caulfield community health service

Integrated Health Promotion Plan

2013-2017

Caulfield Community Health Service Integrated Health Promotion Plan 2013-17

Introduction
Caulfield Community Health Service (CCHS) assigns a high priority to health promotion within the organisation. This document serves as CCHS' Integrated Health Promotion (IHP) plan for 2013-17 and will be submitted to the Department of Health (DH) to meet DH IHP Planning and Reporting Requirements.

1. Vision setting

Strategically, there are a number of factors which have influenced the development of this 2013-17 IHP plan and the health promotion vision for Caulfield Community Health Service including:

1.1. Alignment with Alfred Health

CCHS is integrated within Alfred Health and therefore works toward the vision of Alfred Health which is "Trusted to Deliver Outstanding Care". Additionally CCHS is guided by the Alfred Health population health priorities, which are:

- Overweight and obesity
- Nicotine dependency
- Healthy ageing

1.2. Caulfield Community Health Service strategic direction

The vision for CCHS is "Building a Healthier Community", while the mission statement is "Working together, in partnership with clients, carers and the community to optimise quality of life and wellbeing".

Caulfield Community Health Service aims to optimise the quality of life and wellbeing of clients, carers and the community by:

- Ensuring those most in need have access to the right service at the right time
- Delivering holistic health services that result in excellent client and community outcomes
- Educating and empowering individuals and communities to manage their own health
- Working in partnership with the community and other key stakeholders to address the broad determinants of health

1.3. Health promotion vision

Caulfield Community Health Service's vision in relation to health promotion is to be achieving best practice health promotion across all organisational health promotion priority areas, and to have consolidated sustainable systems to support high quality health promotion into the future.

The principles and philosophy outlined in the Ottawa Charter (1986) by the World Health Organisation guides Caulfield Community Health Service's approach to health promotion with a focus on developing a wide range of interventions that builds healthy public policy, creates supportive environments, supports community action,

develops personal skills and re-orientates CCHS services towards a health promotion and primary health care approach.

2. Priority setting, problem definition and planning

2.1. Priority setting and problem definition

In the development of this 2013-17 IHP plan, CCHS undertook an intensive priority setting process including:

- Review of key internal and external policy documents, including the Victorian Population Health and Wellbeing Plan 2011-15
- Comprehensive review of data and other evidence including:
    - Development of a CCHS community profile, detailing key demographic and health information for the CCHS catchment, available at: http://www.alfredhealth.org.au/Assets/Files/CCHSDataBook.pdf
    - Contribution to the development of an Inner South East Partners in Community and Health (ISEPICH) Population Health Atlas for the wider Primary Care Partnership (PCP) catchment
    - Investigation and review of current evidence-based programs run in Victoria, Australia and overseas
    - Further analysis and consolidation of past CCHS health promotion strategies including review of evaluation findings (as detailed in the CCHS 2012-13 IHP Report)
- Consideration of community, stakeholder and staff consultation findings
- Alignment with other stakeholder plans and strategies including:
    - Primary Care Partnership plans
    - City of Stonnington and City of Glen Eira Municipal Public Health and Wellbeing plans and other relevant strategies
    - State government priorities
- Investigation of the capacity of CCHS to influence the priority areas and recognition of the skills and resources available

A range of health and wellbeing issues were identified as key factors to improving the health of the community. Many of these were relevant to specific population groups across the life span. In order to effectively address these, varied approaches are needed according to the population group identified. In order to address the needs of the community most effectively, the key priority areas for CCHS health promotion were developed around key population groups within the catchment as follows:

- Healthy Families – a focus on young children, their parents/carers/family and the settings in which they regularly engage
- Healthy Ageing – a focus on improving the capacity of older adults and carers to promote and manage their own health and wellbeing

2.2. Planning summary

In order to effectively address the health and wellbeing issues within the community and achieve desired outcomes without spreading resources too thin, two objectives have been developed for each priority area as follows:

Healthy Families

- Goal: To improve the health and wellbeing of children and families in the CCHS catchment by 2017
- Objective 1: To increase the knowledge, skills and confidence of priority settings and families to promote healthy children and families

- Objective 2: To increase supportive and inclusive environments in the community that promote healthy children and families

Healthy Ageing

- Goal: To improve the capacity of older adults and carers in the CCHS catchment to promote and manage their own health and wellbeing by 2017
- Objective 1: To increase the knowledge, skills and confidence of older adults and carers in the CCHS catchment to promote and manage their health and wellbeing
- Objective 2: To increase health promoting behaviours in older adults and carers within the CCHS catchment

Further information regarding the development of the two priority areas and their associated strategies is detailed below.

2.3. Healthy Families priority

Research shows the health gains brought about by better living conditions, education, medical care and vaccination would suggest that this generation of children should be the healthiest ever (Patton et al. 2005). However, there are emerging concerns related to rapid social change and the associated new morbidities such as increasing levels of behavioural, developmental, mental health and social problems (AIHW 2006). Early childhood in particular has become a key priority for Australian government and non-government organisations (AIHW 2006). The Healthy Families priority aims to support children, families and key settings within the catchment by improving knowledge, skills and confidence and creating optimal supportive settings for promoting health and wellbeing.

Key summary information regarding the Healthy Families priority includes:

- Post-code mapping of the demographics of children and families within the CCHS catchment. This mapping was undertaken to further develop the understanding of the key needs of this priority area and will be used to target health promotion activities to particular areas and settings (see appendix A)
- Priority setting and problem definition table. This table details key findings from the priority setting process (see appendix B)

While there are many factors influencing the health and wellbeing of children and families, CCHS has reviewed its capacity and identified the resources it has available to influence this area. A comprehensive needs assessment of settings within the CCHS catchment (schools, child care centres and early education settings) was undertaken to assist in the prioritisation of settings and strategies. Staff from the dedicated Child, Youth and Family team will work with health promotion staff as part of the 'Healthy Families Strategy Group' to action the IHP plan. These staff will continue to develop, support and contribute to partnerships with local government and other agencies (including local schools and early education settings, maternal and child health nurses and Achievement Program and KidsMatter staff) to address the needs of children and families in the community.

Details of the range of evidence-based interventions and associated evaluation plans for the Healthy Families strategy, along with the key population groups and settings targeted, timelines and responsibilities are detailed in the planning template attached (see appendix C). Program logics for the Healthy Families objectives have been completed as part of the planning process and can be found in appendix D.

2.4. Healthy Ageing priority

Healthy Ageing has been identified as a key priority area for both Caulfield Community Health Service and Alfred Health. Data shows the CCHS catchment has high number of older residents, with these rates predicted to rise significantly over the next 30 years. Additionally, a large proportion of this older population lives alone. It is acknowledged that while Australians are now living longer, there is a need to address the standard of living to address the well-being of older people in an inclusive environment. Research shows healthy ageing is found to depend on a number of factors including genetic, environmental and behavioural factors, as well as broader environmental and socio-economic determinants (Department of Health, 2012). The Healthy Ageing priority aims to support older adults and carers within the catchment by improving knowledge, skills and confidence around key health and wellbeing issues to influence positive behaviour changes.

Key summary information regarding the Healthy Ageing priority includes:

- Post-code mapping of the demographics of carers and the older population within the CCHS catchment. This mapping was undertaken to further develop the understanding of the key needs of this priority area and will be used to target health promotion activities to particular areas and population groups within the community (see appendix E)
- Priority setting and problem definition table. This table details key findings from the priority setting process (see appendix F)

It should be noted that CCHS has long running evidence-based physical activity programs (Strength Training and Activate) which are targeted at older adults and those with additional needs. While physical activity has previously been a health promotion priority area of its own, these programs will now be incorporated into the Healthy Ageing priority area as a way of addressing the physical activity needs of older adults (see appendix G for priority setting and problem definition table).

While there are many factors influencing the ability to age positively, CCHS has reviewed its capacity and identified the resources it has available to influence this area. Staff from the dedicated Adult Health and Population Health teams will work with health promotion staff as part of the 'Healthy Ageing Strategy Group' to action the IHP plan. These staff will also continue to develop, support and contribute to partnerships with local government and other agencies (including Carers Victoria, Commonwealth Respite and Carelink Centre, YMCA and local neighbourhood houses) to address the needs of older adults and carers in the community.

Details of the range of evidence-based interventions and associated evaluation plans for the Healthy Ageing strategy, along with the key population groups and settings targeted, timelines and responsibilities are detailed in the planning template attached (see appendix H). A program logic for Healthy Ageing objective 1 has been completed as part of the planning process and can be found in appendix I.

2.5. Additional considerations

Within each priority area, various health and wellbeing issues will be addressed according to the highest need and the capacity of CCHS to achieve desired outcomes.

It should however be noted that a number of areas have been identified which cover both the Healthy Families and Healthy Ageing priority areas. Therefore the following will underpin all strategies within both priority areas:

- Capacity building: This will incorporate internal and external capacity building, growing and developing partnerships, evaluation and responding to emerging

needs of communities and settings. Building capacity among CCHS staff to adequately and confidently respond to the needs of the priority population groups will be facilitated thought the development of priority area ‘Strategy Groups’ and attendance at appropriate professional development and other capacity building activities as appropriate

- Building and maintaining partnerships with other agencies: Through previous health promotion strategies and opportunities, CCHS has built a number of partnerships with community and health agencies, local government and other stakeholders. These relationships will continue to be developed and enhanced to best meet the needs of the community
- Community consultation: Ongoing consultation will be undertaken to ensure that strategies delivered are meeting the needs of the community and that emerging issues are addressed in a timely manner. Consultation and engagement is a priority to ensure adequate opportunity for community members to be involved with health promotion activities
- Social inclusion: This includes ensuring all strategies and programs are appropriate for and inclusive of culturally and linguistically diverse groups, Aboriginal and Torres Strait Islanders, people living alone and other groups at risk of social isolation and exclusion

APPENDIX A: HEALTHY FAMILIES MAP

3142 total population: 12,871.
- 3.3% 0-4 years old.
- 7.8% 5-14 years old.
- Residents 0-19 yrs with a disability: 6.
- ATSI residents: 3 aged 0-24, 4 aged 25-44.
- Couple families with children u/ 15 yrs: 20.5%.
- One parent families with children u/ 15 yrs: 2%.
- Parents who don't speak English well/not at all: 6.
- Highest number of settlers from India (149 residents), China (142 residents) & UK (45 residents).

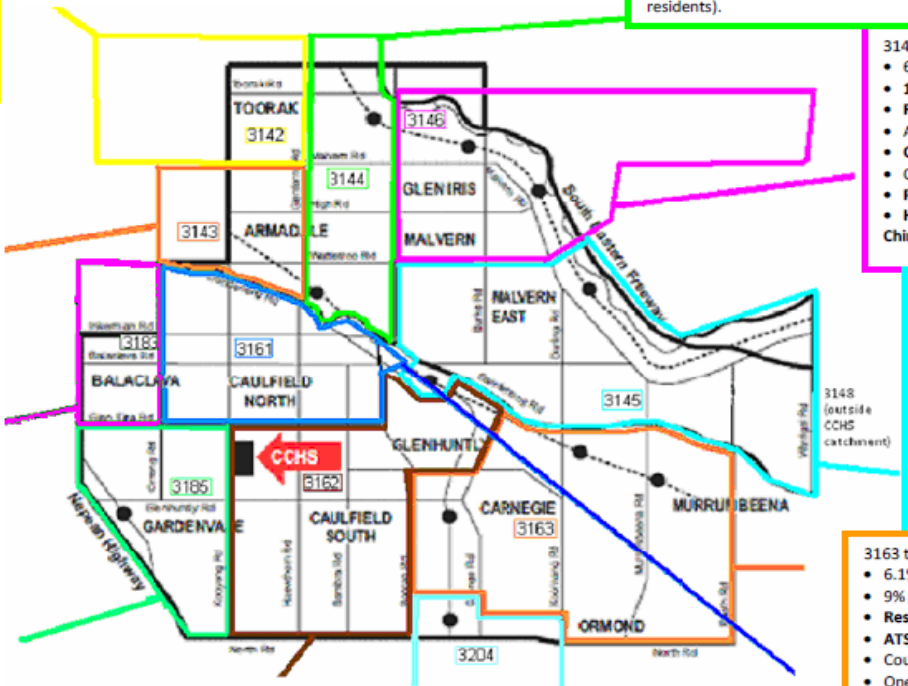
3143 total population: 8,760.
- 5.3% 0-4 years old.
- 8.3% 5-14 years old.
- Residents 0-19 yrs with a disability: 17.
- ATSI residents: 6 aged 0-24, 6 aged 25-44.
- Couple families with children u/ 15 yrs: 24.6%.
- One parent families with children u/ 15 yrs: 2.6%.
- Highest number of settlers from India (138 residents), China (89 residents) & UK (57 residents).

3183 total population: 17,954.
- **6.4% 0-4 years old.**
- 8.2% 5-14 years old.
- Residents aged 0-19 with a disability: 36.
- **ATSI residents: 16 aged 0-24, 32 aged 25-44.**
- Couple families with children u/ 15 yrs: 26%.
- One parent families with children u/ 15 yrs: 2.7%.
- Parents who don't speak English well/not at all: 3.
- Highest number of settlers from India (403 residents), UK (130 residents) & China (94 residents).

3185 total population: 12,220.
- **7.1% 0-4 years old.**
- 11.2% 5-14 years old.
- Residents 0-19 with a disability: 32.
- ATSI residents: 6 aged 0-24, 22 aged 25-44.
- Couple families with children u/ 15 yrs: 33%.
- **One parent families with children u/ 15 yrs: 3%.**
- Parents who don't speak English well/not at all: 10.
- Highest number of settlers from India (164 residents), UK (69 residents) & China (39 residents).

CCHS Catchment Map
Healthy Families

References:
Department of Immigration 2013, [I:\AGhazel\Community Data\Postcode demographics\UPDATED Settlers arrived 2007-4 March 2013 in CCHS catchment .xls](). NB: highest number of settler information refers to settlers arriving Jan 2007- March 2013.
2001.0 - Census of Population and Housing: Basic Community Profile, 2011 Second Release.
NB: numbers have been rounded to the nearest decimal. NB: 'Disability' refers to having a profound or severe disability.



3144 total population: 10,306.
- 5.6% 0-4 years old.
- 12.1% 5-14 years old.
- Residents 0-19 yrs with a disability: 25.
- Couple families with children u/ 15 yrs: 34.4%.
- One parent families with children u/ 15 yrs: 2.5%.
- Highest number of settlers from India (218 residents), China (81 residents) & UK (36 residents).

3146 total population: 24,948.
- 6.2% 0-4 years old.
- **12.7% 5-14 years old.**
- **Residents 0-19 yrs with a disability: 100.**
- ATSI residents: 6 aged 0-24, 12 aged 25-44.
- **Couple families with children u/ 15 yrs: 37.3%.**
- One parent families with children u/ 15 yrs: 2.5%.
- **Parents who don't speak English well/not at all: 21.**
- **Highest number of settlers from India (464 residents), China (304 residents) & UK (70 residents).**

3145 total population: 21,301.
- 5.9% 0-4 years old.
- **12.3% 5-14 years old.**
- Residents 0-19yrs with a disability: 62.
- ATSI residents: 6 aged 0-24, 12 aged 25-44.
- **Couple families with children u/ 15 yrs: 34.9%.**
- One parent families with children u/ 15 yrs: 2.9%.
- Parents who don't speak English well/not at all: 12.
- Highest number of settlers from China (375 residents), India (273 residents) & Malaysia (57 residents).

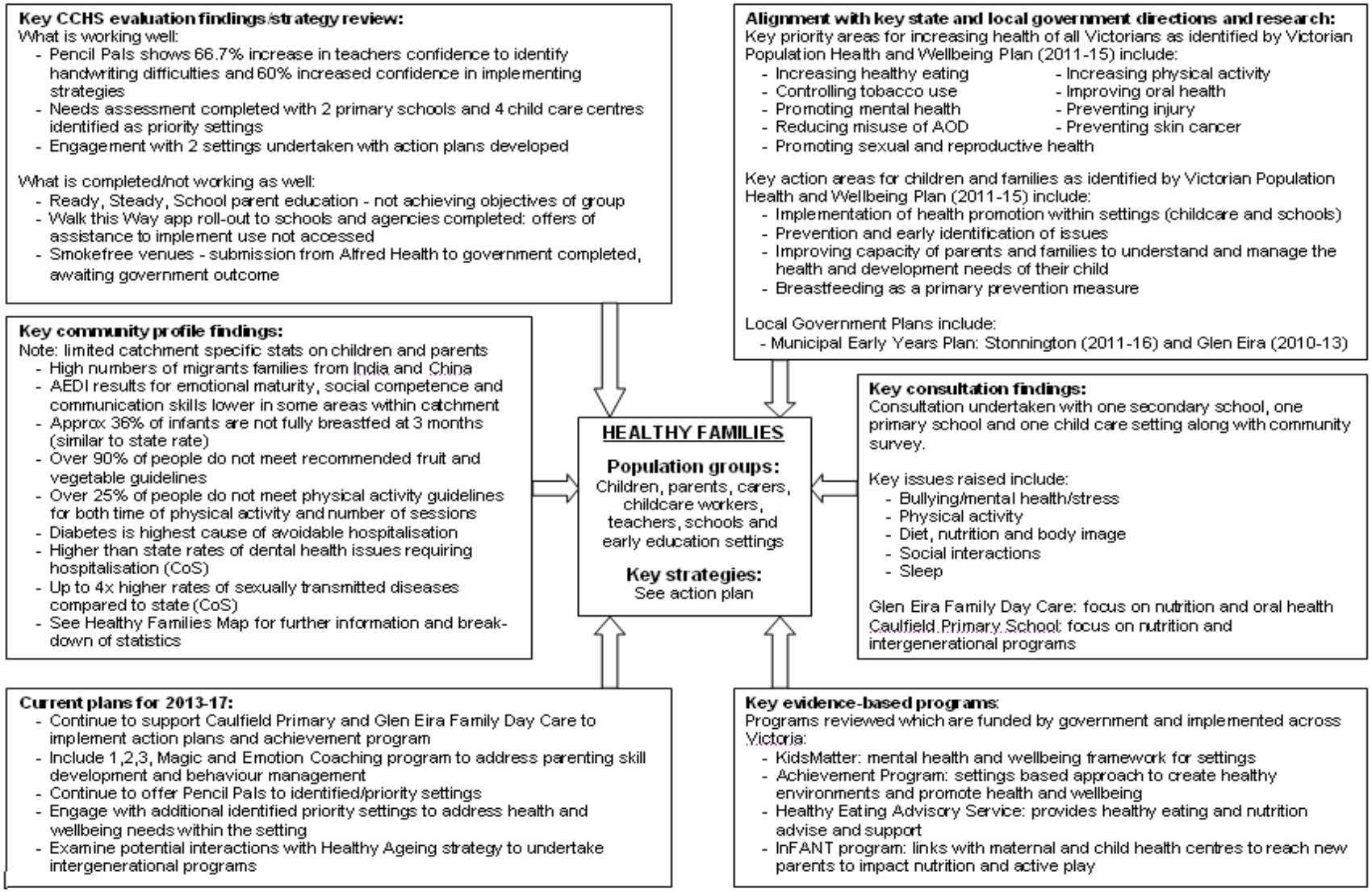
3163 total population: 29,553.
- 6.1% 0-4 years.
- 9% 5-14 years.
- **Residents 0-19 yrs with a disability: 74.**
- **ATSI residents: 15 aged 0-24, 20 aged 25-44.**
- Couple families with children u/ 15 yrs: 30%.
- One parent families with children u/ 15 yrs: 2.7%.
- **Parents who don't speak English well/not at all: 46.**
- **Highest number of settlers from India (1684 residents), China (858 residents) & Sri Lanka (128 residents).**

3162 total population: 16,435.
- **6.3% 0-4 years old.**
- 11.3% 5-14 years old.
- Residents 0-19 with a disability: 40.
- ATSI residents: 14 aged 0-24, 9 aged 25-44.
- Couple families with children u/ 15 yrs: 34%.
- **One parent families with children u/ 15 yrs: 3%.**
- Parents who don't speak English well/not at all: 10.
- Highest number of settlers from India (187 residents), China (117 residents) & Israel (108 residents).

3204 total population: 28,185.
- **6.3% 0-4 years old.**
- **13.6% 5-14 years old.**
- **Residents 0-19 yrs with a disability: 112.**
- **ATSI residents: 24 aged 0-24, 15 aged 25-44.**
- **Couple families with children u/ 15 yrs: 39.2%.**
- **One parent families with children u/ 15 yrs: 3.9%.**
- **Parents who don't speak English well/not at all: 44.**
- **Highest number of settlers from China (591 residents), India (544 residents) & UK (86 residents).**

3161 total population: 14,555.
- 6% 0-4 years old.
- 10.3% 5-14 years old.
- Residents 0-19 yrs with a disability: 25.
- ATSI residents: 9 aged 0-24, 8 aged 25-44.
- Couple families with children u/ 15 yrs: 30.6%.
- One parent families with children u/ 15 yrs: 2.5%.
- Parents who don't speak English well/not at all: 9.
- Highest number of settlers from India (229 residents), China (155 residents) & UK (67).

APPENDIX B: HEALTHY FAMILIES PROBLEM DEFINITION TABLE



APPENDIX C: HEALTHY FAMILIES PLANNING AND EVALUATION TEMPLATE

Priority Area	**Healthy Families**		
Goal	To improve the health and wellbeing of children and families in the CCHS catchment by 2017		
Target population group/s	Children, parents, carers, families, childcare workers, teachers, schools and early education settings		
Budget and resources (include evaluation budget)	Total budget, inclusive of 20% for evaluation Staffing resources include Health Promotion staff, Team Leader and specialist Paediatric staff (including Speech Pathologist, Psychologist, Occupational Therapist and Dietician		
Key evaluation question/s	○ Have parents, carers, teachers and settings increased their knowledge, skills and confidence in identifying and responding to children's health, development and learning needs? ○ Has there been an increase in the number of supportive and inclusive environments to promote healthy children and families within the catchment? ○ Were strategies delivered as planned? ○ Did we reach our intended population group/s? ○ Were participants satisfied with strategies delivered?		
Objective 1	**Impact indicators**	**Evaluation methods/tools**	**Timelines and responsibilities** (include partners as relevant)
To increase the knowledge, skills and confidence of priority settings and families to promote healthy children and families	**Increased knowledge** Percentage of parents, carers, teachers and settings who report an increased understanding of factors influencing the health and development of children and families **Improved skills** Percentage of parents, carers and teachers who report increased ability to identify and respond to children's needs **Increased confidence** Percentage of parents, carers and teachers who report increased confidence in addressing the needs of children	Review and analyse internally designed pre, post and follow-up participant surveys for each strategy to measure knowledge, skills and confidence - Pre (week 1), post (week 3) and follow-up (3 month) 123 Magic and Emotion Coaching participant surveys - Pre (week 1), post (week 5) and follow-up (3 month) Pencil Pals teacher surveys - Pre (week 1), post (week 3) and follow-up (3 month) early language program staff surveys	Health Promotion staff and strategy group members - each program run (see below for further detail) - annual summary report (June 2014)

Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines and responsibilities** (include partners as relevant)
2.1 Run five '1,2,3 Magic and Emotion Coaching' 3 session parent education courses at CCHS for parents and carers within the catchment	**Reach** - Number of programs run as planned - Number of parents/carers having completed program **Satisfaction** - Percentage of parent/carer satisfaction with program - Facilitator satisfaction with running of program	Participant evaluation surveys - Post course survey - 3 month follow-up Review anecdotal feedback - Presenter feedback - Parent/carer feedback Review documentation - Count attendance records - Count of sessions run	Course facilitator (Paed Psychologist) at each course - July 13, Aug 13, Nov 13, Feb 14, and May 14 Health Promotion staff at 3 month follow-up - Oct 13, Nov 13, Feb 14, May 14 and Aug 14
2.2 Run two 'Pencil Pals' 5 week handwriting programs for teachers at identified primary school settings within the catchment	**Reach** - Number of identified settings having completed program - Number of teachers having completed program **Satisfaction** - Percentage of teacher satisfaction with program - Facilitator satisfaction with running of program	Teacher evaluation surveys - Pre program survey - Post program survey - 3 month follow-up Anecdotal feedback - Presenter feedback - School/setting feedback Review documentation - Count of sessions run at different settings	Course facilitator (Paed OT) at each course - July/Aug 13 and Feb/March 14 Health Promotion staff at 3 month follow-up - Nov 13 and June 14
2.3 Develop and implement an early language skills development program aimed at increasing capacity and supportive environments in child care settings and staff	**Reach** - Evidence reviewed - Strategies selected - Strategy proposal developed with approval from management - Priority settings identified - Program piloted in setting **Satisfaction** - Percentage of staff satisfaction with program - Facilitator satisfaction with	Staff evaluation surveys - Pre program survey - Post program survey - 3 month follow-up Review documentation - Project proposal - Action plan - Evaluation plan - Setting(s) identified - Pilot set (date and location)	Course facilitator (Paed Speech) at course - Feb 14 Health Promotion staff at follow-up - June 2014

	running of program	Review anecdotal feedback - Presenter feedback - Staff/setting feedback	
Objective 2	**Impact indicators**	**Evaluation methods/tools**	**Timelines and responsibilities** (include partners as relevant)
To increase supportive and inclusive environments in the community that promote healthy children and families	**Organisational practices** Number of reviewed, modified or implemented organisational policies within settings to support healthy children and families **Social action and influence** Number of settings engaged to take collective action on local heath and wellbeing issues **Natural and built environment** Number of improved environmental conditions which promote health and wellbeing of children and families	Audit of number of new policies/changes/practices implemented in settings engaged Audit of number of settings engaged in health promotion activities and number of activities run Audit of number of supportive environments available in the catchment	Health Promotion staff - annual summary report (June) Health Promotion staff - annual summary report (June) Health Promotion staff - annual summary report (June)
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines and responsibilities** (include partners as relevant)
1.1 Implement settings based health promotion activities within 2 priority primary schools settings in the CCHS catchment	**Reach** - Number of schools engaged - Evidence reviewed - Needs assessment for setting completed - Action plans developed **Satisfaction** - Feedback from school of satisfaction with support and programs/activities implemented	Review documentation - Setting needs assessment report - Action plan - Running sheet of communication with setting Review anecdotal feedback - Settings/staff feedback	Health Promotion staff - annually (June) Health Promotion staff - annually (June)
1.2 Implement settings based health promotion activities within 1 priority child care/early education setting in the CCHS catchment	**Reach** - Number of settings engaged - Evidence reviewed	Review documentation - Setting needs assessment report - Action plan	Health Promotion staff - annually (June)

	- Needs assessment for setting completed - Action plans developed **Satisfaction** - Feedback from setting of satisfaction with support and programs/activities implemented	- Communication with setting Review anecdotal feedback - Settings/staff feedback	Health Promotion staff - annually (June)
1.3 Support the implementation of the Achievement Program and KidsMatter program within settings in the CCHS catchment	**Reach** - Number of settings registered for the Achievement Program in the CCHS catchment - Number of settings registered for KidsMatter in the CCHS catchment **Satisfaction** - Percentage of settings satisfied with support from CCHS	Review documentation - Audit Achievement Program registration list - Audit KidsMatter registration list Review anecdotal feedback - Settings/staff feedback - Program organisers feedback	Health Promotion staff - monthly Health Promotion staff - annually (June)
1.4 Explore CCHS role in improving breastfeeding rates within the catchment	**Reach** - Evidence reviewed - Strategies selected - Proposal developed **Satisfaction** - Approval from management	Review documentation - Review of evidence - Proposal - Communication with staff Review anecdotal feedback - Management feedback	Health Promotion staff - June 2014 Health Promotion staff - June 2014
1.5 Explore potential intergenerational strategies between children/families and older adults within the CCHS community which benefits the health and wellbeing of both population groups	**Reach** - Evidence reviewed - Proposal developed - Strategies selected **Satisfaction** - Approval from management	Review documentation - Review of evidence - Proposal - Communication with staff Review anecdotal feedback - Management feedback	Health Promotion staff - June 2014 Health Promotion staff - June 2014
Data analysis and interpretation	Evaluation will include a mix of quantitative and qualitative data. Health Promotion staff are responsible for analysis of results to determine key changes over time, with reports from each program provided to facilitators/presenters immediately to allow for any changes to occur prior to the next program running. Annual summary reports will be produced by Health Promotion staff and reviewed with clinicians and Healthy Families Strategy Group to determine future plans for each program. Where possible, all data will be compared with baseline data to measure changes over time.		

Evaluation dissemination	The annual evaluation findings (in report format) will be tabled to the CCHS Leadership and Management Team and then disseminated in the following ways: - All CCHS staff: Summary reports/key findings will be available through whole of staff team meetings, individual team meetings and via email (where appropriate) - Settings involved with program delivery: Key findings will be discussed in meetings with staff implementing strategies and health promotion staff and via written report (where appropriate and required) - Course presenters/facilitators: Presenters will be provided access to raw evaluation findings with summarised findings presented via Survey Monkey documentation after each course and as an annual summary - Achievement Program and KidsMatter staff/program: As required or requested - Any other stakeholders or partners: as required or requested - Department of Health regional office: Submission of annual evaluation report as required Review of any available evaluation findings will be discussed with staff during the monthly Healthy Families strategy meetings so any required changes can be made as soon as possible. Opportunities to disseminate via external forums, publications and conferences will be sought as appropriate.

APPENDIX D: HEALTHY FAMILIES PROGRAM LOGIC

Priority Area: Healthy Families

Goal: To improve the health and wellbeing of children and families in the CCHS catchment by 2017

Objective: To increase the knowledge, skills and confidence of priority settings and families to promote healthy children and families

INPUTS	ACTIVITIES	OUTPUTS	IMPACTS (SHORTER TERM)	OUTCOMES (LONGER TERM)
Staff time: • Health Promotion Staff (including trained school teacher) • Team Leader • Paed Psychologist • Paed Occupational Therapists • Paed Speech Path • Paed Dietician 1,2,3, Magic and Emotion Coaching Program • trained staff • resources • support Pencil Pals Program • trained staff • resources • previous evaluation results and participant feedback Language development • trained staff • access to UK evidence, resources and evaluation Current links with local schools and early education settings CCHS resources: venue, catering, etc	Run 5 x 123 Magic and Emotion Coaching courses for parent/carers Run 2 x Pencil Pals handwriting program in identified school settings Develop and trial an early language development program in early years setting Ensure programs are entered onto QIPPS program Undertake thorough evaluation of programs	Parents/carers trained in behaviour management and emotion coaching School setting staff trained in identifying and delivering handwriting skill development Early years setting staff trained in facilitating early years language development with children Early years settings are supportive to facilitating early language development in children Participants and settings are provided with ongoing support Participants satisfied with programs delivered Programs reach intended target groups	Improved knowledge, skills and confidence of parents/carers in responding to children's behaviour and emotional needs Increased knowledge, skills and confidence of teachers to identify and address handwriting needs of children Increased knowledge, skills and confidence of setting staff to identify and address early language development needs of children Improved environmental conditions within settings to promote health and wellbeing of children and their families Reduction in behaviour management issues among children within the CCHS catchment Improved language and handwriting development in young children	Increased health and wellbeing of children and families in the local community through: • improved social skills • improved family cohesion and family relationships • improved language development • improved handwriting development • improved educational engagement and attainment

Priority Area: Healthy Families

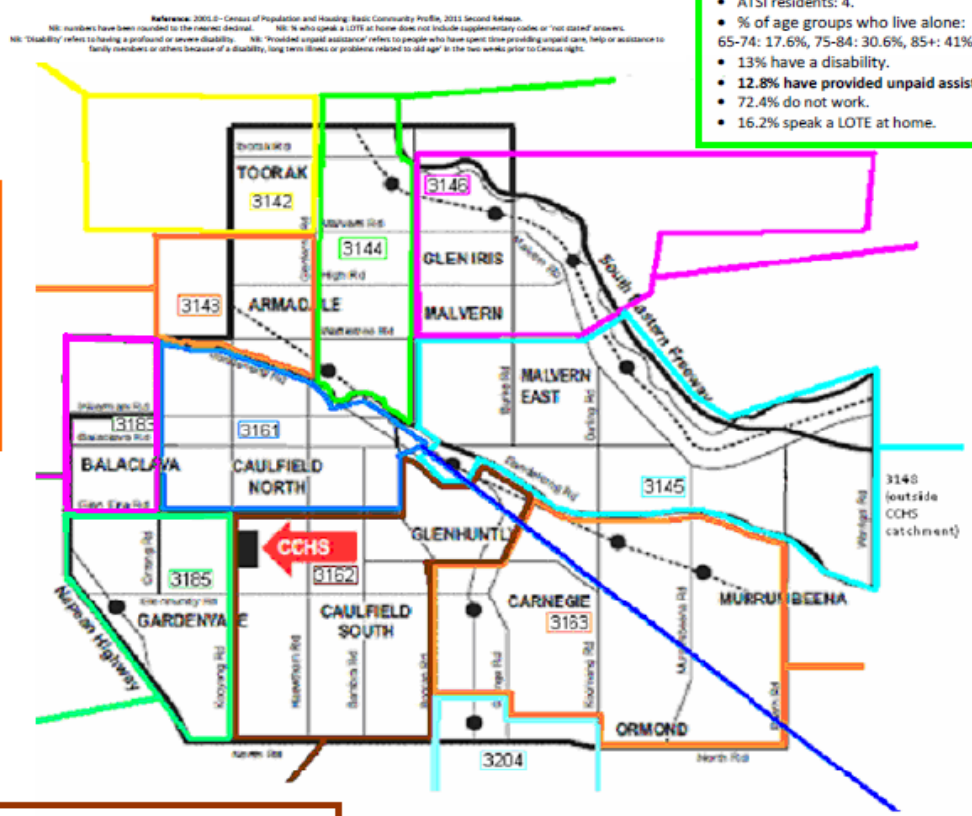
Goal: To improve the health and wellbeing of children and families in the CCHS catchment by 2017

Objective: To increase supportive and inclusive environments in the community that promote healthy children and families

INPUTS	ACTIVITIES	OUTPUTS	IMPACTS (SHORTER TERM)	OUTCOMES (LONGER TERM)
Staff time • Health Promotion Staff (including trained school teacher) • Team Leader • Paed Psychologist • Paed Occupational Therapists • Paed Speech Path • Paed Dietician Current links with local schools and early education settings Relationship, support, training and resources from KidsMatter and Achievement Program CCHS School Needs Assessment Report 2013 Previous school strategy evaluation results Local agencies support • Glen Eira and Stonnington Early Years Networks	Engagement with 2 primary schools and 1 child care/early education priority settings Undertake needs assessment with settings to determine health and wellbeing needs Engage whole setting approach in development of action plans for settings Development, implementation and evaluation of evidence based health promotion strategies in settings Utilise KidsMatter and Achievement Program resources Gather evaluation and feedback from settings Review evidence and develop proposals around CCHS scope regarding: • Supporting breastfeeding • Intergenerational programs	Identification of setting needs and development of action plans to address these Engagement of whole setting in health and wellbeing Registration of settings for Achievement Program and/or KidsMatter program Development of proposal and recommendations related to: • supporting breastfeeding • intergenerational programs Programs reach target group/s Satisfaction of settings with support from CCHS	Positive changes in policies in schools and childcare settings Increase in setting staff and community knowledge and skills around health and wellbeing needs of students Increased engagement of children, families and settings in addressing health and wellbeing Increase in supportive environments within the CCHS catchment to support healthy children and families Dependant on recommendations and program development and implementation: • Implement breastfeeding support strategies • Implement intergenerational programs	Increased health and wellbeing of children and families in the local community

APPENDIX E: HEALTHY AGEING MAP

CCHS Catchment Map
Healthy Ageing
Statistics for general population aged 65+ & ATSI population aged 45+



3142 total population: 12,871.
- **22% of population:**

Age:	65-74	75-84	85+
%:	**11.3%**	**6.9%**	**3.7%**

- ATSI residents: 8.
- % of age groups who live alone: 65-74: 18.5%, 75-84: 29.6%, **85+: 45.2%.**
- 9.3% have a disability.
- 10.9% have provided unpaid assistance.
- 64.8% do not work.
- **20.4% speak a LOTE at home.**

3143 total population: 8,760.
- 15.6% of population:

Age:	**65-74**	75-84	85+
%:	**8.6%**	4.8%	2.3%

- ATSI residents: 6.
- **% of age groups who live alone: 65-74: 26.8%, 75-84: 35%, 85+: 49%.**
- 13% have a disability.
- 1.8% have provided unpaid assistance.
- 71.1% do not work.
- **29% speak a LOTE at home.**

3183 total population: 17,954.
- 8.6% of population:

Age:	65-74	75-84	85+
%:	4.2%	3%	1.5%

- **ATSI residents: 12.**
- **% of age groups who live alone: 65-74: 33.7%, 75-84: 40.1%, 85+: 49.4%.**
- 19.8% have a disability.
- 11.5% have provided unpaid assistance.
- 76.9% do not work.
- 8% speak a LOTE at home.

3185 total population: 12,220.
- 13% of population:

Age:	65-74	75-84	85+
%:	6%	4.1%	2.9%

- ATSI residents: 3.
- % of age groups who live alone: 65-74: 24%, **75-84: 37.2%**, 85+: 39.5%.
- 19.8% have a disability.
- 11.5% have provided unpaid assistance.
- 76.1% do not work.
- 12% speak a LOTE at home.

3162 total population: 16,435.
- **17.3% of population:**

Age:	65-74	**75-84**	**85+**
%:	7.3%	**5.9%**	**4.1%**

- ATSI residents: 3.
- % of age groups who live alone: 65-74: 19.4%, 75-84: 26.6%, 85+: 29.9%.
- **24% need have a disability.**
- 10.8% have provided unpaid assistance.
- 75.7% do not work.
- 16% speak a LOTE at home.

3204 total population: 28,185.
- 12.8% of population:

Age:	65-74	75-84	85+
%:	5.8%	4.4%	2.5%

- **ATSI residents: 15.**
- % of age groups who live alone: 65-74: 22.8%, 75-84: 32.4%, 85+: 39.7%.
- 17.9% have a disability.
- **11.9% have provided unpaid assistance.**
- **83.5% do not work.**
- 12.3% speak a LOTE at home.

3161 total population: 14,555.
- 15.7% of population:

Age:	65-74	75-84	**85+**
%:	6.5%	5.2%	**5.2%**

- ATSI residents: 6.
- % of age groups who live alone: 65-74: 23.3%, 75-84: 30.7%, 85+: 26.3%.
- **23.5% have a disability.**
- 11.8% have provided unpaid assistance.
- 71.6% do not work.
- 14.5% speak a LOTE at home.

3144 total population: 10,306.
- **17.2% of population.**

Age:	**65-74**	**75-84**	85+
%:	**8.6%**	**5.8%**	2.7%

- ATSI residents: 4.
- % of age groups who live alone: 65-74: 17.6%, 75-84: 30.6%, 85+: 41%.
- 13% have a disability.
- **12.8% have provided unpaid assistance.**
- 72.4% do not work.
- 16.2% speak a LOTE at home.

3146 total population: 24,948.
- 12.9% of population.

Age:	65-74	75-84	85+
%:	6.7%	4%	2%

- ATSI residents: 6.
- % of age groups who live alone: 65-74: 21.5%, 75-84: 29.8%, 85+: 40.5%.
- 15.6% have a disability.
- 11.7% have provided unpaid assistance.
- **77.8% do not work.**
- **24.4% speak a LOTE at home.**

3145 total population: 21,301.
- 12.6% of population:

Age:	65-74	75-84	85+
%:	6.2%	4.2%	2.2%

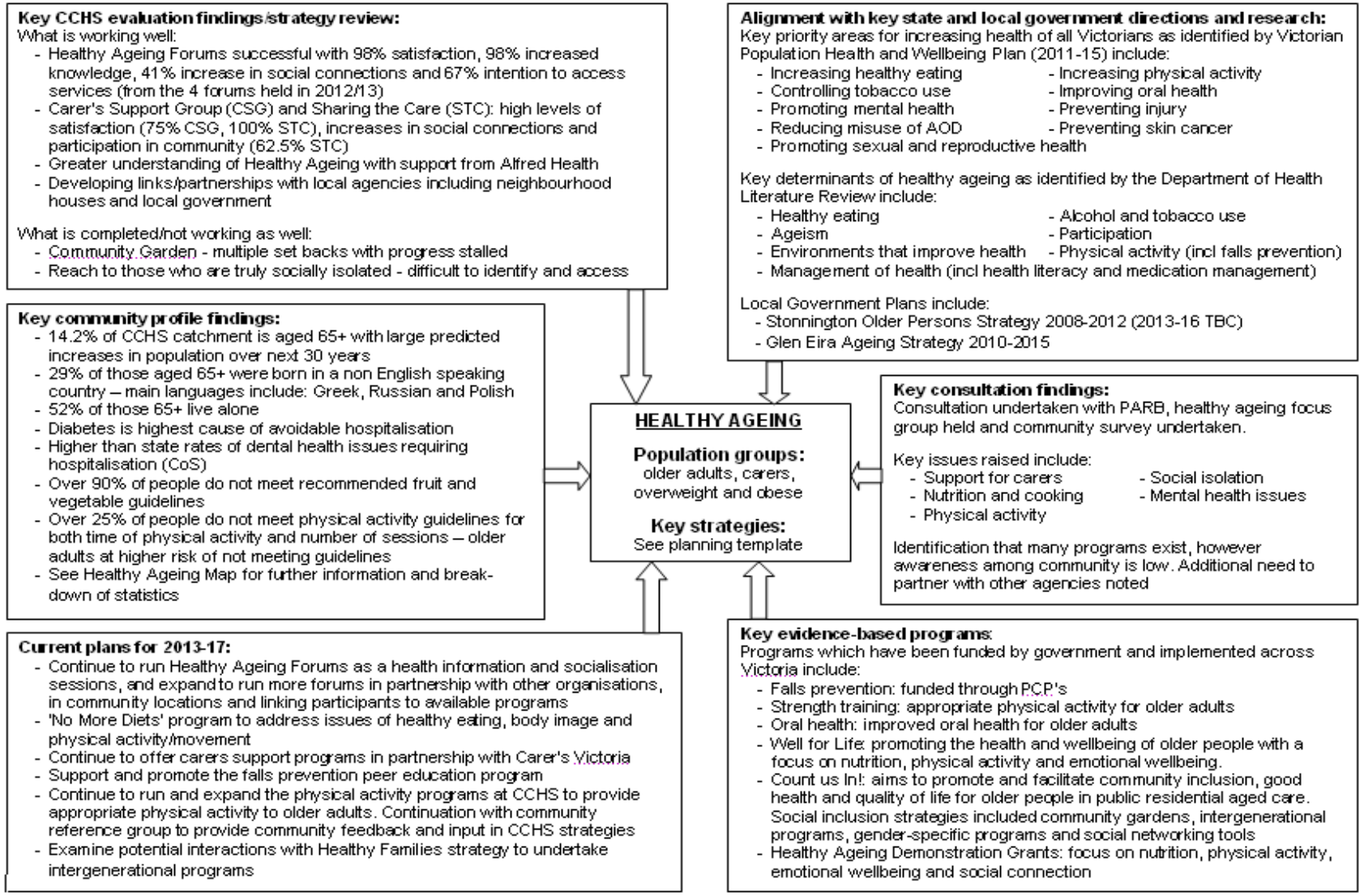
- ATSI residents: 9.
- % of age groups who live alone: 65-74: 20%, 75-84: 29%, 85+: 37%.
- **17% have a disability.**
- **13% have provided unpaid assistance.**
- **76.2% do not work.**
- 11.8% speak a LOTE at home.

3163 total population: 29,553.
- 13% of population:

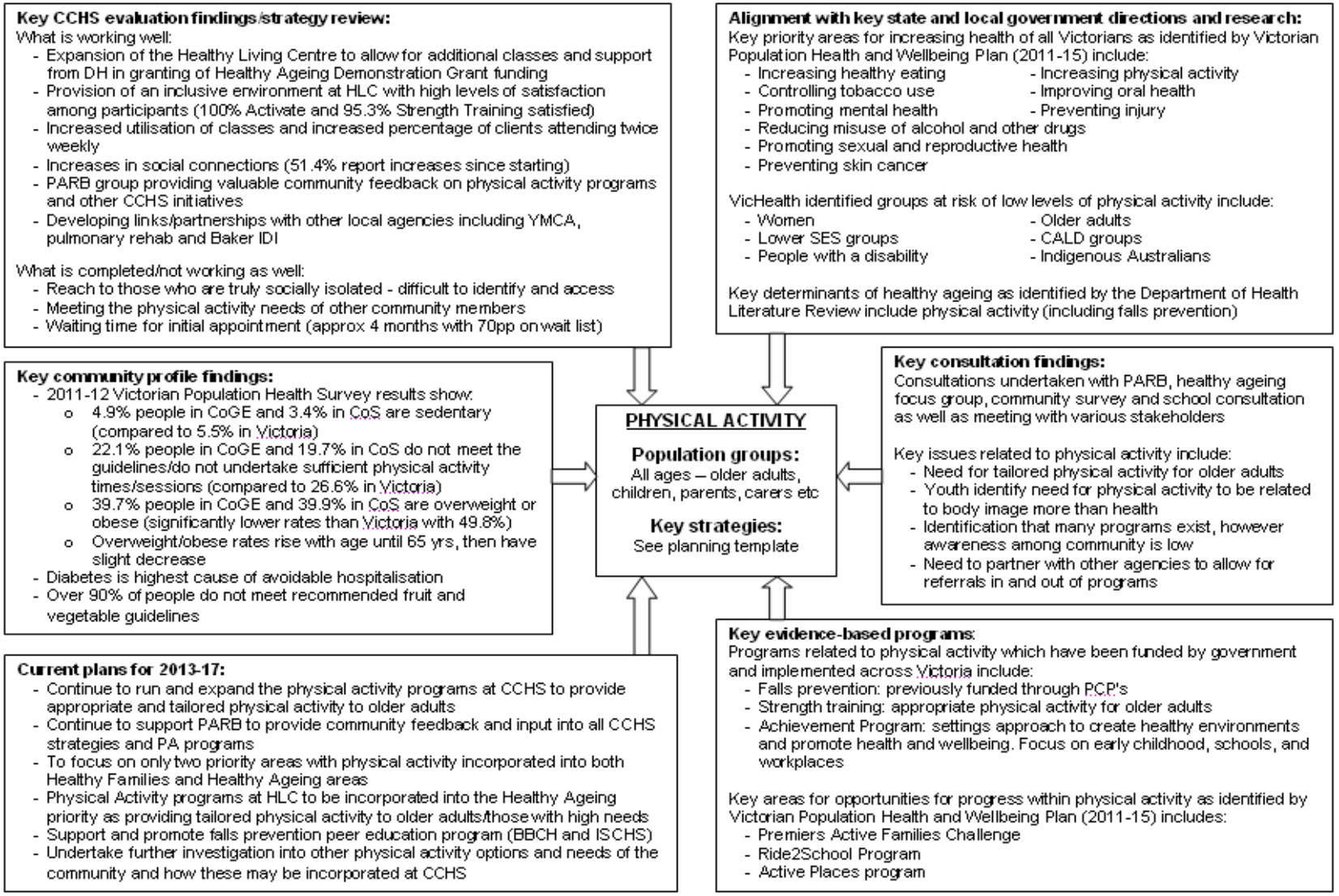
Age:	65-74	75-84	85+
%:	6.1%	4.5%	2.4%

- **ATSI residents: 11.**
- % of age groups who live alone: **65-74: 29.2%**, 75-84: 34.2%, 85+: 37.4%.
- **21.5% have a disability.**
- 9.8% have provided unpaid assistance.
- **80.5% do not work.**
- 9.1% speak a LOTE at home.

APPENDIX F: HEALTHY AGEING PROBLEM DEFINITION TABLE



APPENDIX G: PHYSICAL ACTIVITY PROBLEM DEFINITION TABLE



APPENDIX H: HEALTHY AGEING PLANNING AND EVALUATION TEMPLATE

Priority Area	**Healthy Ageing**		
Goal	To improve the capacity of older adults and carers in the CCHS catchment to promote and manage their own health and wellbeing by 2017		
Target population group/s	Older adults, carers, overweight and obese community members		
Budget and resources (include evaluation budget)	Total budget, inclusive of 20% for evaluation Staffing resources include Health Promotion staff, Team Leader and specialist Adult Health staff (including Speech Pathologist, Occupational Therapist, Dietician, Exercise Physiologist, Physical Activity Coordinator, Physiotherapist, Social Worker and Community Health Nurse		
Key evaluation question/s	○ Have older community members and carers increased their knowledge, skills and confidence in promoting their own health and wellbeing? ○ Has there been an increase in health promoting behaviours among older community members and carers in the CCHS catchment? ○ Were strategies delivered as planned? ○ Did we reach our intended population group/s? ○ Were participants satisfied with strategies delivered?		
Objective 1	**Impact indicators**	**Evaluation methods/tools**	**Timelines and responsibilities** (include partners as relevant)
To increase the knowledge, skills and confidence of older adults and carers in the CCHS catchment to promote and manage their health and wellbeing	**Increased knowledge** Increased knowledge of older adults and carers in regards to factors influencing health and wellbeing in the ageing population **Improved skills** Percentage of older adults and carers who report increased ability to manage their own health **Improved confidence** Percentage of older adults and carers who report increased confidence in addressing their health and wellbeing needs	Review and analyse internally designed pre, post and follow-up participant surveys for each strategy to measure knowledge, skills and confidence - Post Healthy Ageing Forum - Pre (week 1), post (week 8) and follow-up (3 month) No More Diets surveys - Annual carer support surveys - Sharing the Care post course (day 3) and follow-up (3 month) - Post Falls Prevention presentation surveys - Annual Physical Activity program survey	Health Promotion staff and strategy group members - each program run – Healthy Ageing Forums, No More Diets Group, Sharing the Care, Falls Prevention talks (see below for further detail) - annual summary report – Carer Support Group and Physical Activity programs (June)

Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines and responsibilities** (include partners as relevant)
1.1 In partnership with community agencies, continue to conduct 4-6 education and support sessions (Healthy Ageing Forums - HAF) for older people and carers regarding health and wellbeing topics per year	**Reach** - Number of sessions run as planned - Number of attendees at each session - Number of forums held in community venues - Demographics of attendees indicate reach to socially isolated and diverse participants **Satisfaction** - Percentage satisfaction of participants with forum - Facilitator and/or stakeholder satisfaction with forum	Review participant post forum evaluation surveys - Satisfaction with presentation - Demographics of participants Review anecdotal feedback - Presenter/organiser feedback - Participant feedback - Stakeholder feedback Review documentation - Count of sessions and location - Attendance records	Health Promotion staff at each session/forum - July 13, Oct 13, Nov 13, Feb 14, April 13 and May 14
1.2 Run two 'No More Diets' 8 week group education programs addressing mindful eating, nutrition, body image and physical activity	**Reach** - Number of participants in each program - Demographics of attendees indicate reach to socially isolated and diverse participants **Satisfaction** - Percentage of participant satisfaction with program - Facilitator satisfaction with program	Review participant evaluation surveys - Pre program - Post program evaluation - 3 month follow-up Review documentation - Attendance records - Count of sessions and location Review anecdotal feedback - Presenter/organiser feedback - Participant feedback	Course facilitator (Dietician and Social Worker) at each course - Sept/Oct 13 and March/April 14 Health Promotion staff and Dietician at 3 month follow-up - Dec13 and July 14
1.3 In partnership, continue to run monthly carers' support groups for the CCHS catchment areas	**Reach** - Number of participants attending each group - Demographics of attendees indicate reach to socially isolated and diverse participants	Review annual participant evaluation survey results - Demographics - Level of satisfaction Review documentation - Attendance records	Group facilitator (Social Worker) - annually (June)

	Satisfaction - Percentage of participant satisfaction with program - Facilitator satisfaction with program	- Count of sessions held Review anecdotal feedback - Presenter/organiser feedback - Participant feedback - Stakeholder feedback	
1.4 In partnership, continue to run and enhance the post-transitional carers program (Sharing the Care) for people who have placed a loved one into residential care	**Reach** - Number of participants in each program - Demographics of attendees indicate reach to socially isolated and diverse participants **Satisfaction** - Percentage of participant satisfaction with program - Facilitator satisfaction with program	Review participant evaluation surveys - Pre course - Post course - 3 month follow-up Review documentation - Attendance records - Count of sessions held Review anecdotal feedback - Presenter/organiser feedback - Participant feedback - Stakeholder feedback	Course facilitator (Social Worker) at each course - 2014 (TBC) Health Promotion and facilitator at 3 month follow-up - 2014 (TBC)
1.5 In partnership with other community health agencies, continue to support and promote the use of peer educators in delivering falls prevention education, including providing updated training for stakeholders	**Reach** - Number of community talks/ education sessions held - Number of participants at each presentation - Number of agencies attending stakeholder training **Satisfaction** - Percentage of participant satisfaction with presentation and/or training - Facilitator satisfaction with session	Review participant post course evaluation surveys - Satisfaction level Review documentation - Attendance records - Count of sessions held - Location of presentations Review anecdotal feedback - Presenter feedback - Organiser feedback - Community/participant feedback - Stakeholder feedback	Course facilitator or Health Promotion staff at each course - 2014 (TBC)
1.6 Continue to provide and enhance appropriate physical activity options for older adults in the CCHS catchment including the CCHS led Strength Training and Activate programs (69 sessions per week)	**Reach** - Number of participants - Demographics of attendees indicate reach to socially isolated and diverse participants	Review annual participant evaluation survey results - Level of satisfaction with the program - Demographics	Physical Activity Coordinator - annually (June)

	- Number of programs/sessions offered and capacity **Satisfaction** - Percentage of participant satisfaction with programs **Consumer participation and leadership** - Number of community suggestions actioned - Number of social events arranged and attended by participants	Review documentation - Attendance records - Count of sessions held - Capacity of classes - Count of attendees at social events - Audit and count of community led initiatives Review anecdotal feedback - Instructor feedback - Participant feedback Review annual Physical Activity Representative Body (PARB) evaluation survey results - Level of participant satisfaction with the Physical Activity Representative Body (PARB)	
Objective 2	**Impact indicators**	**Evaluation methods/tools**	**Timelines and responsibilities** (include partners as relevant)
To increase health promoting behaviours in older adults and carers within the CCHS catchment	**Change in health related behaviours** Physical activity - Increased levels of physical activity - Increased participation in physical activity options - Increased opportunities for physical activity Healthy eating - Increased healthy eating behaviours - Increased fruit and vegetable intake Social connections	Physical Activity - Review and analyse internally designed annual physical activity participant survey - Review documentation of people attending physical activity sessions - Review documentation of percentage of participants attending classes 75% of time or more - Count of physical activity sessions being held and class capacity - Review Victorian Population Health Survey results for physical	Health Promotion Staff and Physical Activity Coordinator - annually (June)

	- Increase in percentage of participants reporting increased social connections - Increase in percentage of participants reporting participation in community life/feeling part of the community	activity levels in Glen Eira and Stonnington Healthy Eating - Review and analyse internally designed pre (week 1), post (week 8) and follow-up (3 month) No More Diets participant survey: levels of fruit and veg intake - Dietician to review No More Diets participant food diary (each week of course and follow-up) to assess if positive changes made - Review Victorian Population Health Survey results for fruit and veg intake for Glen Eira and Stonnington areas Social connections - Review and analyse internally designed annual PA participant survey - Review and analyse internally designed annual Carer Support participant survey	Health Promotion Staff and Dietician - No More Diets information - Sept/Oct 13 and March/April 14 and 3 month follow-up - population statistics reviewed annually (June) Health Promotion Staff and Social Worker - annually (June)
Interventions/Strategies	**Process indicators**	**Evaluation methods/tools**	**Timelines and responsibilities** (include partners as relevant)
2.1 Continue to provide and enhance appropriate physical activity options for older adults in the CCHS catchment including the CCHS led Strength Training and Activate programs	As above (objective 1, strategy 1.6)	As above (objective 1, strategy 1.6)	As above (objective 1, strategy 1.6)
2.2 Run two 'No More Diets' 8 week group education programs addressing mindful eating, nutrition, body image and physical activity	As above (objective 1, strategy 1.2)	As above (objective 1, strategy 1.2)	As above (objective 1, strategy 1.2)
2.3 In partnership, continue to run monthly carers' support groups for the CCHS catchment areas	As above (objective 1, strategy 1.3)	As above (objective 1, strategy 1.3)	As above (objective 1, strategy 1.3)

Data analysis and interpretation	Evaluation methods provide a mix of quantitative and qualitative data. Health Promotion staff are responsible for analysis of results to determine key changes over time, with reports from each program provided to facilitators/presenters immediately to allow for any changes to occur prior to the next program running. Annual summary reports will be produced by Health Promotion staff and reviewed with clinicians and Healthy Ageing Strategy Group members to determine future plans for each program. Where possible, all data will be compared with baseline data to measure changes over time.
Evaluation dissemination	The annual evaluation findings (in report format) will be tabled to the CCHS Leadership and Management Team initially and then disseminated as follows: - All CCHS staff: Summary reports/key findings will be available through whole of staff team meetings, individual team meetings and via email (where appropriate) - Stakeholders and settings involved with strategy delivery: Key findings will be discussed in meetings with staff implementing strategies, health promotion staff and via written report (where appropriate and required) - Course presenters/facilitators: Presenters will be provided access to raw evaluation findings with summarised findings presented via Survey Monkey documentation after each course and as an annual summary - Physical activity participants: Annual key findings will be included into participant newsletter and made available at the Healthy Living Centre - Physical Activity Representative Body (PARB) members: Annual key findings will be tables at PARB meeting with summarised finding presented and made available in hard copy - Any other stakeholders or partners: As required or requested after each presentation/program/group - Department of Health regional office: Submission of annual evaluation report as required and as per Healthy Ageing Demonstration Grant funding requirements Review of any available evaluation findings will be discussed with staff during the monthly Healthy Ageing strategy meetings so any required changes can be made as soon as possible. Opportunities to disseminate via external forums, publications and conferences will be sought as appropriate.

APPENDIX I: HEALTHY AGEING PROGRAM LOGIC

Priority Area: Healthy Ageing

Goal: To improve the capacity of older adults and carers in the CCHS catchment to promote and manage their own health and wellbeing by 2017

Objective/s:

1. To increase the knowledge, skills and confidence of older adults and carers within the CCHS catchment to promote and manage their health and wellbeing
2. To increase health promoting behaviours in older adults and carers within the CCHS catchment

INPUTS	ACTIVITIES	OUTPUTS	IMPACTS (SHORTER TERM)	OUTCOMES (LONGER TERM)
Staff time: • Health Promotion Staff • Team Leader • Occupational Therapist • Speech Pathologist • Dietician • Social Worker • Exercise Physiologist • Physiotherapist • Physical Activity Coordinator Current links with agencies and partners including Carers Victoria and local government CCHS resources: venue, catering, etc Long running evidence-based physical activity programs at CCHS Healthy Ageing Demonstration Grant funding COTA endorsement for CCHS Physical Activity programs Previous evaluation findings and Victorian Population Health measures	Run 4-6 Healthy Ageing Forums Run 2 x No More Diets programs to target nutrition, body image and physical activity Run monthly Carer's Support Groups Run 1-2 'Sharing the Care' programs Support the falls prevention peer education project and capacity building of health professionals Provide and enhance appropriate physical activity options for older adults including CCHS led Strength Training and Activate programs Develop partnerships, and develop the capacity of other agencies to deliver appropriate physical activity options Undertake thorough evaluation of all programs	Older adults received reliable information and strategies on a range of health and wellbeing topics, including nutrition, physical activity, body image and falls prevention Carers are provided with support and advice to promote own health as a carer Health and community staff are trained in preventing falls in older adults Appropriate physical activity options are available for older community members Evidence of consumer involvement in planning and implementing programs Participants are provided with ongoing support Participants are satisfied with programs delivered Programs reach target group/s	Increased knowledge, skills and confidence of older adults and carers to identify and respond to their health and wellbeing needs Increased capacity of health and community staff to prevent and respond to falls in older adults Increased levels of coping among carers Participants have increased physical activity levels Participants have increased fruit and vegetable consumption Participants have increased social connections Participants have increased participation in community life	Increased health and wellbeing of older adults and carers within the CCHS catchment