

ISEPICH Health Promotion Action Plan 2011-12

For a full list of abbreviations and acronyms used in this plan, please see the end of plan

Goal 1: To reduce health inequalities in the ISEPICH catchment by increasing social inclusion and community capacity to address the social determinants of health.

Objective 1

By June 2012, to have developed and begun to implement an ISEPICH health equity strategy, as part of a broader ISEPICH Health Equity and Sustainability strategy.

Impacts

DH reporting measures	Key Indicators
Reach	(1) All member agencies and 20 or more community members receive health inequalities information. Over 50% of member agencies provide feedback. (2) 20 ISEPICH agencies and five community groups participate in Health Equity and Sustainability Strategy
Social Action and Influence	(1) Member agencies and community members report increased capacity to address social determinants of health. (2) ISEPICH develops formal links with Local Indigenous Network.
More effective targeting of IHP investment through evidence	Member agencies begin to implement new evidence-based strategies to address health inequalities.

1. By December 2011, complete the ISEPICH health inequalities resource (building on the previous ISEPICH resource 'Not the rich list') and disseminate to ISEPICH members. (This resource will include information on problem gambling as part of the health promotion funded by Department of Justice)

Who: Led by HPC, with members of HPSC (PPCG, CCHS, ISCHS, BBCH, CoPP, Cos, GECC, Baker-IDI, WHISE, GHS, HPC, community members). Links to Social Planners in Councils.

2. By June 2012, develop and begin to implement an ISEPICH Health, Equity and Sustainability strategy. The strategy will support ISEPICH members to work in partnership to reduce health inequalities and promote sustainability in the inner south east community.

Who: ISEPICH Executive Committee members, ISEPICH staff team, HPSC, Health Promotion Network. Links to Closing the Gap strategies and Steering Committees (regional and Urban South).

This strategy will be accompanied by a research project "Promoting Equity, Sustainability and Health: a framework for local action" (PESH project). This will be a collaborative action research project, through which the process of developing and implementing the strategy will be recorded and analysed. Participation in the research component will be voluntary. ISEPICH members taking part in the development and implementation of the Health Equity and Sustainability strategy will be free to choose whether or not they also wish to take part in the research project.

Who: The HPC is conducting this research through Monash University as a PhD project.

3. From June 2012, work to increase understanding of human rights and how a human rights approach can contribute to health and wellbeing in ISEPICH.

Who: Human Rights Working Group, including St Kilda Community Legal Service (convenor), CoPP, BBCH, ISCHS, St Kilda Community Housing, CCHS.

Objective 2

From June 2010, maintain and enhance opportunities for social connection and social inclusion in ISEPICH communities

Impacts

DH reporting measures	Key Indicators
Reach	(1) Information on good practice re social inclusion disseminated to ISEPICH agencies and community members. (2) Partnerships formed/expanded around transport disadvantage,

Increased knowledge	preventing violence, health promoting schools, Men's Shed
Social Action and Influence	Increased knowledge about transport disadvantage in the catchment
Enhanced organisational learning and improved practice through evaluation and dissemination of findings	(1) Input to Council policy on access to community facilities. (2) Establishment of Men's Shed.
4. In 2011-12, improve access to community facilities in the ISEPICH catchment through policy development	Improvements to evaluation in organizations represented in the social inclusion working group
Who: HPC, GECC, Caulfield Aged Mental Health Team, GHS, Community members. Also links to Community Houses in Glen Eira.	
5. In 2011-12, explore options to address transport disadvantage within the inner south east	
Who: ISCHS (convenor), CoPP MetroAccess, RDNS Homeless Persons Program, BBCH, AV. Also links to TransAccess.	
6. In 2011-12, bring together interested agencies and councils to develop effective strategies for preventing violence against women	
Who: CoPP (convenor), RDNS Homeless Persons' Program, BBCH, St Kilda Gatehouse, SECASA, CoS, ISCHS, Salvation Army, Connections.	
7. In 2011-12, build capacity in the Social Inclusion working group and ISEPICH through sharing of knowledge on good practice and enhanced evaluation.	
Who: SIWG members including BBCH (convenor), CoPP (convenor capacity building sub-group), GHS, CCHS, ISCHS, Caulfield Aged Mental Health, Connections, New Hope, GECC, Wesley Do Care, HPC	
8. In 2011-12, extend existing work with schools and early childhood services in line with a Health Promoting Schools approach (this strategy incorporates former work with 'Kids Go For Your Life' physical activity and healthy eating strategies, plus Tai Chi 4 Kidz, preventing/responding to Deliberate Self Harm, and Mindful Meditation)	
Who: (joint Kingston Bayside – ISEPICH) BBCH, Bayside City Council, Special Education Unit Stonnington School Focused Youth Services (SFYS), Alfred Child and Adult Mental Health Service, Police, PPCG	
9. Work with local community members to establish a Glen Eira Community Men's Shed	
Who: BBCH, GECC, Community members, Councillors, Bendigo Bank, Rotary, CCHS	
Goal 2: To create a supportive environment that enhances sustainable and affordable living in the inner south east.	
Objective 1	
From July 2010, to implement new or enhanced strategies to reduce barriers to healthy eating and increase food security in the inner south east.	
Food security may be defined as 'the state in which all persons obtain a nutritionally adequate, culturally acceptable diet at all times through local non-emergency sources' (Community Food Security Coalition 1995)	
<i>Impacts</i>	
<i>DH reporting measures</i>	<i>Key Indicators</i>
Reach	Evaluation of toolkit impact in at least 12 organizations.
Enhanced organisational learning and improved practice through evaluation and dissemination of findings	(1) At least six organizations report increased capacity to address food security (2) FSWG identifies future directions based on evaluation results
10. Provide ongoing support for use of the Food Security Toolkit in ISEPICH and more broadly	
Who: FSWG (includes CCHS – convenor, ISCHS, BBCH, CoPP, Hanover, GECC, CIGE, Prahran Community Advice Bureau, Community members). Links to Port Phillip Urban Fresh Food Network (PPUFFN), Victorian Local Governance Association Food Security Network.	
11. Evaluate the impact of the food security tool kit	
Who: FSWG	
12. Determine future directions for the Food Security Working Group, informed by evaluation results and evidence	
Who: FSWG	

Objective 2 From July 2011, continue and enhance strategies to increase active transport and physical activity in the inner south east.	
<i>Impacts</i>	
<i>DH reporting measures</i>	<i>Key Indicators</i>
Reach	Increase reach of physical activity programs to inactive or vulnerable groups. Increase reach to younger age groups.
Change in health related behaviours	Behavioural change in community members re falls prevention.
<p>13. Continue to support projects increasing physical activity, and preventing falls, in diverse population groups. This is a flexible strategy and where possible should include extending the reach to younger age groups and disadvantaged or hard to reach groups.</p> <p>Who: HPC, BBCH, Falls Prevention Community Network (joint ISEPICH – Kingston Bayside PCP, includes ISCHS, BBCH, Peer Educator representatives, CCHS, Caulfield Falls Clinic, CoS, CoPP, New Hope Foundation, RDNS, Central Bayside Community Health Service, Southern Health Home Based Allied Health Service, Bayside City Council, Kingston Falls Clinic, Kingston City Council, Sandringham District Memorial Hospital, Parkdale Community Rehabilitation Centre, AccessCare Southern, AV, Monash Division, Mecwacare, John Macrae Centre), Peer Educators. Links to: Stepping Out Walking Groups offered by eight ISEPICH agencies, Strategy 8 - Working with schools and early childhood services, and may link with Strategy 4 - Addressing Transport Disadvantage, through the promotion of active transport.</p>	
Objective 3 By June 2011, to have developed and begun to implement an ISEPICH sustainability and health strategy, as part of a broader ISEPICH Health Equity and Sustainability strategy	
<i>Impacts</i>	
<i>DH reporting measures</i>	<i>Key Indicators</i>
Reach	All ISEPICH agencies and community members
<i>Social, political and economic environment</i>	Member agencies begin to implement new evidence-based strategies to address sustainability.
Same as Strategy 2 under Goal 1 Objective 1 above (development of ISEPICH Health Equity and Sustainability strategy).	
Goal 3: To increase the capacity for integrated health promotion in ISEPICH	
Objective 1 In 2010-11, to increase workforce capacity through increased skills and knowledge in health promotion and increased organisational support for health promotion.	
<i>Impacts</i>	
<i>DH reporting measures</i>	<i>Key Indicators</i>
Reach	Increased percentage of HP workers engaged with ISEPICH activities
Increased organisational commitment to make HP a priority	ISEPICH HP workers report increased organizational support for IHP
<i>Workforce development:</i> <ul style="list-style-type: none"> o Gaps in HP skills and training needs have been identified and addressed o Newly acquired knowledge and skills amongst the HP workforce are integrated into their daily work 	HP workers and community members report increased knowledge and capacity to implement IHP
14. In 2011-12 in collaboration with DH regional Health Promotion Officer and the regional capacity building working group:	

<ul style="list-style-type: none"> • hold one Introduction to Health Promotion workshop in ISEPICH catchment • continue to support and disseminate information on online Introduction to Health promotion course • work with PCP agencies and management to enhance organisational support for health promotion <p>Who: HPC, HPSC</p>	
<p>15. Maintain and where possible enhance support for ISEPICH structures and processes, including working groups and the communication strategy.</p> <p>Who: ISEPICH staff team.</p>	
<p>16. In partnership with Gamblers Help Southern, increase ISEPICH members' capacity to address the social determinants of problem gambling</p> <p>Who: HPC, GHS, and other HPSC members</p>	
<p>17. By end June 2012, complete a comprehensive evaluation of the 2009-12 ISEPICH IHP and disseminate results to all ISEPICH members and committees.</p> <p>Who: HPC, HPSC.</p>	
<p>18. Commence next IHP planning process, linking in particular with Council Municipal Public Health and Wellbeing Planning, ISEPICH Executive Committee, and Medicare Local (ML) Planning Processes</p> <p>Who: Led by HPSC, HPC. Link with Executive Committee, ML/Divisions, Council Social Planners.</p>	
<p>Objective 2 In 2010-12, increase the participation of the broader community in ISEPICH health promotion</p>	
<p><i>Impacts</i></p>	
<p><i>DH reporting measures</i></p>	<p><i>Key Indicators</i></p>
<p>Greater proportion of planned HP initiatives delivered in partnership with the local community and other organisations</p>	<p>Increased number of community members engaged with ISEPICH HP activities</p>
<p>19. In collaboration with community members on the HPSC and CAG, provide outreach and information about health promotion to community</p> <p>Who: HPSC, CAG.</p>	
<p>Objective 3 In 2009-12, increase the links between health promotion, disease prevention and chronic disease management in ISEPICH, including through improving access and referral to physical activity programs</p>	
<p><i>Impacts</i></p>	
<p><i>DH reporting measures</i></p>	<p><i>Key Indicators</i></p>
<p>Reach Reoriented health services Increased organisational commitment to make HP a priority Enhanced organisational learning and improved practice through evaluation and dissemination of findings Increased knowledge</p>	<p>Partnerships formed Increased knowledge of physical activity options for referral ISEPICH HP workers report increased organizational support for IHP Increased dissemination of good practice in IHP in ISEPICH Increased knowledge by community members re dementia</p>
<p>20. Continue to develop resources and procedures to enhance community and health professional awareness of physical activity options, and their value, and referral to appropriate physical activity options. This includes programs relevant to people who have fallen or are at risk of falling, for example programs with a balance component.</p> <p>Who: HPC, Baker-IDI, ISCHS, CCHS, BBCH, Student on placement, Volunteer.</p>	
<p>21. Explore potential for partnerships to promote smoke-free environments</p> <p>Who: CCHS, CoS, RDNS Homeless Persons Program, ISCHS, BBCH, GECC.</p>	
<p>22. Increase skills and knowledge of community members in relation to dementia</p> <p>Who: (joint ISEPICH – Kingston Bayside strategy) BBCH, trained volunteers, Alzheimer's Vic, philanthropic trusts, Caulfield Hospital - Cognitive Dementia & Memory Service</p>	

Acronyms and abbreviations used in this plan:

AV – Arthritis Victoria
Baker-IDI – Baker-IDI Heart and Diabetes Institute
BBCH – Bentleigh Bayside Community Health
CAG – ISEPICH Community Advisory Group
CCHS – Caulfield Community Health Service (part of Alfred Health)
Christ Church – Christ Church Mission Inc
CIGE - Community Information Glen Eira
CoPP – City of Port Phillip
CoS – City of Stonnington
FSWG – ISEPICH Food Security Working Group
GECC – Glen Eira City Council
GHS – Gamblers Help Southern
Hanover – Hanover Welfare Services
HP Network – email list of 110 contacts from 24 ISEPICH member agencies and community members, with interest in Health Promotion,
HomeGround – HomeGround Housing Service
HPC – ISEPICH Health Promotion Coordinator
HPSC – ISEPICH Health Promotion Steering Committee
ISCHS – Inner South Community Health Service
Monash Division – Monash Division of General Practice
PPCG – Port Phillip Community Group
RDNS - Royal District Nursing Service
SECASA - South East Centre Against Sexual Assault
WHISE – Women’s Health in the South East

Evaluation Plan

ISEPICH uses the QIPPS database (Quality Improvement Program Planning System) for planning and evaluation purposes and this evaluation plan is based on the framework generated by QIPPS

The major focus of the PCP plan is on building partnerships, increasing collaboration, undertaking advocacy and increasing capacity in the priority areas. The overall intended impacts are:

- increased knowledge
- enhanced partnerships
- enhanced capacity to act on social determinants of health
- enhanced policy, environments and settings.

The Department of Health provides reporting measures for PCPs and funded agencies. Within these measures ISEPICH has developed its own indicators as shown in the plan below.

Evaluation Budget

A detailed evaluation budget is not included with this plan, however as a general guideline at least 10% of IHP funding is allocated to evaluation and dissemination of findings

Dissemination of findings

ISEPICH provides regular reports to the Department of Health as required. In addition evaluation findings are disseminated through:

- Regular monthly reports to the ISEPICH Executive Committee
- Health Promotion forums for member agencies (held approximately yearly)
- Health Promotion bulletins to member agencies
- Conference presentations (eg presentations to the Australian Health Promotion Association conference in 2009 and the International Society for Behavioral Nutrition and Physical Activity Conference in 2010)
- Special interest networks (eg the Victorian Local Governance Association Food Security Network)
- Reports to the Statewide PCP IHP network and the Statewide PCP Chairs and Executives Network

We have not prepared journal articles during 2009-12 to date but will consider this for 2011-12.

Goal 1			
To reduce health inequalities in the ISEPICH catchment by increasing social inclusion and community capacity to address the social determinants of health.			
	Performance indicators	Evaluation methods	Evaluation findings
<p>Objective 1</p> <p>By June 2012, to have developed and begun to implement an ISEPICH health equity strategy, as part of a broader ISEPICH Health Equity and Sustainability strategy.</p>	<p>Reach: (1) All member agencies and 20 or more community members receive health inequalities information. Over 50% of member agencies provide feedback. (2) 20 ISEPICH agencies and five community groups participate in Health Equity and Sustainability Strategy</p>	<p>Reach: (1) HPC records. Evaluation forms at first workshop. (2) HPC records</p>	

	<p>Social Action and Influence: (1) Member agencies and community members report increased capacity to address social determinants of health.</p> <p>(2) ISEPICH develops formal links with Local Indigenous Network.</p> <p>More effective targeting of IHP investment through evidence: Member agencies begin to implement new evidence-based strategies to address health inequalities.</p>	<p>Social Action and Influence: (1) evaluation forms at workshops (2) Executive Committee minutes</p> <p>More effective targeting...: Notes from second workshop (planned Feb 2012) and follow up through email/phone calls to relevant agencies</p>	
<p>Strategy 1</p> <p>By December 2011, complete the ISEPICH health inequalities resource (building on the previous ISEPICH resource 'Not the rich list') and disseminate to ISEPICH members. (This resource will include information on problem gambling as part of the health promotion funded by Department of Justice)</p>	<p>Resource developed and disseminated</p>	<p>HPC records</p>	
<p>Strategy 2</p> <p>By June 2012, develop and begin to implement an ISEPICH Health, Equity and Sustainability strategy. The strategy will support ISEPICH members to work in partnership to reduce health inequalities and promote sustainability in the inner south east community.</p> <p>This strategy will be accompanied by a research project 'Promoting Equity, Sustainability and Health: a framework for local action' (PESH project). This will be a collaborative action research project, through which the</p>	<p>Two workshops held. Satisfaction with workshops. Member agencies take action as result of workshops. Research project commences</p>	<p>HPC records. Evaluation forms at workshops. Follow up through email and phone calls.</p>	

<p>process of developing and implementing the strategy will be recorded and analysed. Participation in the research component will be voluntary. ISEPICH members taking part in the development and implementation of the Health Equity and Sustainability strategy will be free to choose whether or not they also wish to take part in the research project. The HPC is conducting this research through Monash University as a PhD project.</p>			
<p>Strategy 3</p> <p>From June 2012, work to increase understanding of human rights and how a human rights approach can contribute to health and wellbeing in ISEPICH.</p>	<p>HRWG disseminates information on human rights to at least ten relevant workers/ agencies. Impacts evaluated.</p>	<p>HRWG follow up evaluation. HRWG records.</p>	
<p>Objective 2</p> <p>From June 2010, maintain and enhance opportunities for social connection and social inclusion in ISEPICH communities</p>	<p>Reach: (1) Information on good practice re social inclusion disseminated to ISEPICH agencies and community members. (2) Partnerships formed/ expanded around transport disadvantage, preventing violence, health promoting schools, Men's Shed</p> <p>Increased knowledge: Increased knowledge about transport disadvantage in the catchment</p> <p>Social Action and Influence: 1) Input to Council policy on access to community facilities. (2) Establishment of Men's Shed.</p> <p>Enhanced organisational learning and improved practice through evaluation and dissemination of findings: Improvements to evaluation in organizations represented in the social inclusion working group</p>	<p>Reach: (1) SIWG records by convenor. (2) working group/network records by lead agencies</p> <p>Increased knowledge: Transport WG records - by convenor</p> <p>Social Action and Influence: 1) HPC records (2) Men's Shed WG records - lead agency</p> <p>Enhanced organisational learning and improved practice ...: Follow up evaluation after capacity building workshop - by SIWG</p>	

<p>Strategy 4</p> <p>In 2011-12, improve access to community facilities in the ISEPICH catchment through policy development</p>	<p>Input acknowledged by relevant Council representatives. Also seek information from Councils re increased numbers of organisations/individuals accessing facilities.</p>	<p>Records maintained by Council representatives and HPC</p>	
<p>Strategy 5</p> <p>In 2011-12, explore options to address transport disadvantage within the inner south east</p>	<p>Options identified</p>	<p>Records maintained by Transport WG convener</p>	
<p>Strategy 6</p> <p>In 2011-12, bring together interested agencies and councils to develop effective strategies for preventing violence against women</p>	<p>Partnerships formed Strategies identified Evaluation options identified for evaluating effectiveness</p>	<p>Records maintained by convener</p>	
<p>Strategy 7</p> <p>In 2011-12, build capacity in the Social Inclusion working group and ISEPICH through sharing of knowledge on good practice and enhanced evaluation</p>	<p>Evaluation workshop held Satisfaction with workshop Dissemination of results Changes to knowledge/practice assessed</p>	<p>Evaluation form at workshop Follow up evaluation by SIWG c. 3 mo. after workshop Reflective evaluation by SIWG members (see also 2009-10 IHP case study)</p>	
<p>Strategy 8</p> <p>In 2011-12, extend existing work with schools and early childhood services in line with a Health Promoting Schools approach (this strategy incorporates former work with 'Kids Go For Your Life' physical activity and healthy eating strategies, plus Tai Chi 4 Kidz, preventing/responding to Deliberate Self Harm, and Mindful Meditation)</p>	<p>Partners engaged Schools and ECSs engaged Reach to children Satisfaction with interventions</p>	<p>Records maintained by lead agency and by successor to Kids Go For Your Life (if relevant). Evaluation of interventions by lead agency/facilitators</p>	
<p>Strategy 9</p> <p>Work with local community members to establish a Men's Shed in Carnegie</p>	<p>Men's Shed established Evaluation framework developed Reach - community members engaged</p>	<p>Records maintained by lead agency</p>	

Goal 2

To create a supportive environment that enhances sustainable and affordable living in the inner south east.

	Performance indicators	Evaluation methods	Evaluation findings
<p>Objective 1</p> <p>From July 2010, to implement new or enhanced strategies to reduce barriers to healthy eating and increase food security in the inner south east. Food security may be defined as 'the state in which all persons obtain a nutritionally adequate, culturally acceptable diet at all times through local non-emergency sources' (Community Food Security Coalition 1995)</p>	<p>Reach Evaluation of toolkit impact in at least 12 organizations.</p> <p>Enhanced organisational learning and improved practice through evaluation and dissemination of findings</p> <p>(1) At least six organizations report increased capacity to address food security</p> <p>(2) FSWG identifies future directions based on evaluation results</p>	<p>Records maintained by FSWG</p> <p>Enhanced organisational learning ... Evaluation questions developed by FSWG Follow up evaluation conducted by FSWG</p>	
<p>Strategy 10</p> <p>Provide ongoing support for use of the Food Security Toolkit in ISEPICH and more broadly</p>	<p>Reach: number of organisations engaged or supported by FSWG members</p>	<p>FSWG records</p>	
<p>Strategy 11</p> <p>Evaluate the impact of the food security tool kit</p>	<p>Evaluation tools developed by FSWG Evaluation conducted</p>	<p>FSWG records</p>	
<p>Strategy 12</p> <p>Determine future directions for the Food Security Working Group, informed by evaluation results and evidence</p>	<p>Future directions identified by FSWG Rationale documented</p>	<p>FSWG records</p>	
<p>Objective 2</p> <p>From July 2011, continue and enhance strategies to increase</p>	<p>Reach: Increase reach of physical activity programs to inactive or vulnerable groups.</p>	<p>Reach: Records maintained by Transport WG in</p>	

<p>active transport and physical activity in the inner south east.</p>	<p>Increase reach to younger age groups.</p> <p>Change in health related behaviours: Behavioural change in community members re falls prevention.</p>	<p>relation to active transport for vulnerable groups Records maintained by CHSs in relation to peer education on falls prevention Records maintained by project coordinators re funded falls projects Records maintained by lead agencies and (KGFYL or alternative) re engagement of schools and ECSS</p> <p>Change in health related behaviours: Records of funded falls project</p>	
<p>Strategy 13</p> <p>Continue to support projects increasing physical activity, and preventing falls, in diverse population groups. This is a flexible strategy and where possible should include extending the reach to younger age groups and disadvantaged or hard to reach groups.</p> <p>Links to: Stepping Out Walking Groups offered by eight ISEPICH agencies, Strategy 8 - Working with schools and early childhood services, and may also link with Strategy 4 - Addressing Transport Disadvantage, through the promotion of active transport.</p>	<p>Support provided Satisfaction with process Reach</p>	<p>Records of WGs, lead agencies and (KFGYL alternative) Evaluation conducted by WGs, agencies and (KGFYL alternative)</p>	
<p>Objective 3</p> <p>By June 2011, to have developed and begun to implement an ISEPICH sustainability and health strategy, as part of a broader ISEPICH Health Equity and Sustainability strategy</p>	<p>Reach: All ISEPICH agencies and community members from relevant community groups and ISEPICH CAG</p> <p>Social, political and economic environment: Member agencies begin to implement</p>	<p>Reach: HPC records. Attendance at workshops.</p> <p>Social, political and economic environment: Documented by agencies and recorded by HPC</p>	

	new evidence-based strategies to address sustainability.		
Same as Strategy 2 under Goal 1 Objective 1 above (development of ISEPICH Health Equity and Sustainability strategy).			
Goal 3			
To increase the capacity for integrated health promotion in ISEPICH			
	Performance indicators	Evaluation methods	Evaluation findings
<p>Objective 1</p> <p>In 2010-11, to increase workforce capacity through increased skills and knowledge in health promotion and increased organisational support for health promotion.</p>	<p>Reach: Increased percentage of HP workers engaged with ISEPICH activities</p> <p>Increased organisational commitment to make HP a priority: ISEPICH HP workers report increased organizational support for IHP</p> <p>Workforce development:</p> <ul style="list-style-type: none"> o Gaps in HP skills and training needs have been identified and addressed <p>Newly acquired knowledge and skills amongst the HP workforce are integrated into their daily work</p> <p>HP workers and community members report increased knowledge and capacity to implement IHP</p>	<p>Reach: HPC and regional records</p> <p>Increased organisational commitment: needs assessment survey by ISEPICH and/or regional DH office.</p> <p>Workforce development: Evaluation forms at workshops</p>	
<p>Strategy 14</p> <p>In 2011-12 in collaboration with DHS regional Health Promotion Officer and the regional capacity building working group:</p> <ul style="list-style-type: none"> • hold one Introduction to 	<p>Workshop held</p> <p>Reach</p> <p>Evaluation conducted</p> <p>Satisfaction with process</p> <p>Reach of online</p>	<p>Evaluation of workshops by facilitators and regional DH office</p> <p>Evaluation of online course by regional DH office</p>	

<p>Health Promotion workshop in ISEPICH catchment</p> <ul style="list-style-type: none"> • continue to support and disseminate information on online Introduction to Health promotion course • work with PCP agencies and management to enhance organisational support for health promotion 	<p>course Evaluation of online course Strategies to increase organisational and management support implemented</p>	<p>HPC records re strategies implemented to increase organisational and management support</p>	
<p>Strategy 15</p> <p>Maintain and where possible enhance support for ISEPICH structures and processes, including working groups and the communication strategy.</p>	<p>Reach: numbers on working groups and networks Feedback from working groups Effectiveness of communication strategy</p>	<p>HPC records Working Group convenors Consider external evaluation of communication strategy</p>	
<p>Strategy 16</p> <p>In partnership with Gamblers Help Southern, increase ISEPICH members' capacity to address the social determinants of problem gambling</p>	<p>Reach: numbers reached by GHS information Increased awareness (See also ISEPICH Problem gambling IHP plan for more detail)</p>	<p>GHS records Survey by HPC See also ISEPICH Problem Gambling IHP plan</p>	
<p>Strategy 17</p> <p>By end July 2012, complete a comprehensive evaluation of 2009-12 ISEPICH IHP and disseminate results to all ISEPICH members and committees.</p>	<p>Evaluation completed Reach: disseminated to WGs and committees Satisfaction with process and information Information informs planning</p>	<p>HPC records HPC records Feedback by WGs and committees Evaluation results referenced in next IHP plan</p>	
<p>Strategy 18</p> <p>From October 2011, commence next IHP planning process, linking in particular with Council Municipal Public Health and Wellbeing Planning, ISEPICH Executive Committee, and Medicare Local (ML) Planning Processes</p>	<p>Reach: relevant partners engaged Effectiveness of process</p>	<p>HPC records Reflective evaluation by participants</p>	

<p>Objective 2</p> <p>In 2010-12, increase the participation of the broader community in ISEPICH health promotion</p>	<p>Greater proportion of planned HP initiatives delivered in partnership with the local community and other organisations Reach: increased number of community members involved in IHP (cf 2010-11 baseline) Effectiveness of involvement</p>	<p>Greater proportion ...:</p> <p>HPC records and WG convenors Reflective evaluation by WG members and community members</p>	
<p>Strategy 19</p> <p>In collaboration with community members on the HPSC and CAG, provide outreach and information about health promotion to community</p>	<p>Information and community education in IHP provided Reach: number of community members reached Engagement: increased numbers engaged Evaluation of effectiveness</p>	<p>HPC and CAG records Reflective evaluation process developed by WGs and Community members</p>	
<p>Objective 3</p> <p>In 2009-12, increase the links between health promotion, disease prevention and chronic disease management in ISEPICH, including through improving access and referral to physical activity programs</p>	<p>Reach: (1) Increased knowledge of physical activity options for referral (2) Partnerships formed.</p> <p>Reoriented health services: ISEPICH HP workers report increased organizational support for IHP</p> <p>Enhanced organisational learning and improved practice through evaluation and dissemination of findings: Increased dissemination of good practice in IHP in ISEPICH</p> <p>Increased knowledge: community members report increased</p>	<p>Reach: HPC and WG convenor records</p> <p>Reoriented health services: HPC records. Seek feedback from SEBDA members</p> <p>Enhanced organisational learning ...: HPC and WG convenor records</p> <p>Increased knowledge: WG convenor evaluation</p>	

	knowledge about dementia		
<p>Strategy 20</p> <p>Continue to develop resources and procedures to enhance community and health professional awareness of physical activity options, and their value, and referral to appropriate physical activity options. This includes programs relevant to people who have fallen or are at risk of falling, for example programs with a balance component.</p>	<p>Database completed and disseminated Reach: Partners engaged. Number receiving information about database. Visits to webpage. Options for directory identified</p>	<p>HPC and volunteer records. Website analysis by HPC.</p>	
<p>Strategy 21</p> <p>Explore potential for partnerships to promote smoke-free environments</p>	<p>Reach: partners engaged</p>	<p>WG convenor records</p>	
<p>Strategy 22</p> <p>Increase skills and knowledge of community members in relation to dementia</p>	<p>Reach: number of community members engaged Evaluation of skills and knowledge conducted</p>	<p>WG convenor records and evaluation forms</p>	

3. Evaluation comments and notes (this field can be used to detail what actually happened).