

SEPHU

Building a healthy ageing focus in Municipal Public Health and Wellbeing Plans.

Thursday, 18th July 2024

Barb Ryan – Partnerships Strategic Lead

e: barb.ryan@monashhealth.org

Aleksandra Warzel – Partnerships Lead (Falls Prevention)

e: aleksandra.warzel@monashhealth.org



Monash Health acknowledges the Traditional Custodians of the land, the peoples of the Kulin Nation, and we pay our respects to them, their culture and their Elders past, present and emerging.



3 Outline

- LPHU overview and functions
- SEPHU health needs assessment
- Collaboration between LPHUs and local government
- Governance for SEPHU's Population Health Catchment Plan
- Current state: a local council's role in falls prevention
- Future state: where do we see the opportunity?
- Projects underway



Victorian Public Health System

Jan 2020
Centrally managed
response

Jul 2020
6 Regional
LPHUs launched

Nov 2020
3 Metropolitan
LPHUs launched

2021-2022
Screening
Vaccination
Engagement

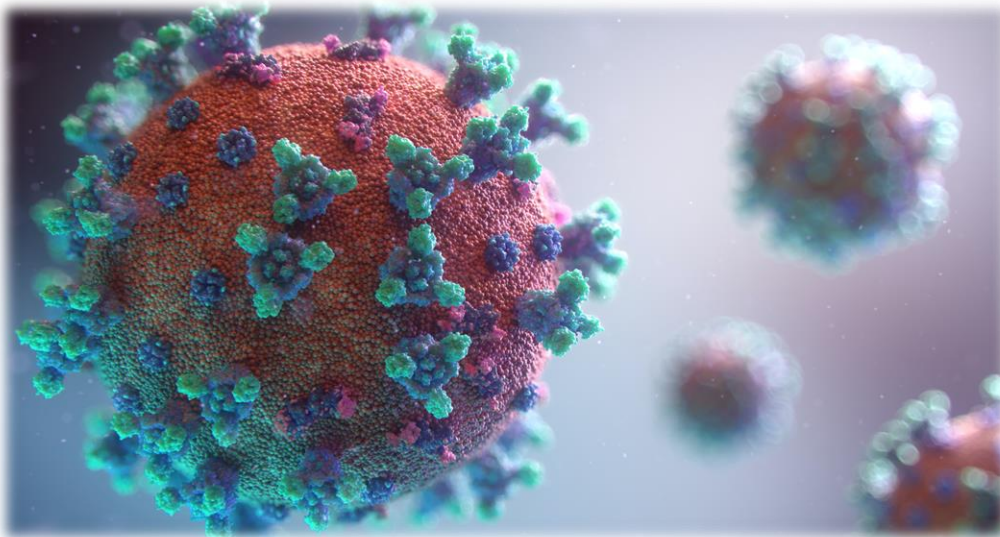
July 2022
LPHU roles
expanded

**July 2022 -
2024**
Integration,
prioritisation and
catchment planning

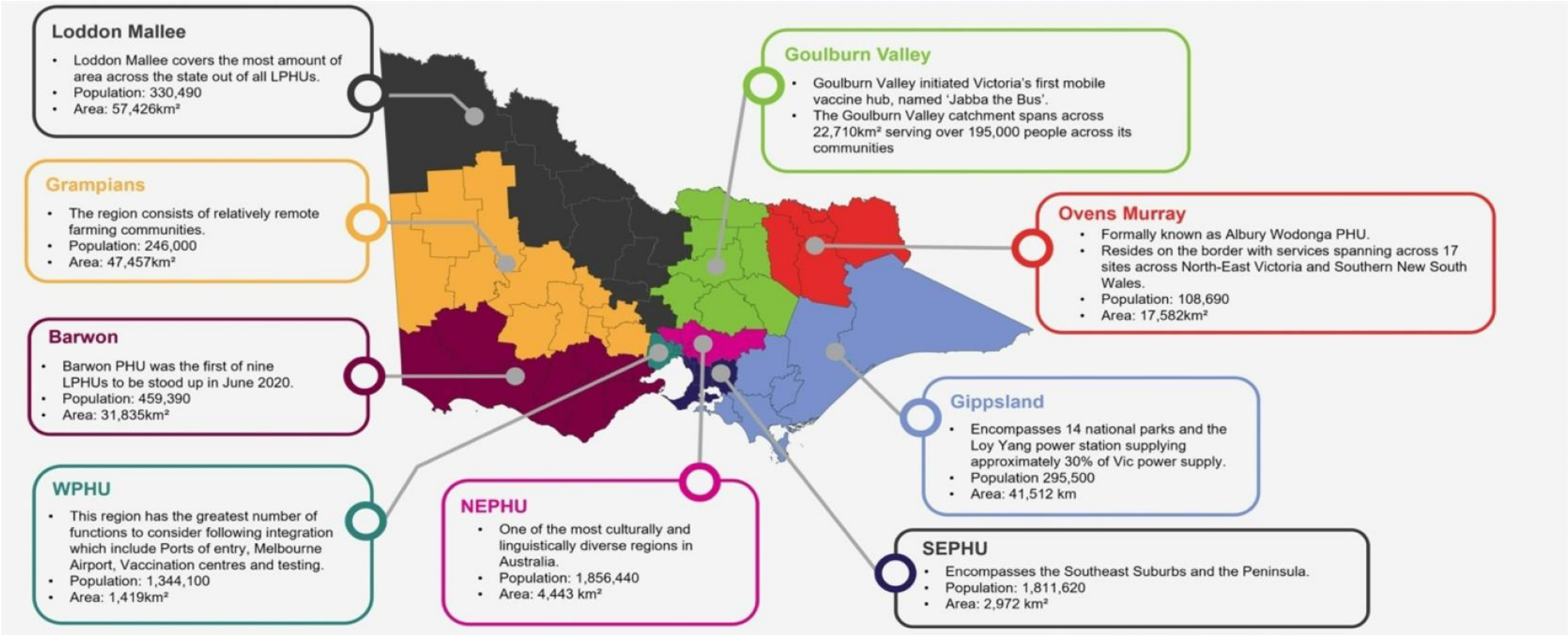
Locally managed response to COVID-19

COVID-19

Other communicable diseases and broader public health functions including population health promotion (prevention of chronic disease)

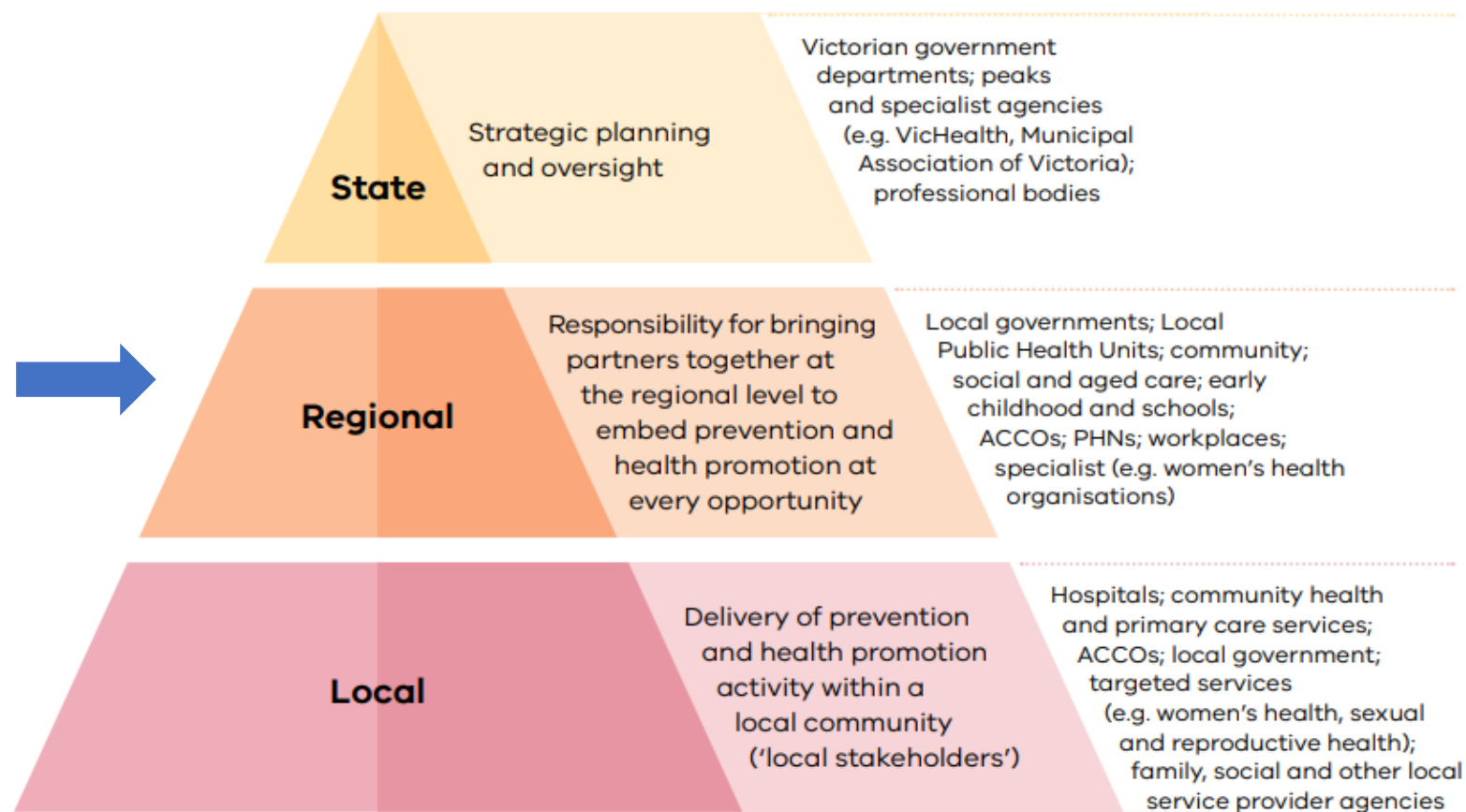


Source: Adapted from Dahlgren & Whitehead 1991



Strategic approach to Public Health

Figure 1: Strategic framework supporting public health action at state, regional and local levels



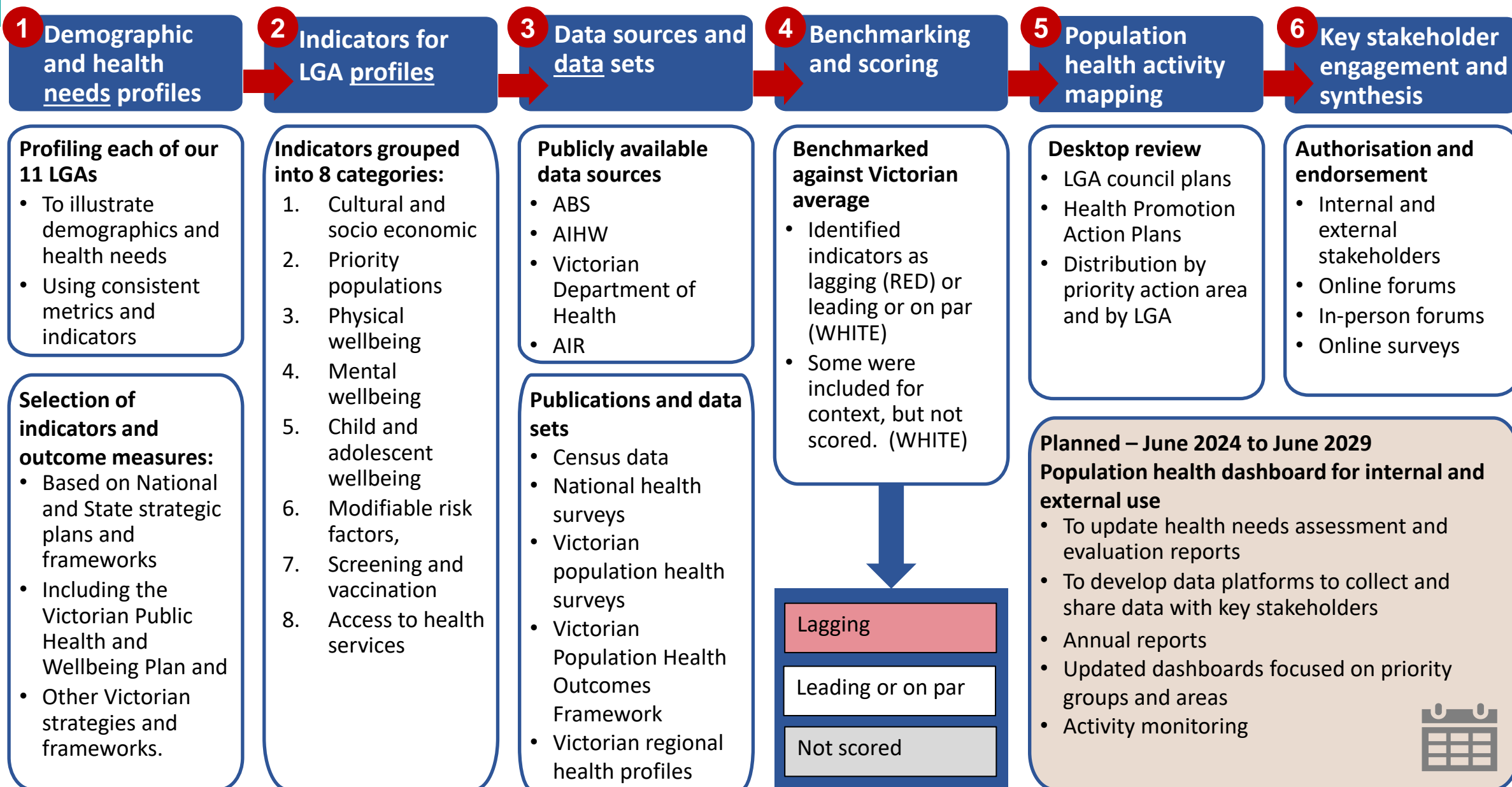
- Keeping local communities healthy, safe and well
- Use local knowledge, community-based relationships and direct engagement
- Work with partnership with catchment to deliver public health initiatives (systems approach)
- Respond to issues and incidents locally
- Administer disease prevention and population health programs



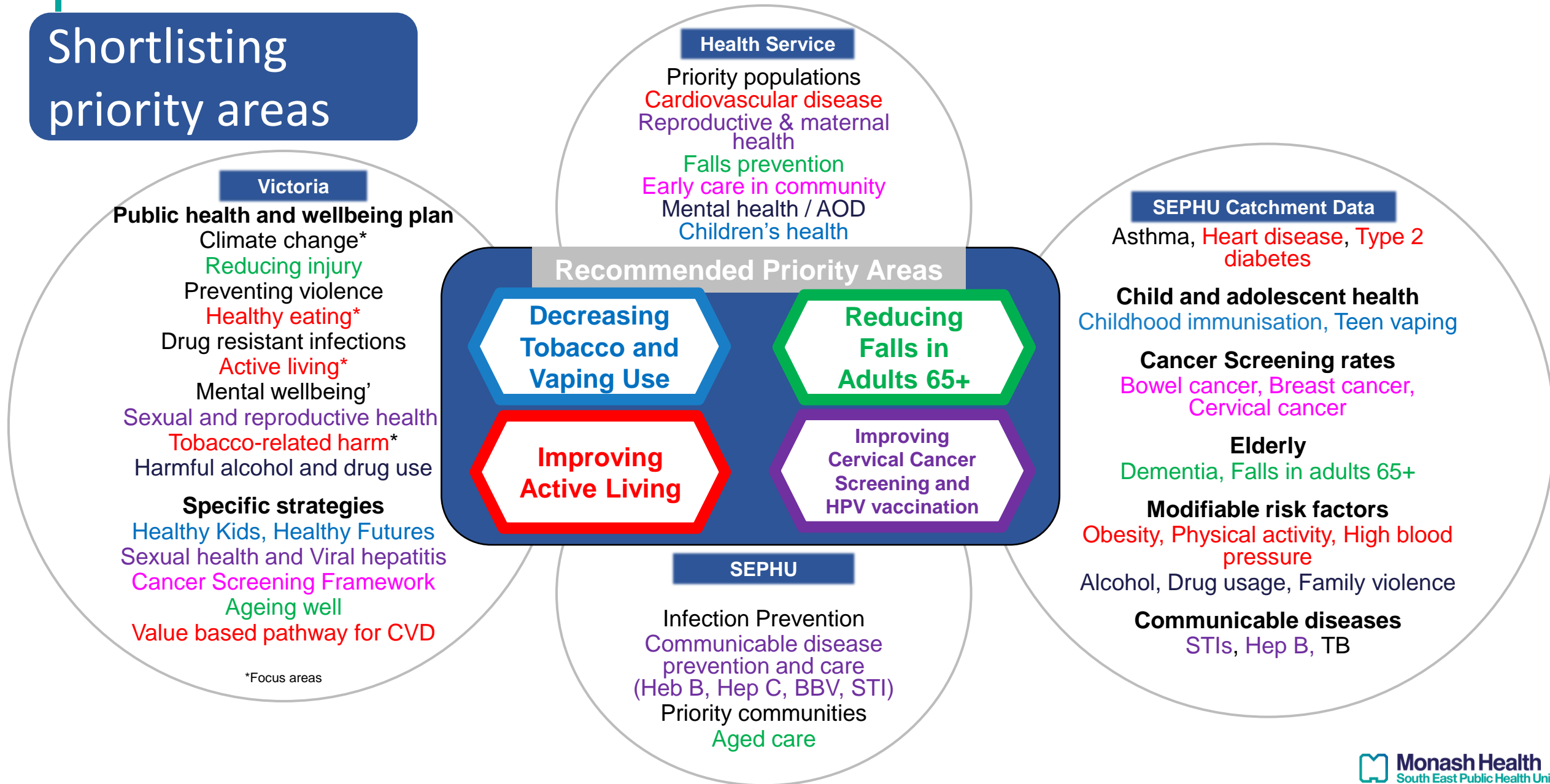
SEPHU's priority areas



SEPHU Health Needs Assessment and Activity Mapping – September 2022 to June 2023



Shortlisting priority areas



SEPHU's approach to collaborating with councils - MPHWP

- Provide support in the collection and analysis of health data and the provision of expertise to interpret health data facts
- Provide expertise in designing and implementation of public health consultation strategies
- Contribute to shaping Council's MPHWP strategic directions (through the provision of providing strategic insights and recommendations through the planning process.
- Integration of public health initiatives through working in partnership with councils and external stakeholders to align initiatives with the MPHWP
- Contributing to the interim and final evaluation reports, SEPHU can offer expertise in measuring the impacts of public health interventions
- SEPHU can advise on resource allocation, ensuring investments are directed towards high-impact public health interventions.

12 Priority Area: Reducing falls

Rationale: Falls are a major cause of injury for older people and a leading cause of injury-related hospitalisations

Local Government Area	Indicators			
	Hospitalisation rate due to falls (65+)	Adult females who do not meet physical activity guidelines	Adult males who do not meet physical activity guidelines	% of the population who are 65 years or older
Bayside (Vic.)	4,265	53.9%	41.8%	24.4%
Cardinia	3,861	57.2%	50.4%	11.7%
Casey	3,771	60.3%	48.7%	10.1%
Frankston	4,415	56.6%	53.5%	15.2%
Glen Eira	3,755	54.7%	53.7%	14.7%
Greater Dandenong	3,358	61.4%	53.6%	14.1%
Kingston (Vic.)	3,900	56.4%	48.3%	16.8%
Monash	3,551	59.4%	50.5%	16.5%
Mornington Peninsula	4,335	62.8%	48.3%	24.1%
Port Phillip	3,914	40.7%	33.0%	11.7%
Stonnington	3,390	51.9%	46.4%	14.7%
Victoria	3,659	56.1%	52.0%	15.2%

Heat map key compares LGA data to Victorian averages: Red = lagging; White = equivalent or leading

Falls are preventable:

- Falls are not inevitable, and many older people can be prevented from falling
- Some risk factors for falls are relatively easy to change and, where falls occur, injury severity can be reduced

Outcome measures: Short to medium term

Awareness including:

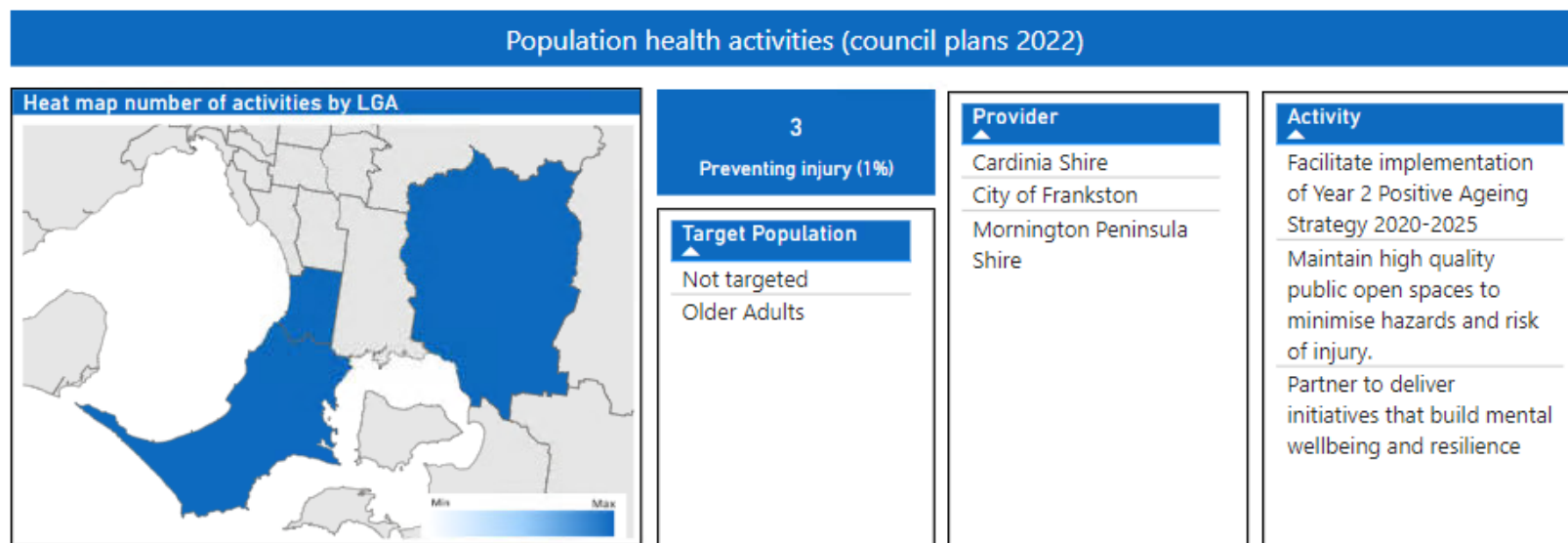
- Number of individuals in target populations reached
- Number of partner organisations and key stakeholders engaged
- Number of aged care policies changed
- Reduction in hospitalisation rate due to falls at health services

Current Activities: (from council plans 2022)

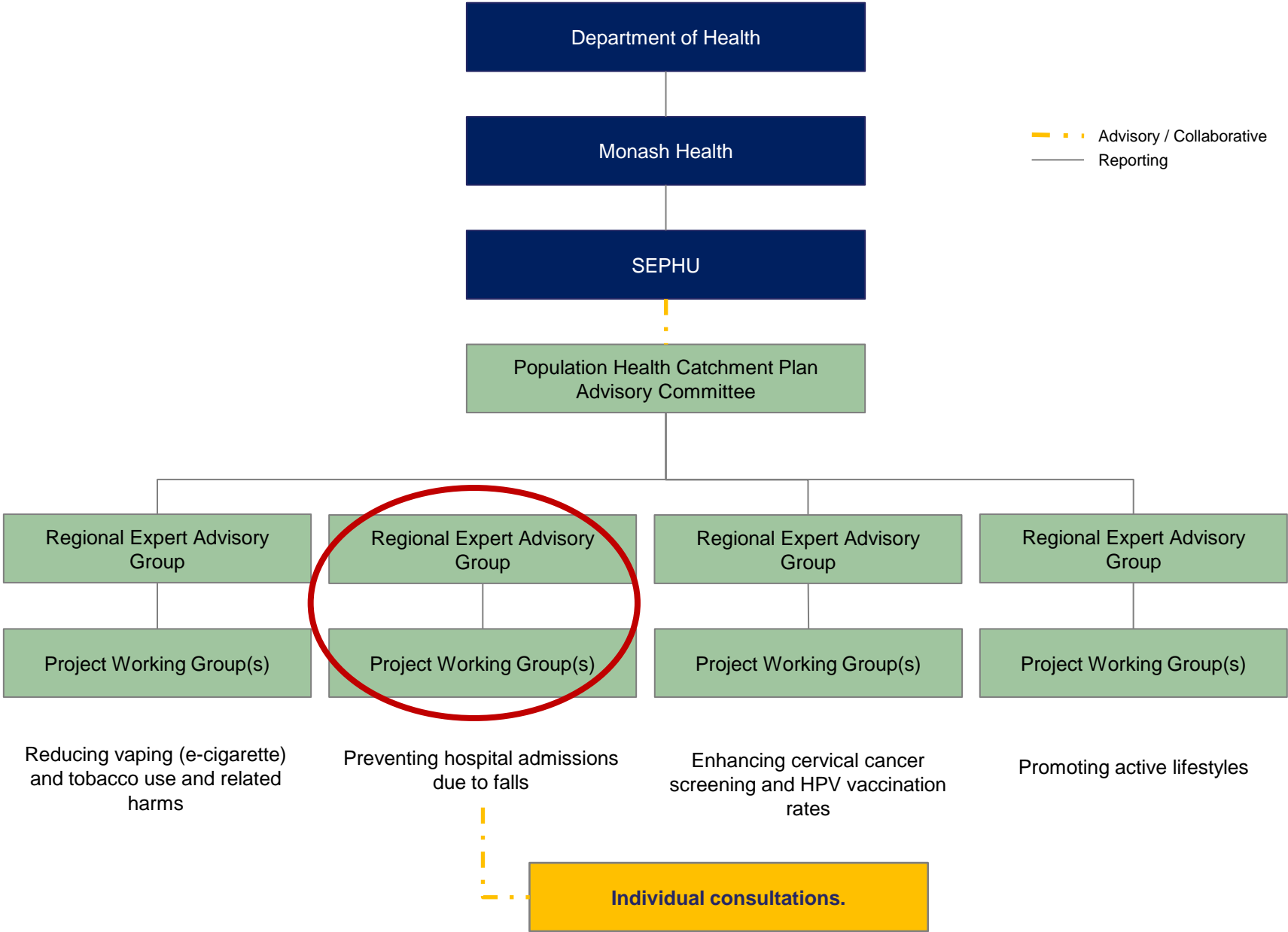
- Only 3 activities relate to reducing injury
- Less than 1% of all activities
- 8 others are active living programs targeting older adults
- No council programs that aim to prevent injury from falls

Settings and partnerships: Opportunities

- Target aged care and disability support organisations
- Collaborate with National Centre for Healthy Aging (NCHA), Victorian Falls Prevention Alliance and other aged care peak bodies
- Build on current programs and partnerships
- Adapt for other LGAs



13 Governance for the Catchment Plan – council involvement



14 Current state: a local council's role in falls prevention

Strength and balance:

- Community-based exercise programs for older adults through:
 - Leisure centres.
 - Community centres.
 - Neighbourhood houses.
- Seniors exercise parks.

Social connection:

- Social support groups:
 - Seniors' clubs.
- Victorian Seniors festival activities.

Environmental hazards:

- Council home care workers identifying environmental risk factors at home.
- Council home care workers reporting a client has fallen.
- Maintaining roads, footpaths and safe access to buildings.



Wilson's Park Reserve in Brighton

**Victorian
Seniors
Festival**



15 Future state: where do we see the opportunity?

Councils have the mechanisms to:

- Raise awareness and educate older people:
 - Through programs, services and events.
 - Ageing Well newsletters.
- Community engagement of older people through existing consumer networks.
- Support with building capacity amongst sectors involved with high-risk populations.
- Create built environments that are age friendly and safe.
 - Review against Australian Standards for Access and Inclusion.
- Support health system navigation for community:
 - Community connector and social prescription services.
 - CHSP funded programs and services.





Project 1: Community education & awareness.

Objective:

To create a more informed and aware community regarding falls risk and prevention, with a focus on inclusivity and accessibility, ensuring that no priority population or group is left behind.

Actions:

- Review, identify, and map current programs, campaigns, and gaps.
- Develop and disseminate programs, campaigns, and resources where gaps are known.

Outcomes:

- Increased awareness of fall risks among older adults, caregivers, and healthcare providers
- Higher engagement in regular health checks for early detection of fall-related health issues.



Project 2: Sector support and capacity building.

Objective:

To improve workforce capabilities in falls prevention, with an emphasis on professional development, knowledge sharing, and promotion of tools, resources, and methodologies to improve the skills and knowledge of professionals involved.

Actions:

- Identify existing knowledge gaps in specific sectors involved in falls prevention.
- Identify existing professional development and capacity building opportunities and amplify across sectors.

Outcomes:

- Sectors have a better understanding of fall prevention and each other's roles.
- More coordinated approach to fall prevention efforts.

If you have any questions, please send an email to:

Barb Ryan Barb.Ryan@monashhealth.org

Aleksandra Warzel Aleksandra.Warzel@monashhealth.org

