion activities for older people is enhanced.

#### **Objective 4.7:**

Create supportive environments for positive lifestyles for older people.

### **Goal of Integrated Chronic Disease Management:**

To improve the integration of chronic disease services and programs for older people.

#### **Objective 4.8:**

Chronic disease management processes are coordinated across member organisations.