# Caulfield Community Health Service (CCHS) Integrated Health Promotion (IHP) Plan 2013-17

# **REVIEW REPORT 2014/15**

#### Main messages

- 1. CCHS has demonstrated some significant achievements and progress within the two priority areas: Healthy Families and Healthy Ageing in 2013/14.
- 2. The main directions and priorities of the CCHS IHP plan have not changed however there are some changes to specific interventions/strategies and therefore associated evaluation reporting for the 2014-15 operational year. The key changes are outlined below:
  - a. Healthy Families intervention/strategy 1.3 (Early Language Development Program): 2013/14 was used to plan and develop the program and liaise with settings, with 2014/15 and beyond to be used to implement the program in key settings in the catchment.
  - b. Healthy Families intervention/strategy 2.4 (Breastfeeding): 2013/14 was used to examine the potential role for CCHS in increasing breastfeeding rates in the community, with the recommendation to implement the UNICEF 'The Seven Point Plan for Sustaining Breastfeeding in the Community'. This seven point plan will be implemented in 2014/15 and beyond.
  - c. Healthy Families intervention/strategy 2.5 (Intergenerational Programs): 2013/14 was used to explore and review (including the benefits and requirements) intergenerational programs benefiting both older and younger populations. 2014/15 will be used to further develop and implement a program with local primary school students and older adults.
  - d. Healthy Families intervention/strategy 2.6 (Community Garden): this is a new intervention/strategy added, which is proposed to influence both the healthy ageing and healthy families' priority areas. Work will be done to progress the garden, launch it to the community and determine broader potential uses for the garden.
  - e. Healthy Ageing objective 2 (Healthy Eating): An evaluation method originally included was for a Dietitian to review No More Diets participants food diaries to assess if positive changes were made to the eating habits of participants. This evaluation method has since been removed and the use of the 'Intuitive Eating Scale 2 (IES-2)' has been included in its place as a validated tool measuring individuals' tendency to follow their physical hunger and satiety cues when determining when, what, and how much to eat (which is reflective of the content of the course).
  - f. Healthy Ageing intervention/strategy 1.6 (Physical Activity programs): The evaluation method regarding consumer participation has been altered to include the review of volunteer participation and feedback. Additionally, the formal Physical Activity Representative Body (PARB) annual survey has been discontinued as the group now meets on an as needs basis, rather than previous formal monthly meetings. Direct feedback will be gathered from consumers involved in targeted community participation strategies.
- 3. Other minor changes include some changes in staffing/clinical positions allocated to each strategy and some adjustments to budgets, including allocation of 25% to evaluation of each strategy (previously at 20%).

- 4. All changes to the evaluation templates from 2013/14 are highlighted through the use of red text in the below plans.
- 5. Additionally, while not detailed in the evaluation templates below, a significant amount of health promotion time and effort is spent contributing to Primary Care Partnership (PCP) Integrated Health Promotion planning. This includes overall IHP planning as well as involvement in the Health Promotion Physical Activity Working Group. PCP planning is not included in the evaluation templates due to ongoing changes with the PCP and strategies and involvement from agencies is yet to be finalised.

## **HEALTHY FAMILIES PLANNING AND EVALUATION TEMPLATE 2014-15**

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, childc	are workers, teachers, schools and early e	education settings
Budget and resources (include evaluation budget)	Total budget inclusive of 25% for evaluation  Staffing resources include Health Promotion staff, Team Leader and specialist Paediatric staff (including Speech Pathologist, Occupational Therapist, Community Health Nurse and Dietician)		
Key evaluation question/s	<ul> <li>Have parents, carers, teachers and settings increased their knowledge, skills and confidence in identifying and responding to children's health, development and learning needs?</li> <li>Has there been an increase in the number of supportive and inclusive environments to promote healthy children and families within the catchment?</li> <li>Were strategies delivered as planned?</li> <li>Did we reach our intended population group/s?</li> <li>Were participants satisfied with strategies delivered?</li> </ul>		
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 educator surveys	Health Promotion staff and strategy group members  - Each program run (see below for further detail)  - Annual summary report (June annually)

Interventions/Strategies	Process indicators	Evaluation methods/tools	Timelines and responsibilities (include partners as relevant)
1.1 Run four to five '1,2,3 Magic and Emotion Coaching' 3 session parent education courses annually (dependent on need) 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 (Community Health Nurse or Paed OT) at each course - Aug/Sept 14, Nov/Dec 14, March 15, May/June 15  Health Promotion staff at 3 month follow-up - Dec 14, Mar 15, June 15, Sept 15
1.2 Run two 'Pencil Pals' 5 week handwriting programs annually (dependent on need) 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  Review anecdotal feedback  - Presenter feedback  - School/setting feedback  Review documentation  - Count of sessions run at different settings	Course facilitator (Paed OT) at each course  - Aug-Oct 14, 2015 (TBC)  Health Promotion staff at 3 month follow-up  - Jan 15 and TBC
1.3 Implement one 8 hour 'early language skills development program' to educators in an identified child care setting within the catchment	Reach     Number of identified settings having completed the program     Number of educators having completed the program      Satisfaction     Percentage of educator satisfaction with program     Facilitator satisfaction with running of program	Educator evaluation surveys - Pre program survey - Post program survey - 3 month follow-up  Review anecdotal feedback - Presenter feedback - Educator/setting feedback	Course facilitator (Paed Speech) at course  - TBC  Health Promotion staff at follow-up  - TBC

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

	- Number of activities implemented		
	Satisfaction - Feedback from setting of satisfaction with support and programs/activities implemented		
2.3 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)
2.4 Support and promote initiation and maintenance of breastfeeding in the CCHS catchment through implementation of strategies included as part of the UNICEF 'Baby Friendly 7 Point Plan'	Number of strategies implemented     Number of staff members impacted by strategies     Number of community members impacted by strategies     Number of stakeholders consulted/engaged  Satisfaction     Feedback from staff on satisfaction with strategies implemented     Feedback from community members/stakeholders of satisfaction with strategies implemented     implemented	Review documentation	Health Promotion staff - Annually (June)  Health Promotion staff - Annually (June)
2.5 Develop and implement an intergenerational program aimed at increasing the health and wellbeing of both children and older adults	Reach     Evidence reviewed     Number of strategies selected     Project plan/s developed     Number of children and older adults involved in program	Review documentation  - Action plan/s developed  - Communication with staff, stakeholders and project partners  Review anecdotal feedback  - Management and staff feedback	Health Promotion staff  - After each program/activity  - Annual review (June)  Health Promotion staff

	Feedback from staff on satisfaction with strategies implemented     Feedback from community members/stakeholders of satisfaction with strategies implemented	- Stakeholder, community member and project partner/participant feedback	- After each program/activity - Annual review (June)
2.6 Progress and launch a community garden space as a setting for health promoting activities	Number of people (staff, community members and stakeholders) involved in garden activities     Number of programs/activities implemented in garden      Satisfaction     Feedback from participants of garden activities on satisfaction with strategies implemented     Feedback from staff, community members and stakeholders on garden	Review documentation	Health Promotion staff - After each program/activity - Annual review (June)
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.		

## **HEALTHY AGEING PLANNING AND EVALUATION TEMPLATE 2014-15**

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 obe	ese community members		
Budget and resources (include evaluation budget)	Total budget, inclusive of 25% for evaluation  Staffing resources include Health Promotion staff, Team Leader and specialist Adult Health staff (including Speech Pathologist, Occupational Therapist, Dietitian, Exercise Physiologist, Physical Activity Coordinator, Physiotherapist and Social Worker)			
Key evaluation question/s	<ul> <li>Have older community members and carers increased their knowledge, skills and confidence in promoting their own health and wellbeing?</li> <li>Has there been an increase in health promoting behaviours among older community members and carers in the CCHS catchment?</li> <li>Were strategies delivered as planned?</li> <li>Did we reach our intended population group/s?</li> <li>Were participants satisfied with strategies delivered?</li> </ul>			
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 survey (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) annually 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 14, Sept 14, Nov 14, Feb 15, April 15
1.2 Run two 'No More Diets' 8 week group education programs annually (dependent on need) 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 - 3 month follow-up  Review documentation - Attendance records - Count of sessions and location  Review anecdotal feedback - Presenter/organiser feedback - Participant feedback	Course facilitator (Dietitian and Social Worker) at each program  - Oct-Dec 14 and TBC  Health Promotion staff and Dietician at 3 month follow-up  - Mar 14 and TBC
1.3 In partnership, continue to run monthly carers' support groups for the CCHS catchment area	Reach	Review annual participant evaluation survey results  - Demographics  - Level of satisfaction  Review documentation  - Attendance records  - Count of sessions held  Review anecdotal feedback	Group facilitator (Social Worker) - Annually (June)

	- Facilitator satisfaction with program	<ul><li>Presenter/organiser feedback</li><li>Participant feedback</li><li>Stakeholder feedback</li></ul>	
1.4 In partnership, continue to run one to two post-transitional carers program (Sharing the Care) annually (dependent on need) 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 - 2015 (TBC)  Health Promotion and facilitator at 3 month follow-up - 2015 (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 people and 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	Facilitator or Health Promotion staff post each education session - 2015 (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 (minimum 81 sessions per week)	Reach     Number of participants     Demographics of attendees indicate reach to socially isolated and diverse participants     Number of programs/sessions offered and capacity      Satisfaction     Percentage of participant satisfaction with programs	Review annual participant evaluation survey results  - Level of satisfaction with the program  - Demographics  Review documentation  - Attendance records  - Count of sessions held  - Capacity of classes  - Count of attendees at social	Physical Activity Coordinator - Annually (June)

Objective 2	Consumer participation and leadership  - Number of volunteers used in delivering and providing feedback on programs  - Number of social events arranged and attended by participants  Impact indicators	events - Audit and count of community consultations  Review anecdotal feedback - Instructor feedback - Participant feedback - Volunteer feedback  Evaluation methods/tools	Timelines and responsibilities
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  Increase in percentage of participants reporting increased social connections  Increase in percentage of participants reporting participation in community life/feeling part of the community	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 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  Review and analyse No More Diets participants Intuitive Eating Scale-2 results at pre (week 1), post (week 8) and follow-up (3 month)  Review Victorian Population	(include partners as relevant)  Health Promotion Staff and Physical Activity Coordinator - Annually (June)  Health Promotion Staff and Dietitian - No More Diets information reviewed after each program - Population statistics reviewed annually (June)

		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 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	then disseminated as follows:  - All CCHS staff: Summary reporteam meetings and via email (w.)  - Stakeholders and settings involom implementing strategies, health  - Course presenters/facilitators: Findings presented via Survey Months and the Healthy Living Centre	tros/key findings will be available through where appropriate) lived with strategy delivery: Key findings will be promotion staff and via written report (whe Presenters will be provided access to raw of Monkey documentation after each course a nnual key findings will be included into particle Body (PARB) members: Annual key findings	nole of staff team meetings, individual  Il be discussed in meetings with staff ere appropriate and required) evaluation findings with summarised and as an annual summary ticipant newsletter and made available at

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.