

Strategic Action Plan for Reducing Chronic Disease Prevalence and Enhancing Healthcare Accessibility in Southwestern Sydney Local Health District (SWSLHD)

Priority area

The primary health priority for SWSLHD is the management of chronic diseases, specifically cardiovascular disease (CVD) and type 2 diabetes (T2D). The SWSLHD faces increased rates of chronic diseases, including type 2 diabetes and cardiovascular disease, it is experiencing rapid population growth, with projections indicating a significant increase to approximately 1.293 million residents by 2036 and diversity in culture. It is important to have a deliberate focus on culturally sensitive healthcare, early detection, and prevention (Southwestern Sydney Local Health District: Health Snapshot, n.d.).

Goal

The goal of this strategy is to promote preventive health habits while reducing the incidence and consequences of chronic diseases, particularly type 2 diabetes and cardiovascular disease. Additionally, it strives to offer services that are culturally aware, guaranteeing fair access and better health results for the multicultural population of SWSLHD (SWSLHD Prevention Strategy, 2028).

3. Performance Measures: Tracking Progress in Chronic Disease Management. To evaluate the program's effectiveness, both short-term and long-term indicators will be used.

Short-Term Indicators (1-2 years)

- Boosting Healthy Lifestyle Participation: Increase engagement in exercise and dietary workshops (Prevention Strategy,2028).
- Enhancing Screening Rates: Raise the number of cardiovascular disease (CVD) and type 2 diabetes (T2D) screenings at community health centres (Prevention Strategy, 2028).
- Expanding Telehealth Access: Increase engagement with Telehealth services, particularly in rural areas (SWSLHD Prevention Strategy, 2028).

Long-Term Indicators (3-5 years)

- Reducing Chronic Disease Prevalence: Lower the overall prevalence of CVD (Cardiovascular Clinical Stream,2020) and T2D (Diabetes Framework, 2020).
- Improving Health Outcomes: Achieve better long-term health outcomes, reflected in fewer hospital admissions (Safety & Quality Accounts, 2023).

- Cultural Competency and Patient Satisfaction: Enhance cultural understanding among healthcare providers, leading to improved patient satisfaction. (Southwest Sydney Our Health, 2019).

The program's data collection will draw from health records, community health center reports, and participant surveys. Research has consistently shown that culturally sensitive healthcare interventions significantly increase patient engagement, providing a solid foundation for this initiative (Southwestern Sydney and the Southern Highlands, 2014).

Objectives (SMART Objectives):

The objectives of this plan are specific, measurable, achievable, relevant, and time-bound (SMART), focusing on:

By the end of Year 1: Boost participation in lifestyle intervention programs by 25% and train all healthcare staff (100%) in cultural competence (Education and Training Strategic Plan, 2015).

Within 2 years: Decrease the percentage of unscreened at-risk individuals for CVD and T2D by 15% (Prevention Strategy, 2028).

Within 3 years: Reduce hospital admissions due to CVD and T2D complications by 10% (Safety & Quality Accounts, 2023).

These objectives are informed by evidence from successful chronic disease management programs, highlighting the effectiveness of early intervention, regular screening, and community engagement in reducing disease burden (SWSLHD Primary & Community Health, 2023).

Background

The strategy builds upon lessons learned from previous health initiatives targeting chronic diseases in culturally diverse communities. Research consistently shows that early detection and culturally sensitive care are the most effective strategies to mitigate the impact of chronic diseases among high-risk populations (SWSLHD Prevention Strategy, 2028).

Given Southwestern Sydney Local Health District's (SWSLHD) high incidence of chronic diseases and diverse population, a tailored, culturally responsive approach to healthcare is crucial (Multicultural Services Implementation Plan, 2021).

Activity plan

Activity	Timeline	Resources Required	Lead Person/Organization	Anticipated Result	Progress Notes
1. Implement lifestyle modification programs for CVD and T2D (Department of Health Victoria, 2015).	Beginning in 1 month, completing by Month 6	Program coordinators, community centres, health coaches (Department of Health Victoria, 2015).	Program Manager (SWSLHD), Local NGOs (Strategy and Partnerships, 2016).	Increased participation in healthy lifestyle programs (Department of Health Victoria, 2015).	Ongoing
2. Implementing health screenings (CVD, T2D) in underserved areas (Prevention Strategy, 2028).	Beginning in Month 2, continuing every 3 months	Mobile health units, screening equipment (Prevention Strategy, 2028).	Health Screening Coordinator (SWSLHD), Mobile Health Units (Strategy and Partnerships, 2016).	Higher rates of early detection for CVD and T2D (Prevention Strategy, 2028).	To be reviewed quarterly
3. Cultural competency training for healthcare staff (Education and Training Strategic Plan, 2015).	Beginning in Month 1, completing by Month 6	Cultural trainers, learning materials, bilingual staff (Education and Training Strategic Plan, 2015).	HR Department (SWSLHD)	100% of staff trained in cultural competence (Education and Training Strategic Plan, 2015).	Training ongoing
4. Launch a public health campaign focused on CVD and T2D prevention (Care Strategic Plan, 2016).	Beginning in Month 3, ongoing	Social media platforms, printed materials, health educators (Care Strategic Plan, 2016).	Public Health Communication Team (SWSLHD) (Strategy and Partnerships, 2016).	Increased public awareness of CVD and T2D prevention strategies (Care Strategic Plan, 2016).	Review in Month 6
5. Enhance and expand telehealth services for chronic disease management (Technology Strategy, 2021)	Beginning in Month 4, completing by Month 8	Telehealth software, internet access, IT support (Technology Strategy, 2021).	Telehealth Coordinator (SWSLHD)	Increased access to remote healthcare services (Technology Strategy, 2021).	Review in Month 8

Alignment with National and State Health Priorities

The chronic disease management program in SWSLHD follows national and state health priorities by targeting cardiovascular disease (CVD) and type 2 diabetes (T2D) through healthy lifestyle promotion and preventive measures. It supports national strategies like the National Chronic Disease Prevention Strategy (Australian Government Department of Health, 2021). and the National Diabetes Strategy by emphasizing screenings, early detection, and culturally sensitive healthcare delivery (Diabetes Framework, 2020).

Moreover, the program aligns with the National Digital Health Strategy by expanding telehealth services and with the National Health Equity Framework by providing cultural competence training, aiming to enhance healthcare access and equity (Digital Health Strategy to 2028 South Western Sydney Local Health District, n.d.).

At the state level, the program complies with the NSW State Health Plan by focusing on preventive care to reduce hospital admissions and improve health outcomes for vulnerable populations. This comprehensive approach contributes to national and state efforts to reduce chronic diseases and enhance healthcare equity (SWSLHD Prevention Strategy, 2028).

Risk matrix and risk mitigation (SWSLHD: Key Health Challenges, 2020).

Risk (SWSLHD: Key Health Challenges, 2020).	Likelihood	Consequences	Pre-treatment Grade	Risk Mitigation	Post-Treatment Grade
Delays in the hiring of medical personnel (Strategic Plan, 2023).	Likely	Major	High	-Collaborate with colleges to enhance hiring - Provide possibilities for professional growth and competitive pay (Strategic Plan, 2023).	Medium
Minimal patient participants in lifestyle programs (Technology Strategy, 2021).	Possible	Moderate	Medium	-Collaborate with community leaders for outreach. - Provide incentives for participation. - Offer multi-language program materials (Technology Strategy, 2021).	Low
Access to telehealth poses challenges (Digital Health Strategy, 2028).	Possible	Moderate	Medium	- Provide patients with digital literacy initiatives. -Offer substitute face-to-face services using mobile health units (Digital Health Strategy, 2028).	Low
Lack of funding affecting the execution of programmes (Evidence and Evaluation, 2023).	Likely	Major	High	- Submit more grant applications. - Look for collaborations with businesses. - Create a contingency account to handle unforeseen costs (Evidence and Evaluation, 2023).	Medium
Barriers based on culture that prevent people from accessing healthcare (Multicultural Services Implementation Plan, 2024).	Certain	Moderate	High	-Employ bilingual employees. - Provide cultural competence training to medical professionals. - Work together with local authorities to foster trust (Multicultural Services Implementation Plan, 2024).	Medium

Evaluation Table for Chronic Disease Management in SWSLHD

(Planning and Managing Program Evaluations - Population Health Research and Evaluation, 2024).

Formative Evaluation Table

Evaluation Question (linked to outcomes)	Indicators/Outcomes	Evaluation Design/Data Collection Method	Sample	Data Collection Tool	Ethics and Consent Process	Who will collect this data?	When will this data be collected?	How will this data be analysed? By who?
Are there any barriers in the early program implementation?	- Rates of participation - Completion of staff training (Education and Training Strategic Plan, 2015).	- Surveys - Focus groups	Participants in the program: healthcare staff (Education and Training Strategic Plan, 2015).	- Survey forms - Guides for focus group (Technology Strategy, 2021).	Obtained informed consent prior to data collection (Informed Consent, 2023).	Managers of programmes and the evaluation group (Strategy and Partnerships, 2016).	3 and 6 months following the program's	Thematic analysis of focus groups and descriptive analysis of survey data (Friesen et al., 2015).
Are culturally diverse populations being reached effectively by the program?	- Number of individuals from a variety of cultures - Services uptake (Multicultural Services Implementation Plan, 2024).	- Analysis of medical records - Interviews	Participants from a variety of cultural backgrounds (Multicultural Services Implementation Plan, 2024).	- Health records - Interview guides (Technology Strategy, 2021).	Informed consent for interviews and data use (Informed Consent, 2023).	Data collectors and healthcare providers	At 6 months	Evaluation team will statistically analyse the health records and thematically analyse the interviews (Friesen et al., 2015).

Summative Evaluation Table

Evaluation Question (linked to outcomes)	Indicators/Outcomes	Evaluation Design/Data Collection Method	Sample	Data Collection Tool	Ethics and Consent Process	Who will collect this data?	When will this data be collected?	How will this data be analysed? By who?
Has there been a correlation between the programme and a lower incidence of T2D and CVD?	-A decrease in the incidence of T2D and CVD (Patients with Type 2 Diabetes and Cardiovascular Disease in Primary Care, 2021). - A Decrease in hospital admissions (Safety & Quality Accounts, 2023).	Analysis of longitudinal health data	Participants in the programme	- Medical records - Admission information (Technology Strategy, 2021).	Informed consent in writing before using the health data (Informed Consent, 2023).	Data analysts Healthcare professionals (Strategy and Partnerships, 2016).	Collected at baseline, 1 year, and 3 years	Healthcare analysts provide statistical analysis on health data (Friesen et al., 2015).
Have the health and quality of life of the patients improved?	- Improvement in health outcomes such as blood pressure and BMI - Quality of life as reported by patients (Safety & Quality Accounts, 2023).	- Surveys of patient - Health examination programme	Participants in the programme	- Survey forms - Health examination (Technology Strategy, 2021).	Ethics clearance for the gathering of patient-reported data (Informed Consent, 2023).	Administrators of survey and program staff (Strategy and Partnerships, 2016).	At 12 months and 3 years of data collection	Qualitative analysis of surveys; medical software analysis of health data (Friesen et al., 2015)

Economic Evaluation Table

Evaluation Question (linked to outcomes)	Indicators/Outcomes	Evaluation Design/Data Collection Method	Sample	Data Collection Tool	Ethics and Consent Process	Who will collect this data?	When will this data be collected?	How will this data be analysed? By who?
Is the program cost-effective?	<ul style="list-style-type: none"> - Healthcare costs reduced - Cost per health outcome reached (Evidence and Evaluation, 2023). 	<ul style="list-style-type: none"> -Analysis of cost-effectiveness - Examining financial documents (Evidence and Evaluation, 2023). 	Participants in the programme and financial information (Evidence and Evaluation, 2023).	Financial documents - Health results (Evidence and Evaluation, 2023).	Reviewing financial and health data ethically (Informed Consent, 2023).	Programme managers and financial analysts (Strategy and Partnerships, 2016).	At 12 months and 3 years of data collection	Cost-effectiveness models were used to examine financial data. (Evidence and Evaluation, 2023).
What is the total cost of savings resulting from reduced hospital admissions?	<ul style="list-style-type: none"> - Reduction of hospitalization expenses - Lower treatment expenses (Safety & Quality Accounts, 2023). 	<ul style="list-style-type: none"> - Information on hospital admissions - -Analysis of financial data 	Hospital records, programme participants	-Financial records -Admission information (Technology Strategy, 2021).	Informed consent regarding collection of data on costs (Informed Consent, 2023).	Financial officers and research data analysts (Strategy and Partnerships, 2016).	Baseline, 12 months, and 3 years	Financial officers and programme evaluators' cost-benefit analyses (Guidelines: Cost-Benefit Analysis NSW Treasury, 2024).

Meeting Agenda:

Meeting Title: Chronic Disease Management Program Implementation – Review and Planning

Date: September 23, 2024

Time: 11:00 AM – 13:00 PM

Location: Southwestern Sydney Local Health District (SWSLHD)

Conference Room

Facilitator: Program Manager

Attendees: Program Manager, Telehealth Coordinator, Health Screening Coordinator, HR Representative, IT Support, Community Outreach Team, Local NGOs, Public Health Communication Team

Agenda:

1. Welcome and Introductions
2. Review of Program Progress and Implementation plan
3. Strategic Risk Management
4. Evaluation Process
5. Resource Allocation and Next Steps
6. Closing Remarks

Meeting Minutes:

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Attendees: Program Manager, Telehealth Coordinator, HR Representative, IT Support, Health Screening Coordinator, Community Outreach Team, Local NGOs, Public Health Communication Team

1. Welcome and Introductions:

Meeting began at 11:00 AM with a brief introduction by the Program Manager, followed by introductions from all attendees.

2. Program Progress Review:

- Lifestyle Programs
- Health Screenings
- Telehealth Services

3. Strategic Risk Management:

- Staff Recruitment.
- Patient Engagement
- Funding
- Cultural Barriers

4. Evaluation Process:

- Formative Evaluation
- Summative Evaluation.
- Economic Evaluation

5. Resource Allocation and Next Steps:

- Staffing
- Telehealth Expansion

6. Closing Remarks

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Total Word Count = 2062 (excluding references)