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.
### 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)

<table>
<thead>
<tr>
<th>Total budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusive of 25% for evaluation</td>
</tr>
</tbody>
</table>

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

- 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**

- **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

**Evaluation methods/tools**

- 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

**Timelines and responsibilities**

- Health Promotion staff and strategy group members
  - Each program run (see below for further detail)
  - Annual summary report (June annually)

---

**HEALTHY FAMILIES PLANNING AND EVALUATION TEMPLATE 2014-15**
<table>
<thead>
<tr>
<th>Interventions/Strategies</th>
<th>Process indicators</th>
<th>Evaluation methods/tools</th>
<th>Timelines and responsibilities (include partners as relevant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>Reach - Number of programs run as planned - Number of parents/carers having completed program</td>
<td>Participant evaluation surveys - Post course survey - 3 month follow-up</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Satisfaction - Percentage of parent/carer satisfaction with program - Facilitator satisfaction with running of program</td>
<td>Review anecdotal feedback - Presenter feedback - Parent/carer feedback - Facilitator satisfaction with running of program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reach - Number of identified settings having completed program - Number of teachers having completed program</td>
<td>Teacher evaluation surveys - Pre program survey - Post program survey - 3 month follow-up</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Satisfaction - Percentage of teacher satisfaction with program - Facilitator satisfaction with running of program</td>
<td>Review anecdotal feedback - Presenter feedback - School/setting feedback - Facilitator satisfaction with running of program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reach - Number of identified settings having completed the program - Number of educators having completed the program</td>
<td>Educator evaluation surveys - Pre program survey - Post program survey - 3 month follow-up</td>
<td>Course facilitator (Paed Speech) at course - TBC Health Promotion staff at follow-up - TBC</td>
</tr>
<tr>
<td>1.2 Run two ‘Pencil Pals’ 5 week handwriting programs annually (dependent on need) for teachers at identified primary school settings within the catchment</td>
<td></td>
<td>Review anecdotal feedback - Presenter feedback - School/setting feedback - Facilitator satisfaction with running of program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reach - Number of identified settings having completed program - Number of teachers having completed program</td>
<td>Review documentation - Count of sessions run at different settings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Satisfaction - Percentage of teacher satisfaction with program - Facilitator satisfaction with running of program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Implement one 8 hour ‘early language skills development program’ to educators in an identified child care setting within the catchment</td>
<td>Reach - Number of identified settings having completed the program - Number of educators having completed the program</td>
<td>Educator evaluation surveys - Pre program survey - Post program survey - 3 month follow-up</td>
<td>Course facilitator (Paed Speech) at course - TBC Health Promotion staff at follow-up - TBC</td>
</tr>
<tr>
<td></td>
<td>Satisfaction - Percentage of educator satisfaction with program - Facilitator satisfaction with running of program</td>
<td>Review anecdotal feedback - Presenter feedback - Educator/setting feedback</td>
<td></td>
</tr>
<tr>
<td>Objective 2</td>
<td>Impact indicators</td>
<td>Evaluation methods/tools</td>
<td>Timelines and responsibilities (include partners as relevant)</td>
</tr>
<tr>
<td>------------</td>
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<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>To increase supportive and inclusive environments in the community that promote healthy children and families</strong></td>
<td><strong>Organisational practices</strong>&lt;br&gt;Number of reviewed, modified or implemented organisational policies within settings to support healthy children and families</td>
<td>Audit of number of new policies/changes/practices implemented in settings engaged</td>
<td>Health Promotion staff  - Annual summary report (June)</td>
</tr>
<tr>
<td></td>
<td><strong>Social action and influence</strong>&lt;br&gt;Number of settings engaged to take collective action on local health and wellbeing issues</td>
<td>Audit of number of settings engaged in health promotion activities and number of activities run</td>
<td>Health Promotion staff  - Annual summary report (June)</td>
</tr>
<tr>
<td></td>
<td><strong>Natural and built environment</strong>&lt;br&gt;Number of improved environmental conditions which promote health and wellbeing of children and families</td>
<td>Audit of number of supportive environments available in the catchment</td>
<td>Health Promotion staff  - Annual summary report (June)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interventions/Strategies</th>
<th>Process indicators</th>
<th>Evaluation methods/tools</th>
<th>Timelines and responsibilities (include partners as relevant)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1 Implement settings based health promotion activities within 2 priority primary schools settings in the CCHS catchment</strong></td>
<td><strong>Reach</strong>&lt;br&gt;- Number of schools engaged&lt;br&gt;- Evidence reviewed&lt;br&gt;- Needs assessment for setting/s completed&lt;br&gt;  - Number of priority areas identified&lt;br&gt;- Action plans developed&lt;br&gt;  - Number of activities implemented</td>
<td>Review documentation&lt;br&gt;- Setting needs assessment report&lt;br&gt;- Action plan/s&lt;br&gt;- Communication with setting&lt;br&gt;Review anecdotal feedback&lt;br&gt;- Settings/staff feedback</td>
<td>Health Promotion staff  - Annually (June)</td>
</tr>
<tr>
<td></td>
<td><strong>Satisfaction</strong>&lt;br&gt;- Feedback from school of satisfaction with support and programs/activities implemented</td>
<td>Health Promotion staff  - Annually (June)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>2.2 Implement settings based health promotion activities within 2 priority child care/early education setting in the CCHS catchment</strong></td>
<td><strong>Reach</strong>&lt;br&gt;- Number of settings engaged&lt;br&gt;- Evidence reviewed&lt;br&gt;- Needs assessment for setting completed&lt;br&gt;  - Number of priority areas identified&lt;br&gt;- Action plans developed</td>
<td>Review documentation&lt;br&gt;- Setting needs assessment report&lt;br&gt;- Action plan/s&lt;br&gt;- Communication with setting&lt;br&gt;Review anecdotal feedback&lt;br&gt;- Settings/staff feedback</td>
</tr>
</tbody>
</table>
### 2.3 Support the implementation of the Achievement Program and KidsMatter program within settings in the CCHS catchment

<table>
<thead>
<tr>
<th>Reach</th>
<th>Satisfaction</th>
<th>Review documentation</th>
<th>Health Promotion staff</th>
</tr>
</thead>
</table>
| - Number of settings registered for the Achievement Program in the CCHS catchment | - Percentage of settings satisfied with support from CCHS | - Audit Achievement Program registration list  
- Audit KidsMatter registration list | - Monthly |
| - Number of settings registered for KidsMatter in the CCHS catchment | | - Review anecdotal feedback  
- Settings/staff feedback  
- Program organisers feedback | - 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’

<table>
<thead>
<tr>
<th>Reach</th>
<th>Satisfaction</th>
<th>Review documentation</th>
<th>Health Promotion staff</th>
</tr>
</thead>
</table>
| - Number of strategies implemented         | - Feedback from staff on satisfaction with strategies implemented | - Action plan/s  
- Communication with staff | - Annually (June) |
| - Number of staff members impacted by strategies | - Feedback from community members/stakeholders of satisfaction with strategies implemented | - Review anecdotal feedback  
- Management and staff feedback  
- Stakeholder and community member feedback | - Annually (June) |

### 2.5 Develop and implement an intergenerational program aimed at increasing the health and wellbeing of both children and older adults

<table>
<thead>
<tr>
<th>Reach</th>
<th>Review documentation</th>
<th>Health Promotion staff</th>
</tr>
</thead>
</table>
| - Evidence reviewed                        | - Action plan/s developed  
- Communication with staff, stakeholders and project partners | - After each program/activity |
<p>| - Number of strategies selected            | - Management and staff feedback | - Annual review (June) |
| - Project plan/s developed                 |                                           |                         |
| - Number of children and older adults involved in program |                                           |                         |</p>
<table>
<thead>
<tr>
<th><strong>Satisfaction</strong></th>
<th><strong>Reach</strong></th>
<th><strong>Data analysis and interpretation</strong></th>
<th><strong>Evaluation dissemination</strong></th>
</tr>
</thead>
</table>
| - Feedback from staff on satisfaction with strategies implemented  
- Feedback from community members/stakeholders of satisfaction with strategies implemented | - Number of people (staff, community members and stakeholders) involved in garden activities  
- Number of programs/activities implemented in garden | 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. | 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. |
| - Stakeholder, community member and project partner/participant feedback | Review documentation  
- Action plan/s developed  
- Communication with staff, stakeholders and project participants | **Health Promotion staff**  
- After each program/activity  
- Annual review (June) | **Health Promotion staff**  
- After each program/activity  
- Annual review (June) |
| **2.6 Progress and launch a community garden space as a setting for health promoting activities** |
| **Satisfaction** | **Review documentation** | **Health Promotion staff**  
- After each program/activity  
- Annual review (June) |
| **Reach** | **Review anecdotal feedback**  
- Management and staff feedback  
- Stakeholder, community member and project partner/participant feedback |
| **Data analysis and interpretation** | **Evaluation dissemination** |
## HEALTHY AGEING PLANNING AND EVALUATION TEMPLATE 2014-15

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Healthy Ageing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>To improve the capacity of older adults and carers in the CCHS catchment to promote and manage their own health and wellbeing by 2017</td>
</tr>
<tr>
<td><strong>Target population group/s</strong></td>
<td>Older adults, carers, overweight and obese community members</td>
</tr>
<tr>
<td><strong>Budget and resources</strong></td>
<td>Total budget, inclusive of 25% for evaluation</td>
</tr>
<tr>
<td></td>
<td>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)</td>
</tr>
<tr>
<td><strong>Key evaluation question/s</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Have older community members and carers increased their knowledge, skills and confidence in promoting their own health and wellbeing?</td>
</tr>
<tr>
<td></td>
<td>- Has there been an increase in health promoting behaviours among older community members and carers in the CCHS catchment?</td>
</tr>
<tr>
<td></td>
<td>- Were strategies delivered as planned?</td>
</tr>
<tr>
<td></td>
<td>- Did we reach our intended population group/s?</td>
</tr>
<tr>
<td></td>
<td>- Were participants satisfied with strategies delivered?</td>
</tr>
</tbody>
</table>

### Objective 1

<table>
<thead>
<tr>
<th>Impact indicators</th>
<th>Evaluation methods/tools</th>
<th>Timelines and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increased knowledge</strong></td>
<td>Review and analyse internally designed pre, post and follow-up participant surveys for each strategy to measure knowledge, skills and confidence</td>
<td>Health Promotion staff and strategy group members</td>
</tr>
<tr>
<td>Increased knowledge of older adults and carers in regards to factors influencing health and wellbeing in the ageing population</td>
<td>- Post Healthy Ageing Forum</td>
<td>- Each program run – Healthy Ageing Forums, No More Diets Group, Sharing the Care, Falls Prevention talks (see below for further detail)</td>
</tr>
<tr>
<td><strong>Improved skills</strong></td>
<td>Pre (week 1), post (week 8) and follow-up (3 month) No More Diets surveys</td>
<td>- Annual summary report – Carer Support Group and Physical Activity programs (June)</td>
</tr>
<tr>
<td>Percentage of older adults and carers who report increased ability to manage their own health</td>
<td>- Annual carer support surveys</td>
<td></td>
</tr>
<tr>
<td><strong>Improved confidence</strong></td>
<td>- Sharing the Care post course survey (day 3) and follow-up (3 month)</td>
<td></td>
</tr>
<tr>
<td>Percentage of older adults and carers who report increased confidence in addressing their health and wellbeing needs</td>
<td>- Post Falls Prevention presentation surveys</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Annual Physical Activity program survey</td>
<td></td>
</tr>
</tbody>
</table>

APPENDIX A:

HEALTHY FAMILIES MAP

HEALTHY AGEING PLANNING AND EVALUATION TEMPLATE 2014-15 - 15
<table>
<thead>
<tr>
<th>Interventions/Strategies</th>
<th>Process indicators</th>
<th>Evaluation methods/tools</th>
<th>Timelines and responsibilities (include partners as relevant)</th>
</tr>
</thead>
</table>
| **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  
- Number of participants attending each group  
- Demographics of attendees indicate reach to socially isolated and diverse participants  
Satisfaction  
- Percentage of participant satisfaction with program | 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) |
<table>
<thead>
<tr>
<th>1.4</th>
<th>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</th>
</tr>
</thead>
</table>
| **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) |

<table>
<thead>
<tr>
<th>1.5</th>
<th>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</th>
</tr>
</thead>
</table>
| **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) |

<table>
<thead>
<tr>
<th>1.6</th>
<th>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)</th>
</tr>
</thead>
</table>
| **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 |
<p>| Physical Activity Coordinator | - Annually (June) |</p>
<table>
<thead>
<tr>
<th>Consumer participation and leadership</th>
<th>events</th>
<th>Evaluation methods/tools</th>
<th>Timelines and responsibilities (include partners as relevant)</th>
</tr>
</thead>
</table>
| Number of volunteers used in delivering and providing feedback on programs | - Audit and count of community consultations | 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 | Health Promotion Staff and Physical Activity Coordinator  
- Annually (June) |
| Number of social events arranged and attended by participants | Review anecdotal feedback  
- Instructor feedback  
- Participant feedback  
- Volunteer feedback | Healthy Eating  
- Review and analyse internally designed pre (week 1), post (week 8) and follow-up (3 month) No More Diets participants Intuitive Eating Scale-2 results at pre (week 1), post (week 8) and follow-up (3 month)  
- Review Victorian Population Health Survey | Health Promotion Staff and Dietitian  
- No More Diets information reviewed after each program  
- Population statistics reviewed annually (June) |

**Objective 2**

Impact indicators

**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

To increase health promoting behaviours in older adults and carers within the CCHS catchment
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

<table>
<thead>
<tr>
<th>Interventions/Strategies</th>
<th>Process indicators</th>
<th>Evaluation methods/tools</th>
<th>Timelines and responsibilities (include partners as relevant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>As above (objective 1, strategy 1.6)</td>
<td>As above (objective 1, strategy 1.6)</td>
<td>As above (objective 1, strategy 1.6)</td>
</tr>
<tr>
<td>2.2 Run two ‘No More Diets’ 8 week group education programs addressing mindful eating, nutrition, body image and physical activity</td>
<td>As above (objective 1, strategy 1.2)</td>
<td>As above (objective 1, strategy 1.2)</td>
<td>As above (objective 1, strategy 1.2)</td>
</tr>
<tr>
<td>2.3 In partnership, continue to run monthly carers’ support groups for the CCHS catchment areas</td>
<td>As above (objective 1, strategy 1.3)</td>
<td>As above (objective 1, strategy 1.3)</td>
<td>As above (objective 1, strategy 1.3)</td>
</tr>
</tbody>
</table>

**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
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<th>summarised finding presented and made available in hard copy</th>
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<td>- Any other stakeholders or partners: As required or requested after each presentation/program/group</td>
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<tr>
<td>- Department of Health regional office: Submission of annual evaluation report as required and as per Healthy Ageing Demonstration Grant funding requirements</td>
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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.