



# **Kingston Bayside Primary Care Partnership**

## **Integrated Health Promotion Plan**

November 2011

Submitted to the Department of Health on behalf of the Kingston Bayside Primary Care Partnership, Central Bayside Community Health Services and Bentleigh Bayside Community Health

## A: Kingston Bayside Health and Wellbeing Strategic Directions 2009 – 2013

### 1. Introduction

As part of their commitment to an integrated approach to health and wellbeing, the Kingston Bayside Primary Care Partnership, Kingston City Council, Bayside City Council, Central Bayside Community Health Services and Bentleigh Bayside Community Health share a common vision in relation to the potential of working together towards common priorities:

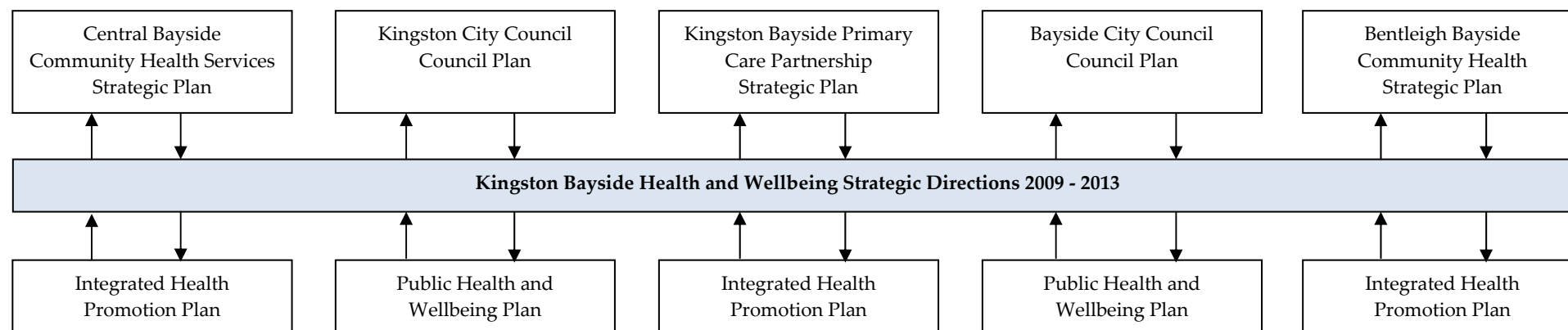
*'The partnership is committed to planning and working collaboratively on identified health and wellbeing priorities to improve the health outcomes of the Kingston Bayside community'*

### 2. Background

Local Government, Community and Women's Health and the Primary Care Partnership are required by legislative or funding agreements to develop strategic public health / integrated health promotion plans for their communities.

A unique opportunity emerged, that post June 2009 the planning cycles aligned for the first time for each of these five local Kingston Bayside health and wellbeing plans. This presented an exciting opportunity to undertake a truly collaborative planning process, to ensure common health and wellbeing priorities and effective integrated health promotion activity across the catchment.

The focus on integration supports key stakeholders and local agencies to have greater capacity to address key health and wellbeing priorities effectively, and to minimise duplicated, fragmented effort.



### 3. Policy context

The Kingston Bayside Health and Wellbeing Strategic Directions have been developed within the context of national and state priorities and are guided by a strong commitment to working within a social model of health.

### 4. Our approach

During 2009, *Collaborations: planning with your community* was engaged to undertake the consultation process and support the development of a planning framework in partnership with a Kingston Bayside Health and Wellbeing Planning Steering Committee.

The planning process included:

- The collation and analysis of demographic and population health profile data for each municipality (undertaken by Martin Bonato and Associates Pty. Ltd)
- A telephone survey of 402 respondents across the municipalities of Kingston and Bayside. The survey sample was randomly generated and monitored to reflect the age profile of both municipalities as closely as possible.
- Nine small group discussions with groups identified by the Project Steering Committee. These discussions targeted the views of young people, families, mature adults and older adults from different cultural and socio-economic backgrounds.
- A face-to-face survey with 13 frail aged clients of Home and Community Care services
- Two planning workshops with representatives from local/regional organisations including government agencies, business / corporate, health and community services to consider the consultation and research findings along with their own experience to identify priority health and wellbeing issues for Kingston and Bayside.

In considering the range of health issues identified, the key stakeholders were asked to identify priorities for the strategic directions based on the following criteria:

- Directions are supported by identified needs
- Actions are evidence based
- Actions that would benefit from a partnership approach
- Actions have the potential to achieve measurable outcomes
- There is existing commitment and capacity within the catchment to deliver

## 5. Strategic Directions

The Kingston Bayside Health and Wellbeing Strategic Directions for 2009 – 2013 identified the following three health and wellbeing priorities:

1. **Promoting mental health and wellbeing**
2. **Promoting accessible and nutritious food**
3. **Promoting physical activity and active communities**

A number of other important issues were identified through the planning process and need to be considered when addressing the areas above including:

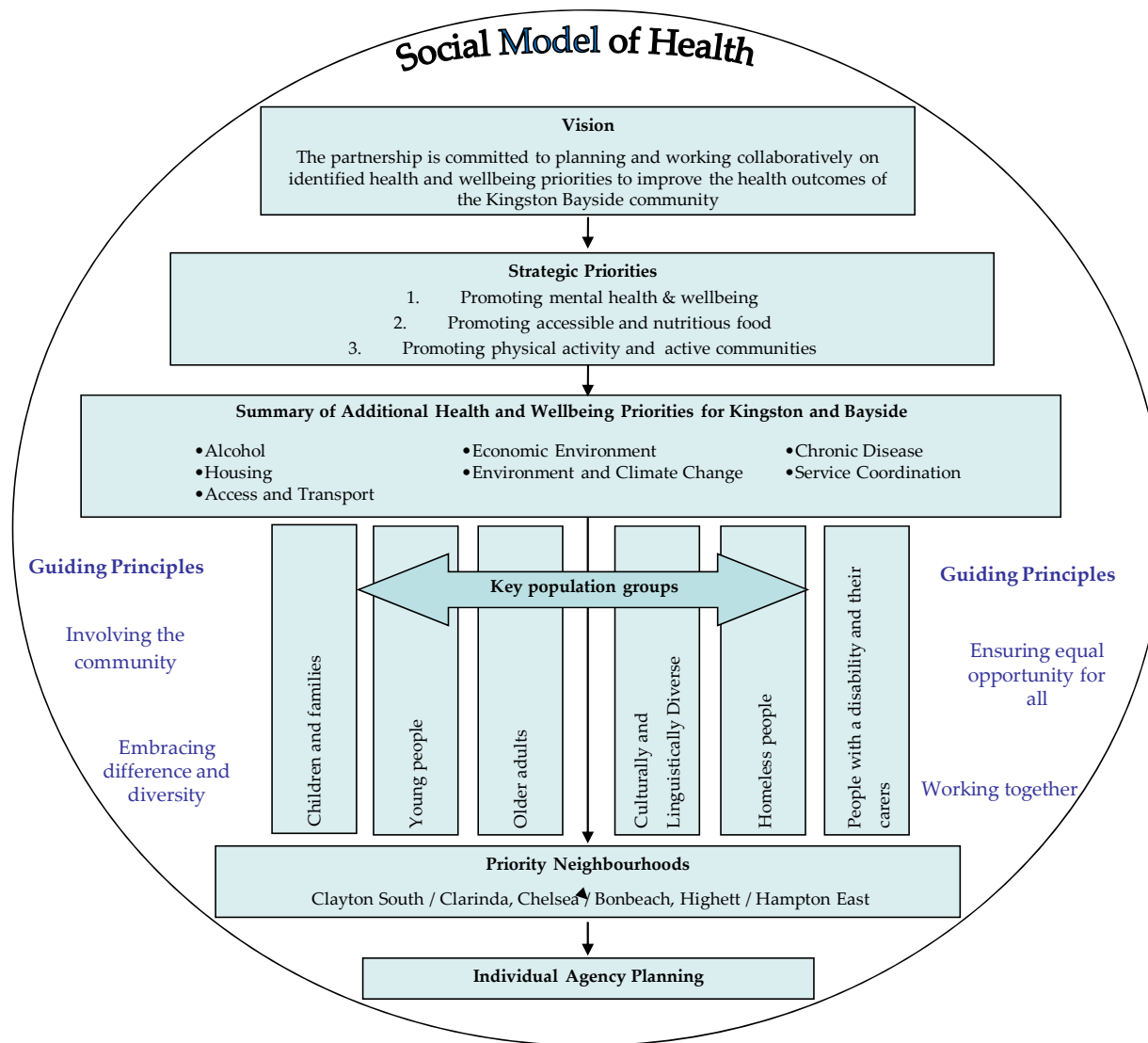
- Chronic disease
- Access and transport
- Housing
- Environment and climate change
- Economic environment

The following neighbourhoods have been identified as priority areas for action:

- Clayton South / Clarinda
- Chelsea / Bonbeach
- Highett / Hampton East

The following population groups of particular significance have been identified:

- Children and Families
- Young people aged 12-25 years
- Older adults
- CALD
- Homeless
- People with a disability and their carers



These strategic directions have successfully informed the development of individual agency plans to facilitate coordinated and integrated health planning and assisted to avoid duplication and to maximise the outcomes of health promotion investment in Kingston and Bayside.

The full Kingston Bayside Health and Wellbeing Strategic Directions Paper 2009-2013 is available at [www.kingstonbaysidepcp.org.au](http://www.kingstonbaysidepcp.org.au)

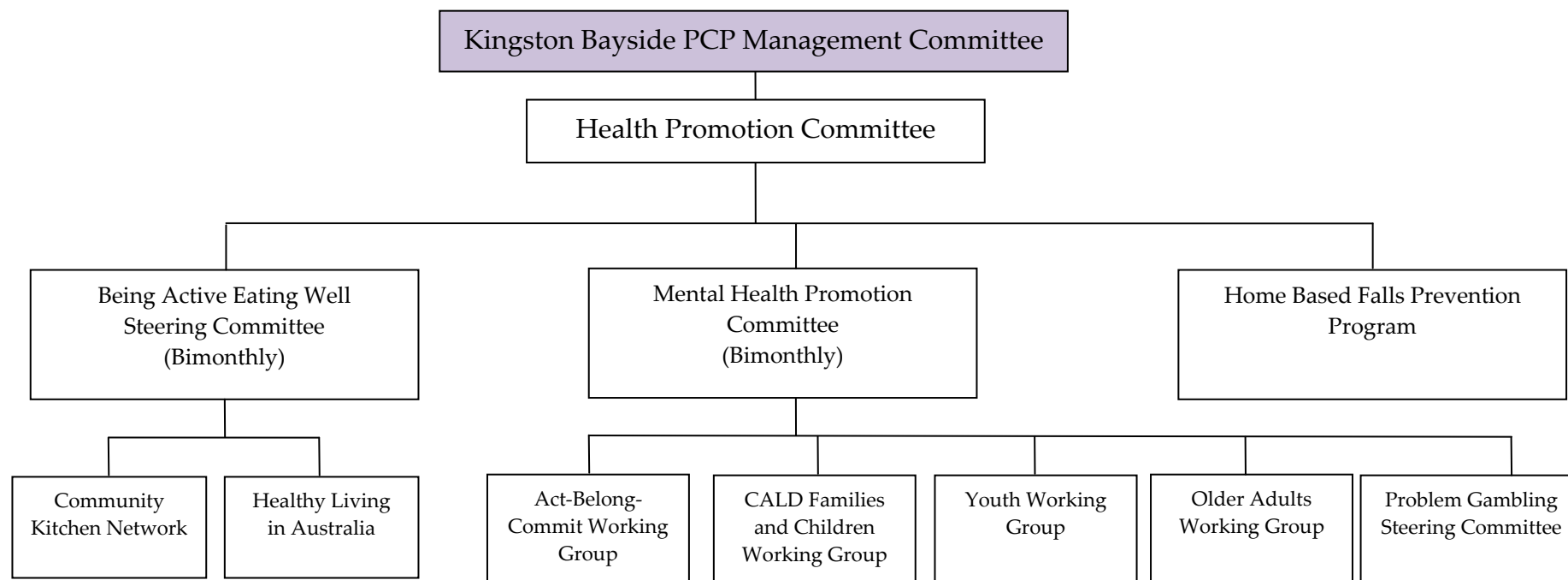


## B. Kingston Bayside Primary Care Partnership Integrated Health Promotion Plan

The Kingston Bayside Primary Care Partnership Integrated Health Promotion Action and Evaluation Plan represents the health promotion and preventative work being undertaken by the primary care partnership member agencies working collaboratively to address the three strategic priorities identified in the Kingston Bayside Health and Wellbeing Strategic Directions 2009 – 2013.

Kingston Bayside Primary Care Partnership member agencies have considered the evidence and have planned an integrated approach, using a mix of health promotion and capacity building strategies to address our three priority areas. It was important to us that our action and evaluation plan reflect the collaborative work of the partnership and our commitment to a catchment planning process.

The following governance structure has been developed to support the health promotion and preventative work in Kingston and Bayside.



\*\* Making a Move is a joint KBPCP and ISEPICH project funded by the Department of Health and will be reported as per the requirements for that funding and not included in this plan.

## 1. Evaluation

The Kingston Bayside Primary Care Partnership is committed to good program evaluation to ensure best practice, accountability and to add to the evidence base of effective health promotion interventions.

The Kingston Bayside Primary Care Partnership Health Promotion Committee is responsible for the overall evaluation of our Integrated Health Promotion Plan. The individual working groups have been responsible to develop their own action and evaluation plans to address their priority issues within the context of the Kingston Bayside Health and Wellbeing Strategic Directions 2009 – 2013.

Below outlines the overall purpose and key evaluation questions and methods that will be used by each working group to guide their evaluations. It is recognised that each working group has varying levels of resources and each working group will develop their own evaluation that is reflective of their activities and level of partnership that will feed into the overall evaluation as outlined below.

### 1.1 Purpose of the evaluation

- To assess the level of collaboration the Kingston Bayside Primary Care Partnership Integrated Health Promotion activities has developed
- To assess whether the interventions / capacity building strategies outlined by the working groups have been implemented as planned
- To document critical success factors and barriers to implementation of the plan
- To assist future allocation of capacity building resources
- To meet the Department of Health Reporting Requirements

### 1.2 Key Evaluation Questions

- Have levels of participation and collaboration increased?
- What have been the critical success factors and barriers to the partnerships and collaboration?
- Have the working groups achieved their intended reach?
- Which population groups and geographic areas are being reached?
- Have the working groups objectives and impacts been achieved?
- Have participants (working group members, member agency staff and / or community members) been satisfied with the activities?

- What have been the critical success factors and barriers to achieving the objectives and impacts?
- Should the working group activities be continued or developed further?
- What capacity building needs have been identified?

### **1.3 Evaluation Resources:**

- Where a budget has been granted for a program approximately 10-15% of the budget will be allocated to evaluation.
- The KBPCP Steering Committees and Working Groups will collect the data and help shape the report.

### **1.4 Evaluation Design**

A mix of qualitative and quantitative data will be used to undertake the process and impact evaluation. Standardised evaluation tools and measures will be encouraged and utilised where appropriate and resources permit. Specific tools and measures are outlined in the individual working group action and evaluation plans.

Please note the Home Based Falls Prevention Program has specific reporting and evaluation requirements. These reports will be provided as attachments to this report.



## **Kingston Bayside Primary Care Partnership**

### **Integrated Health Promotion Action and Evaluation Plans**

**1 July 2011 – 30 June 2012**

## Mental Health Promotion: Act–Belong–Commit Working Group

<b>Priority Area:</b>	Promoting Mental Health and Wellbeing			
<b>Goal:</b>	To strengthen community connectedness and social inclusion in Kingston and Bayside			
<b>Target population:</b>	Kingston Bayside Primary Care Partnership Member Agencies			
<b>Partner agencies:</b>	Central Bayside Community Health Services, Bentleigh Bayside Community Health, Kingston City Council, Bayside City Council, Lantern, AccessCare Southern, New Hope Foundation, Gamblers Help Southern, Family Life, Bayside GP Network, Monash Division of General Practice, Youth Connect			
<b>Objective 1</b>	<b>Impact indicators</b> (must align with DH IHP performance measures)	<b>Evaluation methods/tools</b> (provide specific details)	<b>Timelines and responsibilities</b>	<b>Estimated Budget</b>
By 30 June 2012, 100% of KBPCP member agencies promote positive mental health messages through the implementation of the Act-Belong-Commit Campaign in Kingston and Bayside	<u>Partnerships</u> 100% of KBPCP member agencies working in partnership to promote positive mental health messages  100% of KBPCP member agencies working together to pool resources	Minutes of Act-Belong-Commit Working Group to assess partner involvement, commitments and resource allocation	KBPCP HPC to review Minutes (July 2012)	In kind from KBPCP: \$43,800
	<u>Organisational development</u> 100% of KBPCP member agencies identify mental health promotion as a priority in their organisational plans	Review of partner agency organisational plans	All partner agencies to provide organisational plans to the KBPCP HPC.	In kind from partner agencies: \$24,560
	<u>Partnerships</u> The maturing of the partnership towards collaboration with agencies working together to achieve a shared goal	Vic Health Partnership Analysis Tool – Mapping Exercise to assess the partnership overtime	KBPCP HPC to facilitate mapping exercise and administer questionnaire (July 2012)	Additional anticipated expenditure: \$6,960
				<b>Total \$75,320</b>

Strategy	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities	
<p>1.1 Act Belong Commit working group continues to work in partnership to support the implementation of the Act Belong Commit Campaign</p>	<p><u>Reach</u></p> <p>12 KBPCP member agencies registered on a Local Service Agreement</p> <p>12 KBPCP member agencies actively engaged in the Working Group</p> <p><u>Participant / stakeholder satisfaction</u></p> <p>Percentage of participants satisfied with participation in the committee</p>	<p>Local Service Agreement to identify partner agencies</p> <p>Minutes of Act-Belong-Commit Working Group to assess membership and engagement</p> <p>Questionnaire administered to Working Group at 12 months</p>	<p>KBPCP HPC to review Local Service Agreement and Minutes (July 2012)</p>	<p>Average of 8 members x 10 mtg's for 1 ½ hours + 1 ½ hour for travel and prep per agency</p> <p>Approx. 240 hours x \$80 = \$19,200</p> <p>KBPCP Support &amp; Evaluation 2 hrs per week x 40 weeks = \$6,400</p>
<p>1.2 Organise a workshop for Act-Belong-Commit Working Group to increase understanding of a social marketing approach</p>	<p><u>Reach</u></p> <p>Number of working group members who attended the workshop</p> <p><u>Increased knowledge and skills</u></p> <p>Proportion of working group members who felt they had a greater understanding a social marketing approach</p>	<p>Workshop records to assess participation numbers</p> <p>Questionnaire administered to Working Group who attended the workshop.</p>	<p>KBPCP HPC to review workshop records.</p> <p>KBPCP HPC will administer questionnaire May 2012</p>	<p>10 members x 2 hr session + 1hr for travel and prep per agency</p> <p>Approx. 30 hours x \$80 = \$2,400</p> <p>KBPCP 1 day for organisation &amp; evaluation 7.5 hours x \$80 = \$600</p>

<p>1.3 Develop and implement an Act-Belong-Commit Social Marketing plan for Kingston and Bayside</p>	<p><u>Reach</u></p> <p>12 partner agencies involved in the development of the Social Marketing plan</p> <p>Number of partner agencies involved in implementing the Social Marketing Plan</p> <p><u>Organisational development</u></p> <p>Key marketing channels/methods identified</p> <p>Marketing materials developed</p> <p><u>Consumer satisfaction</u></p> <p>Consumers report marketing materials as relevant and appropriate</p>	<p>Minutes of Act-Belong-Commit Working Group to assess involvement in the development and implementation of the plan</p> <p>Questionnaire administered to partner agencies to obtain feedback on the development and implementation of the plan</p> <p>Review of key marketing channels / methods and focus group on marketing materials – undertaken as part of regular meeting</p> <p>3 focus groups to be undertaken with our selected target populations to obtain feedback on marketing materials</p>	<p>KBPCP HPC to review minutes (July 2012)</p> <p>KBPCP HPC will administer survey to each partner agency (July 2012)</p> <p>KBPCP HPC to facilitate as part of regular meeting (July 2012)</p> <p>The Chairs of the Child and Family, Youth and Older Adults working group to facilitate one focus group each (July 2012)</p>	<p>5 members x 5 hours = \$2000</p> <p>KBPCP support 1 day per week x 2 months \$5000</p> <p>Advertising costs of Approx. \$5000</p> <p>3 Chairs x 4hrs for each group (prep, travel and running) = \$960</p> <p>\$1000 for catering and participant reimbursement.</p>
<p><b>Preparation of evaluation report:</b></p>	<p>KBPCP HPC with the support of the Act-Belong-Commit Working Group will be responsible for collating evaluation findings, analysing data and developing the report.</p>			
<p><b>Dissemination of evaluation:</b></p>	<p>Evaluation findings will be reported to the KBPCP Mental Health Promotion Steering Committee, the Health Promotion Committee and the Management Committee. The report will be distributed to all stakeholders and the DH regional office. Community Health representatives will table the final report to their respective Boards of Governance. Local Government representatives will table the final report to Council.</p>			

## Mental Health Promotion: CALD Families in Clarinda and Clayton South Working Group

<b>Priority Area:</b>	Promoting Mental Health and Wellbeing			
<b>Goal:</b>	To strengthen community connectedness and wellbeing of culturally and linguistically (CALD) families in Clarinda and Clayton South			
<b>Target population/s:</b>	CALD families with children under school age living in Clarinda and Clayton South			
<b>Partner agencies:</b>	<b>Central Bayside Community Health Services (Chair)</b> , Kingston City Council, New Hope Foundation, Family Life, Southern Health Mental Health Program- Early in Life Perinatal to Youth			
<b>Objective 1</b>	<b>Impact indicators</b> (must align with DH IHP performance measures)	<b>Evaluation methods/tools</b> (provide specific details)	<b>Timelines and responsibilities</b>	<b>Estimated Budget</b>
By 30th June 2012, identify, implement and evaluate an evidenced based intervention to strengthen community connectedness and wellbeing of culturally and linguistically diverse (CALD) families in Clarinda and Clayton South.	<p><u>Partnerships</u></p> <p>5 agencies working in partnership with the local community to strengthen CALD community connectedness and wellbeing.</p> <p>The maturing of the partnership towards collaboration with agencies working together to achieve a shared goal.</p> <p><u>Organisational Development</u></p> <p>Demonstrating evidenced based practice by using research and local data to support the identification of an appropriate evidenced based intervention.</p> <p><u>Resources</u></p> <p>Improvement in leveraging financial and other resources from internal and external sources to support sustainability of intervention</p>	<p>Minutes of CALD Child and Family Working Group to assess partner involvement, commitments and resource allocation</p> <p>Vic Health Partnership Analysis Tool – Mapping Exercise to assess the partnership overtime</p> <p>Minutes of CALD Child and Family Working Group to assess evidenced based practice</p> <p>Local Service Agreement (LSA) signed by partner agencies to demonstrate commitment to sustaining the project</p>	<p>Working group chair to review minutes (July 2012)</p> <p>Working group chair to facilitate mapping exercise and administer questionnaire (July 2012)</p> <p>Working group chair to review minutes ( July 2012)</p> <p>Working group chair to administer and review ( Dec 2011, June 2012)</p>	<p>In kind from partner agencies = \$52,920</p>

		External grant applications	Working group members to research potential funding sources. Working group chair to submit funding applications on behalf of working group.	
<b>Strategy</b>	<b>Process indicators</b>	<b>Evaluation methods/tools</b> (provide specific details)	<b>Timelines and responsibilities</b>	
1.1 CALD Families Working Group continues to work in partnership and seek representation across a range of sectors and disciplines	<p><u>Reach</u></p> <p>5 KBPCP member agencies signatories on working group Terms of Reference</p> <p>5 KBPCP member agencies actively engaged in the working group</p> <p><u>Participant/stakeholder satisfaction</u></p> <p>Percentage of participants satisfied with participation on the working group</p>	<p>Terms of Reference to identify partner agencies</p> <p>Meeting minutes of CALD Child and Family WG to monitor membership and engagement of partners</p> <p>Questionnaire administered to working group members at 12 months</p>	<p>Working group chair to review Terms of Reference and Minutes (July 2012)</p> <p>Working group chair to administer and collate results for KBPCP HPC (July 2012)</p>	<p>Average of 5 members x11 mtgs for 1½ hrs +1½ hrs travel &amp; prep per member per meeting.</p> <p>Approx. 165 hrs x\$80=\$13,200</p> <p>WG Chair support and evaluation 4 hrs per week x40 weeks=\$12,800</p>
1.2 Develop a community participation strategy to enable community involvement in all stages of strategy identification and implementation.	<p><u>Reach</u></p> <p>100% working group members involved in the design and implementation of a community participation strategy</p> <p><u>Consumer Satisfaction</u></p> <p>Percentage of community members reporting satisfaction with participation in strategy identification and implementation</p>	<p>Meeting minutes to record participant involvement</p> <p>Meeting minutes to record participant contribution</p> <p>Questionnaire administered to community participants.</p>	<p>Working group chair to review minutes (July 2012)</p> <p>Working group chair to collate information</p> <p>Working group members to design and administer questionnaire (March 2012)</p> <p>Working group chair to collate responses (April 2011)</p>	<p>5 members x 2hr session + 4hrs prep &amp; travel per member=\$2,400</p> <p>1 member x2hrs = \$160</p> <p>5 members x 2hrs= \$800</p> <p>WG chair x 2hrs = \$160</p>

<p>1.3 Implement and evaluate an evidenced based intervention</p>	<p><u>Reach</u></p> <p>Number of community members from target population engaged</p> <p>Number of partner agencies involved in implementing the evidenced based intervention</p> <p><u>Consumer participation and leadership</u></p> <p>Number of community members from target population engaged in planning and development of intervention</p> <p><u>Increased Knowledge and skills</u></p> <p>Number of community members from target population who report involvement in evidenced based intervention has increased their knowledge and skills</p> <p><u>Consumer satisfaction</u></p> <p>Community members from target population report involvement in evidenced based intervention as relevant and appropriate to their needs</p> <p>Partner agencies report satisfaction with their involvement in the planning and implementation of an evidenced based intervention.</p>	<p>Attendance records</p> <p>Minutes of working group to assess involvement in implementation of intervention</p> <p>Questionnaire administered to partner agencies to obtain feedback on development and implementation and of evidenced based intervention</p> <p>Attendance records</p> <p>Meeting minutes</p> <p>Attendance records</p> <p>Evaluation tool developed to include measures to assess understanding, satisfaction, increased knowledge and demonstrate behaviour change for community members involved in the intervention.</p> <p>Questionnaire administered to partner agencies</p>	<p>Working group chair to collate (June 2012)</p> <p>Working group chair to review Minutes (June 2012)</p> <p>Working group chair to administer survey to each partner agency (June 2012)</p> <p>Working group chair to review and collate (June 2012)</p> <p>Working group members to design and implement. Working group chair to collate responses (June 2012)</p> <p>Working group chair to design, administer and collate responses (June 2012)</p>	<p>1 member x 1hr = \$80</p> <p>WG chair support &amp; evaluation x 4 hrs per week x 40 wks = \$12,800</p> <p>Approx. 5 WG members x 4 mtgs for 1 ½ hrs + 1 ½ hrs prep &amp; travel per member = \$4800</p> <p>1 member x 2hrs = \$160</p> <p>4 members x 4hrs = \$1280</p> <p>1 member x 6hrs = \$480</p> <p>5 members x 0.5hrs = \$200</p> <p>1 member x 4hrs = \$320</p>
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1.4 Build the capacity to support the implementation and sustainability of an evidenced based intervention	<u>Reach</u> Number of partner agencies reporting their willingness to provide resources (funds and/or staff) to support implementation and sustainability of the intervention  Number of successful funding applications received.	Minutes of working group to assess partner involvement to support implementation and sustainability of intervention  Documentation of successful funding applications	Working group chair to review minutes( July 2012)  Working group members to research potential funding sources. WG chair to review and submit applications on behalf of WG(June 2012)	1 member x1hr=\$80  2 members x 10hrs each=\$1,600 WG chair to support x1hr per week x 20wks=\$1600
<b>Preparation of evaluation report:</b>	KBPCP HPC with the support of the CALD Child and Family Working Group Chair will be responsible for collating evaluation findings, analysing data and developing the report.			
<b>Dissemination of evaluation:</b>	Evaluation findings will be reported to the KBPCP Mental Health Promotion Steering Committee, the Health Promotion Committee and the Management Committee.  The report will be distributed to all stakeholders and the DH regional office. Community Health representatives will table the final report to their respective Boards of Governance. Other organisations will submit the final report to their management.			

## Mental Health Promotion: Youth Working Group

<b>Priority Area:</b>	Promoting Mental Health and Wellbeing			
<b>Goal:</b>	To strengthen the community connectedness and social inclusion for young people in Kingston and Bayside			
<b>Target population/s:</b>	1 Primary School from the City of Kingston 1 Primary School from the City of Bayside			
<b>Partner agencies:</b>	<b>Lantern (Co-Chair)</b> , Bentleigh Bayside Community Health, Youth Connect, Monash Division of General Practice, Bayside City Council, <b>Kingston City Council (Co-Chair)</b> , WHISE, Family Life, Additional partners – all local and relevant services			
<b>Objective 1</b>	<b>Impact indicators</b> (must align with DH IHP performance measures)	<b>Evaluation methods/tools</b> (provide specific details)	<b>Timelines and responsibilities</b>	<b>Estimated Budget</b>
By June 2012, engage two primary schools in Kingston and Bayside to pilot the Act-Belong-Commit campaign with the aim of reducing stigma associated with mental health issues by increasing help-seeking behaviour and awareness	<u>Partnerships</u> 6 KBPCP member agencies working in partnership with local primary schools to promote positive mental health messages  The maturing of the partnership towards collaboration with agencies working together to achieve a shared goal  <u>Organisational Development</u> Demonstrating evidence based practice by using an evidence based intervention to take to schools supported by local audit data	Minutes of Youth Working Group to assess partner involvement, commitment and resource allocation  VicHealth Partnership Analysis Tool – Mapping Exercise to assess the partnership overtime  Audit of activities in local primary schools	Chair to review Minutes (July 2012)	In-Kind from partner agencies = \$25,320

Strategy	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities	
1.1 Carry out information sessions & presentations to 2 schools	Presentation to staff Introduction to students	Meeting Minutes  Evaluation at presentation from staff & students  Report to working group and evaluation of the process	August 2011	6 members x 6 hrs x \$60 = \$2160  6 members x 6 hrs x \$60 = \$2160
1.2 Provide both schools with revised Act Belong Commit working folder	Working group members to review revised folder	Meeting Minutes	February 2012	6 members x 4 hrs x \$60 = \$1440
1.3 Introduce both schools to PCP and provide both schools with revised Act Belong Commit agreement and contact with the PCP	Convene meeting with pilot schools, PCP EO, and working group representatives	Meeting minutes  Evaluation presented and support to conclude with staff & students  Report to working group and evaluation of the process	First contact April 2012  Finalised May 2012	6 members x 6 hrs x \$60 = \$2160  6 members x 6 hrs x \$60 = \$2160
<b>Preparation of evaluation report:</b>	KBPCP HPC with the support of the Youth Working Group Chair will be responsible for collating evaluation findings, analysing data and developing the report.			
<b>Dissemination of evaluation:</b>	Evaluation findings will be reported to the KBPCP Mental Health Promotion Steering Committee, the Health Promotion Committee and the Management Committee.  The report will be distributed to all stakeholders and the DH regional office. Community Health representatives will table the final report to their respective Boards of Governance. Other organisations will submit the final report to their management.			

## Mental Health Promotion: Adults with Diverse Needs Working Group

<b>Priority Area:</b>	Promoting Mental Health & Wellbeing			
<b>Goal:</b>	To strengthen community connectedness and social inclusion in Kingston and Bayside			
<b>Target population/s:</b>	Adults with diverse needs living in Kingston and Bayside			
<b>Partner agencies:</b>	AccessCare Southern, Bapcare, Bayside City Council, Bentleigh Bayside Community Health, Consumers, Kingston City Council, Royal District Nursing Service, Southern Health, Kingston and Bayside Primary Care Partnership, Central Bayside Community Health Services, Lantern ,Alzheimer's Victoria, Kingston U3A, Inner South Dementia Action Group			
<b>Objective 1</b>	<b>Impact indicators</b> (must align with DH IHP performance measures)	<b>Evaluation methods/tools</b> (provide specific details)	<b>Timelines and responsibilities</b>	<b>Budget</b>
To increase the communities and agencies capacity to promote social inclusion for adults with diverse needs in Kingston and Bayside by June 2012	<p><u>Partnerships</u></p> <p>100% of Working Group members working in partnership to promote social inclusion among the target group</p> <p><u>Organisational development</u></p> <p>100% of Working Group member agencies &amp; consumers identify social inclusion as a priority.</p> <p><u>Partnerships</u></p> <p>Maturing of the partnership from networking towards collaboration with members working together to achieve a shared goal</p>	<p>Minutes and emails of Working Group to assess partners involvement and commitment</p> <p>Review of partner agencies organisational plans</p> <p>VicHealth Partnership Analysis Tool – Mapping Exercise to assess the partnership</p>	<p>Chair of Working Group and members review minutes and emails (July 2012)</p> <p>All partners provide organisational relevant section of plans to Working Group Chair/members December 2011 and June 2012</p> <p>Chair of Working Group to facilitate mapping exercise and administer questionnaire (Nov 2011, May 2012)</p>	<p>In kind BBCH = \$12,200</p> <p>In kind BBCH and KBPCP and partner agencies = \$13,400</p> <p>Additional overheads = \$2,300</p> <p><b>Total:</b></p> <p><b>\$27,900</b></p>

Strategy	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities	
<p>1.1 Adults with Diverse Needs Working Group continues to work in partnership with representation from a range of sectors and disciplines with consumer representation ,to actively support the implementation of initiatives designed to promote social inclusion</p>	<p><u>Reach</u> Seven agencies, KBPCP and one consumer have agreed to join the Working Group.</p> <p>Seven agencies, KBPCP and one consumer actively engaged in the Working Group with an additional four agencies and one Action Group contributing to program implementation</p> <p><u>Participant satisfaction</u> Proportion of participants satisfaction with participation in the committee</p>	<p>Minutes and emails of Working Group to assess membership and engagement</p> <p>Questionnaire administered to Working Group at September 2011 and May 2012</p>	<p>Working Group Chair and members, to review minutes and emails December 2011 and May 2012</p> <p>Chair Working Group /members focus group questionnaire administered (September 2011 and May 2012)</p>	<p>Working Group 6 meetings x 21 hours x 7 members, including KBPCP +24 x \$80 = \$13,680 Focus group preparation = \$720 <b>Total:</b> <b>\$14,400</b></p>
<p>1.2 Deliver a dementia awareness training program to organisations, local business, service clubs, community members ,who have short, brief contact with people with dementia in Kingston and Bayside as a means of addressing social connectedness in people with dementia and their carers</p>	<p><u>Partnership</u> Partnership established with Southern Health, Alzheimer's Victoria, Bentleigh Bayside CHS, Kingston CC, AccessCare</p> <p><u>Reach</u> Number of groups reached with the dementia training</p> <p>Number of intended target audience that participated in the training</p> <p><u>Increased Knowledge and skills</u> Proportion of target audience who felt they had benefited from the training and would have a changed approach to people in the community ,with dementia and their carers</p> <p><u>Consumer satisfaction</u> Proportion of the participating audience that were satisfied with the training</p>	<p>Membership records of PCP indicate newly formed partnership with Southern Health, Alzheimer's Victoria, and established partners including Bentleigh Bayside CHS, Kingston CC, AccessCare</p> <p>Review of meeting notes / emails to establish participation in partnership</p> <p>Attendance records of all training sessions</p> <p>Post survey of all participants of all training sessions delivered</p>	<p>Working Group (WG) by Dec 2011</p> <p>WG members volunteers and students review records (September 2011 and March 2012)</p> <p>Questionnaire designed WG members and students</p> <p>Questionnaire(s) administered by program facilitator(s) completed by May 2012</p>	<p>In kind BBCH HPC, HPO x 35 hrs x \$80=\$2,800 KBPCP and Partners in Kind = \$640</p> <p>Delivering training program in kind=9 hrs per session x 7 sessions x \$80 = \$5,040 Resource kits in kind (Alzheimer's Vic , AccessCare Southern) In kind <b>Total:\$8,280</b></p>

<p>1.3 Work with local community agencies and consumers to establish physical activity programs as a means of addressing social isolation in older people with diverse needs living in Kingston.</p>	<p><b>Partnership</b> Partnership established with University of Third Age (U3A), Kingston and Bayside PCP, Central Bayside CHS, Kingston CC, Bentleigh Bayside CHS, consumers</p> <p><b>Reach</b> Number of community members participating in the program</p> <p><b>Community Participation</b> Percentage of participants satisfied with their involvement in the program</p>	<p>Membership records of PCP indicate newly formed partnership with Kingston U3A and consumer.</p> <p>Review of meeting notes to establish participation in partnership</p> <p>Attendance records</p> <p>Written survey and focus group to establish client participation and satisfaction</p>	<p>Working group by Dec 2011</p> <p>Working group by Dec 2011 June 2012</p> <p>To be completed May 2012</p>	<p>In Kind PCP = \$528 CBCHS = \$1350 BBCH=\$460 KCC=\$640 U3A =\$320</p> <p>In Kind CBCHS = \$980 + partners =\$200 Training budget = \$500 CBCHS= \$1674 <b>Total:\$6,652</b></p>
<p>1.4 Participate in a Mobility Expo and the production of education material to increase awareness of the diverse network of transport and support options available in Kingston as a means of addressing social connectedness in Kingston.</p>	<p><b>Partnership</b> Partnership established with TransAccess and relevant WG members and transport stakeholders.</p> <p><b>Reach</b> Number of groups and individuals who attended the Mobility Expo</p> <p><b>Increased Knowledge and skills</b> Proportion of attendees at the Expo who felt they had a greater understanding of the transport options and support in Kingston.</p> <p><b>Participant/stakeholder satisfaction</b> Percentage of attendees reporting that the local transport booklet was useful</p>	<p>Expo records to assess participants numbers</p> <p>Attendance records</p> <p>Questionnaire administered to agencies and individuals who attended the Expo</p> <p>Written survey /focus group</p> <p>Questionnaire /focus group</p>	<p>TransAccess staff to review Expo records( Dec 2011)</p> <p>TransAccess staff, relevant WG members, students, volunteers to administer questionnaire (August 2011)</p> <p>September 2011</p> <p>December 2011</p>	<p>In kind, TransAccess, BBCH, students volunteers 100hrs x \$80 = \$8,000 Venue hire=\$400 Production of Kingston /Bayside transport booklet(500)=\$ 1,000</p> <p><b>Total:</b> <b>\$9,400</b></p>

<p>1.5 Continue to identify and promote relevant professional development opportunities among Working Group members and other relevant stakeholders /community, as a means of addressing social connectedness in Bayside and Kingston.</p>	<p><u>Reach</u> Number of professional development events published</p> <p>Number of staff, consumers ,carers, community members who attended professional development/ training and report increased knowledge and improved skills to promote social inclusion</p> <p><u>Participant satisfaction</u> Proportion of partner agencies staff, consumer, carers and community members reporting the professional development was useful, relevant and appropriate.</p>	<p>Review minutes/emails of Working Group to assess professional development /training published</p> <p>Number of News Flashes published via Networks, Newsletters, web sites</p> <p>Attendance records of sessions</p> <p>Member agencies will investigate options for sponsoring carers, consumers , community representatives to attend relevant professional development /training</p> <p>Feedback from attendees via Focus Group conducted with partner agencies and community representatives on the usefulness and appropriateness of the professional development/ training</p>	<p>TransAccess staff to review Expo records( Dec 2011)</p> <p>TransAccess staff, relevant WG members, students, volunteers to administer questionnaire (August 2011)</p> <p>September 2011</p> <p>December 2011</p>	<p>In kind KBPCP,WG members x 8 agencies training staff 90 hrs x 80 = \$7,200 In kind KBPCP members professional development and training costs for consumers, community representatives = \$1,200 Focus group Survey 8 hrs x 80=\$640 <b>Total: \$9,040</b></p>
<p><b>Preparation of evaluation report:</b></p>	<p>KBPCP Adults with Diverse Needs Working Group will be responsible for collating evaluation findings, analysing data and developing the report.</p>			
<p><b>Dissemination of evaluation:</b></p>	<p>The report will be submitted to the KBPCP Mental Health Promotion Committee, Health Promotion Committee and Management Committee. Report will be submitted to DH Southern Region Office in line with reporting requirements.</p> <p>Report will be tabled at Community Health and Council respective Governance bodies.</p> <p>Findings will be reported to KBPCP members along with other interested stakeholders, via the KBPCP Alliance Newsletter.</p>			

## Mental Health Promotion: Problem Gambling Working Group

<b>Priority Area:</b>	Promoting Mental Health and Wellbeing			
<b>Goal:</b>	To strengthen community connectedness and social inclusion in Kingston and Bayside			
<b>Target population/s:</b>	Cultural and Linguistically Diverse Communities living in Clarinda and Clayton South			
<b>Partner agencies:</b>	Gamblers Help Southern, New Hope Foundation, Central Bayside Community Health Services, Kingston City Council, Monash Division of General Practice, Bentleigh Bayside Community Health.			
<b>Objective 1</b>	<b>Impact indicators</b> (must align with DH IHP performance measures)	<b>Evaluation methods/tools</b> (provide specific details)	<b>Timelines and responsibilities</b>	<b>Estimated Budget</b>
By 30 June 2012, raise awareness of the Act-Belong-Commit Campaign among Cultural and Linguistically Diverse communities living in Clayton South and Clarinda	<u>Partnerships</u> 6 KBPCP member agencies working in partnership with the local community to raise awareness of problem gambling 6 KBPCP member agencies working together to pool resources  <u>Organisation Development</u> Enhanced learning and improved practice for members of the working group	Minutes of Working Group to assess partner involvement, commitments and resource allocation  Vichealth partnership tool  Survey	KBPCP HPC to review Minutes (July 2012)  Working group chair to facilitate mapping exercise and administer tool (May 2012)	Embedding practice – PCP partnership meetings: \$6,500  PCP In Kind support staff to undertake problem gambling program: \$8,400  Program delivery expenses – printing, translating: \$3,000  Total=\$17,900

Strategy	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities	
<p>1.1 Sustain a Problem Gambling Partnership Group: local government (LG), Community Health Centre (CHC), Division of General Practice (DGP), New Hope Foundation, Gamblers Help Southern</p>	<p><u>Reach</u></p> <p>6 KBPCP member agencies actively engaged in the Problem Gambling Partnership</p> <p><u>Participant / stakeholder satisfaction</u></p> <p>Percentage of participants satisfied with participation in the committee</p>	<p>Minutes of Working Group to assess membership and engagement</p> <p>Questionnaire administered to Working Group at 12 months</p>	<p>Working group chair to provide report to KBPCP HPC documenting membership engagement and members satisfaction of partnership by June 2012</p>	<p>6members x 6 meetings</p> <p>1 ½ hours + 1 ½ hours prep and travel time</p> <p>90 hours x \$80 per hour \$7,200</p>
<p>1.2 Develop and pilot an Act-Belong-Commit resource kit for community members seeking additional information and opportunities to be involved in their community targeted at gambling venue patrons.</p>	<p><u>Consumer participation</u></p> <p>Number of community members consulted and actively involved in planning and developing the content of the resource kit</p> <p><u>Increased knowledge</u></p> <p>Proportion of community participants who felt they had an increased awareness of problem gambling</p> <p><u>Consumer satisfaction</u></p> <p>Participants were satisfied with their involvement in project</p>	<p><u>Program documentation</u></p> <p>Meeting Minutes and program records will be used to obtain data of development of resource.</p> <p>Surveys/Focus groups</p> <p>A brief feedback form and stamped addressed envelope will be included in each copy of the Act-Belong-Commit community kits.</p> <p>A written post session questionnaire is given to participants to assess level of increased knowledge of problem gambling issues and level of satisfaction with involvement in project.</p>	<p>Working group chair to provide reports to HP steering committee on progress</p> <p>Reach, survey feedback and community satisfaction and acceptance.</p> <p>Working group to collate questionnaire and include results in documentation of program</p>	<p>KBPCP administrative and evaluation support</p> <p>Approx. 40 hours</p> <p>= \$3,200</p>
<p>1.3 • In consultation with Gambler's Help Southern develop an Act-Belong-Commit resource aimed at Cultural and Linguistically Diverse communities to promote social connectedness, social participation and positive ways of spending time</p>	<p><u>Community Participation</u></p> <p>Number of CALD community members consulted and actively involved in planning and developing the content of the resource kit</p> <p>Number of resource kits accessed by CALD community members</p>	<p>Three focus groups will be undertaken will different Cultural and Linguistically Diverse communities to test the appropriateness, relevance, acceptability and satisfaction of the newly developed Act-Belong-Commit resource.</p>	<p>Working group to complete by June 2012</p>	<p>Expenses associated with program delivery – translators, venue hire, catering: \$4,500</p>

<ul style="list-style-type: none"> <li>• Develop a consultation strategy to pilot resource with relevant Cultural and Linguistically Diverse communities</li> <li>• Translate Act-Belong-Commit resource into relevant community languages</li> </ul>	<p><u>Increased knowledge</u></p> <p>Proportion of CALD community participants who felt they had an increased awareness of problem gambling</p>	<p>A survey of CALD participants will assess level of increased knowledge of problem gambling issues.</p>	<p>Evaluation report of program to be completed and provided to PCP HP steering committee June 2012.</p> <p>Survey and documentation of results completed by working group by June 2012.</p>	
<p><b>Preparation of evaluation report:</b></p>	<p>KBPCP HPC with the support of the Problem Gambling Working Group will be responsible for collating evaluation findings, analysing data and developing the report.</p>			
<p><b>Dissemination of evaluation:</b></p>	<p>Evaluation findings will be reported to the KBPCP Mental Health Promotion Steering Committee, the Health Promotion Committee and the Management Committee.</p> <p>The report will be provided to the Department of Justice as per funding requirements and the Department of Health regional office.</p>			

## Physical activity and nutrition: Being Active Eating Well – ‘Partnerships’

<b>Priority Area:</b>	'Promoting Accessible and Nutritious Food' and 'Promoting Physical Activity and Active Communities'			
<b>Goal:</b>	To increase access and opportunities to improve healthy eating and physical activity in Kingston and Bayside			
<b>Target population/s:</b>	<ul style="list-style-type: none"> <li>• Kingston Bayside Primary Care Partnership Member Agencies</li> <li>• Children aged 0-12 years living in Kingston and Bayside</li> <li>• Parents / grandparents / carers of children aged 0-12 years living in Kingston and Bayside</li> </ul>			
<b>Partner agencies:</b>	Kingston City Council, Bayside City Council, Central Bayside Community Health Services, Bentleigh Bayside Community Health, New Hope Foundation, Family Life, Sandybeach			
<b>Objective 1</b>	<b>Impact indicators</b> (must align with DH IHP performance measures)	<b>Evaluation methods/tools</b> (provide specific details)	<b>Timelines and responsibilities</b>	<b>Budget</b>
By Dec 2011, increase the communities capacity to promote healthy eating and physical activity for children aged 0-12 years in Kingston and Bayside	<p><u>Partnerships</u></p> <p>100% of member agencies work collaboratively to deliver the project</p> <p>100% of KBPCP member agencies continue to promote healthy eating and physical activity 6months after the BAEW project concludes.</p> <p>80% community groups involved in the BAEW project continue to promote healthy eating and physical activity 6 months after the project concludes.</p>	<p>Capacity building survey of member agencies to assess the strength of the partnership.</p> <p>Survey of member agencies to assess their involvement and capacity to promote messages</p> <p>Survey of community groups involved in project e.g. "assessing community capacity to address community issues.</p>	<p>KBPCP HPC review minutes of the BAEW committee (July 2011)</p> <p>KBPCP facilitate survey July 2011)</p> <p>BAEW steering committee facilitate survey to community groups by Dec 2011</p>	<p>In kind partner agencies : = \$41, 091</p> <p>KBPCP BAEW grant funding \$8,660</p> <p><b>Total \$49,751</b></p>

Strategy	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities	Budget
1.1 Support and resource the implementation of the action plan	<p><u>Reach</u></p> <p>80% of BAEW member agencies who submitted funding proposals to the BAEW steering committee receive funding</p> <p><u>Partnerships</u></p> <p>7 KBPCP member agencies working collaboratively on the BAEW project</p>	<p>BAEW minutes of meetings will identify number of proposal submitted and number accepted.</p> <p>VicHealth Partnership Analysis Tool.</p>	<p>BAEW steering committee (Dec 2011)</p>	<p>7 agency representatives \$3,000</p>
1.2 Support the Healthy Living in Australia project to provide culturally relevant life skills training and mentoring.	<p><u>Reach</u></p> <p>100% of peer educators are from CALD background</p> <p>Number of sessions facilitated by peer educators</p> <p><u>Consumer Satisfaction</u></p> <p>Percentage of peer educators who are satisfied with the Healthy Living in Australia project</p> <p><u>Organisational Practice</u></p> <p>Member agencies support the continuation of Healthy Living in Australia project after the funding round is complete.</p>	<p>Participant attendance records</p> <p>Attendance records at each session</p> <p>Evaluation report from lead agency will indicate peer educators satisfaction with training</p> <p>Evaluation report required by BAEW steering group will provide details on how the program is to be sustained after Dec 2011</p>	<p>New Hope by Dec 2011</p> <p>New Hope by Dec 2011</p> <p>BAEW steering committee Dec 2011</p>	<p>KBPCP BAEW grant funding: \$3,940</p> <p>In Kind: New Hope \$4,800</p> <p>In Kind: CBCHS \$2400</p> <p>In Kind: partner agencies \$2500</p>

<b>Preparation of evaluation report:</b>	KBPCP HPC with the support of the Being Active Eating Well Steering Committee will be responsible for collating evaluation findings, analysing data and developing the report.
<b>Dissemination of evaluation:</b>	Evaluation findings from each project will be reported to the BAEW steering committee, the KBPCP Health Promotion Committee and the Management Committee. The report will be distributed to all stakeholders and the DH regional office. Community Health representatives will table the final report to their respective Boards of Governance. Local Government representatives will table the final report to Council.

## Physical activity and nutrition: Being Active Eating Well – ‘Healthy Messages’

<b>Priority Area:</b>	Promoting Accessible and Nutritious Food’ and ‘Promoting Physical Activity and Active Communities’			
<b>Goal:</b>	To increase access and opportunities to improve healthy eating and physical activity in Kingston and Bayside			
<b>Target population/s:</b>	Kingston Bayside Primary Care Partnership member agencies			
<b>Partner agencies:</b>	<b>Central Bayside Community Health Services (lead agency)</b> , Kingston City Council, Bayside City Council, Bentleigh Bayside Community Health			
<b>Objective 2</b>	<b>Impact indicators</b> (must align with DH IHP performance measures)	<b>Evaluation methods/tools</b> (provide specific details)	<b>Timelines and responsibilities</b>	<b>Estimated Budget</b>
By Dec 2011 80% of KBPCP member agencies involved in the project have promoted BAEW healthy eating and physical activity messages	<p><u>Increased knowledge and skills</u></p> <p>Percentage of targeted community reporting an increased understanding and awareness of three key ‘Being Active Eating Well’ messages</p> <p><u>Organisational Development</u></p> <p>100% of social marketing work group partners work collaboratively to promote evidenced based messages.</p>	<p>Survey of % of parents attending immunisation sessions in Kingston and Bayside. Survey adapted from the BAEW parents survey 2009.</p> <p>Survey of parents/grandparents attending healthy eating information sessions</p> <p>Review Social Marketing group minutes and budget.</p>	<p>CHS and Local government reps will conduct surveys (October – November 2011)</p> <p>Social Marketing work group to review minutes (Dec 2011)</p> <p>Social marketing work group to research key messages by (July 2011)</p>	<p>KBPCP BAEW funding grant \$6000</p> <p>In Kind: partner agencies x 5 agency representatives \$13,100</p> <p>Total \$19,100</p>

Strategies	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities	Estimated Budget
2.1 Establish a BAEW Social Marketing Working group that will support KBPCP member agencies to promote healthy eating and physical activity messages	<u>Reach</u> 5 KBPCP member agencies actively engaged in the working group	Meeting Minutes	Chair of WG to review Minutes (July 2011)	In kind partner agencies \$6000
2.2 Develop supporting resources to complement existing Being Active Eating Well displays.	<u>Reach</u> Number of resources produced  <u>Organisational development</u> Key marketing methods identified  <u>Consumer satisfaction</u> Consumers report marketing materials as relevant and appropriate	Minutes of BAEW social marketing working group meetings reviewed  Marketing methods identified, trialled and reviewed by working group  Focus group to obtain feedback from parents / carers of children aged 0-12 years	WG to review minutes (July 2011)  WG to facilitate as part of meetings (July 2011)  CHS will run focus facilitate focus group by (Dec 2011)	KBPCP BAEW grant funding = \$6000 to develop and produce resources
2.3 Promote social marketing messages and resources to KBPCP member agencies that provide services to families with young children	<u>Reach</u> Number of agencies who received resources and materials to promote key messages  <u>Stakeholder satisfaction</u> Proportion of partner agencies reporting that the resources were useful, relevant and appropriate for their clients	Records of resource distribution, requests and bookings  Questionnaire administered to partner agencies to obtain feedback on usefulness and appropriateness of materials	Social marketing working group (Dec 2011)	CBCHS evaluation support 2 hours per week x 5 weeks = \$800
<b>Preparation of evaluation report:</b>	KBPCP Social Marketing work group will prepare a report with evaluation findings and recommendations.			
<b>Dissemination of evaluation:</b>	The evaluation report will be reported to the KBPCP Health Promotion Steering Committee. The report will be included in the final BAEW report.			

## Physical activity and nutrition: Being Active Eating Well – ‘Healthy Eating’

<b>Priority Area:</b>	'Promoting Accessible and Nutritious Food'			
<b>Goal:</b>	To increase access and opportunities to improve healthy eating in Kingston and Bayside			
<b>Target population/s:</b>	<ul style="list-style-type: none"> <li>• Children aged 0-12 years living in Kingston and Bayside</li> <li>• Parents / grandparents / carers of children aged 0-12 years living in Kingston and Bayside</li> <li>• Staff of primary schools and early childhood settings</li> </ul>			
<b>Partner agencies:</b>	<b>Central Bayside Community Health Service (lead agency)</b> , Bentleigh Bayside Community Health, Bayside City Council, Kingston City Council, New Hope Foundation ,Family Life, Sandybeach			
<b>Objective 3.1</b>	<b>Impact indicators</b> (must align with DH IHP performance measures)	<b>Evaluation methods/tools</b> (provide specific details)	<b>Timelines and responsibilities</b>	<b>Estimated Budget</b>
By June 2012, improve eating patterns amongst children aged 0-12 years by increasing the consumption of fruit and vegetables and decreasing consumption of energy dense foods at school, early childhood settings and at home.	<p><u>Increased Knowledge and Skills</u></p> <p>Percentage of target population reporting an increased understanding of the importance of healthy eating</p> <p><u>Organisational Practice</u></p> <p>Percentage of early childhood services signed up to promote healthy eating messages</p> <p>Development of a useable resource to promote healthy eating to prep aged children attending primary school</p>	<p>Evaluation session in early childhood services to assess children's awareness of healthy eating messages.</p> <p>Records of number of early childhood services signed up to project</p> <p>Survey questionnaire to ascertain feedback from primary school on the value of the resource</p>	<p>CBCHS x 2 staff (Dec 2011)</p> <p>CBCHS responsible for keeping records of childhood services requesting resources</p> <p>CBCHS to develop questionnaire and conduct evaluation</p>	<p>In Kind: CBCHS \$7640</p> <p>KBPCP BAEW funding grant \$3000</p>

Strategies	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities	Estimated Budget
3.1.1 CBCHS will implement and expand the delivery of the Ben and Molly Healthy Eating Puppet Show	<u>Reach</u> Number of preschools who used the newly developed resource in Kingston  No of intended audience that participated in the program  <u>Consumer satisfaction</u> Proportion of preschools that participated reporting the resource was appropriate/useful	Attendance records of each session   Telephone survey to all preschools who borrowed resource kit to ascertain participant satisfaction and appropriateness of resource.	CBCHS Dietitians to review records By Dec 2011   CBCHS Dietitians By Dec 2011	2 workers x 10 sessions = \$2000   KBPCP BAEW grant funding for Kit resources= \$2000
3.1.2 CBCHS will develop and pilot a Healthy Eating program for Preps	<u>Reach</u> Number of primary schools involved in the pilot program  Number of prep grade children involved in the pilot program  <u>Organisational Practice</u> New healthy eating resource developed and trialled   <u>Consumer satisfaction</u> Proportion of participating primary schools reporting the resource was useful/appropriate	Recorded notes of project. Number of primary schools that piloted the new program.  Attendance records at pilot sessions  Records of number of schools utilising the developed resource  Resource developed and made available to primary schools  Questionnaire administered to all schools involved in the pilot program to obtain feedback on appropriateness of the program	CBCHS Dietitians to develop and pilot new program by Dec 2011   CBCHS dietitians to administer questionnaire by February 2012   CBCHS dietitians will provide Program evaluation by June 2012	2 Dietitians x 4 programs = \$1600  KBPCP BAEW grant funding for resources = \$1000  2x Dietitians x15hrs = \$2400 (new resource) X 4hrs = \$640 (evaluation)  Total \$5640
<b>Preparation of evaluation report:</b>	Being Active Eating Well Health Promotion Committee with the support of the working groups will be responsible for collating evaluation findings, analysing data and developing the report.			
<b>Dissemination of evaluation:</b>	Evaluation findings will be reported to the KBPCP Health Promotion Steering Committee and the Management Committee. The report will be distributed to all stakeholders and the DH regional office. Community Health representatives will table the final report to their respective Boards of Governance. Local Government representatives will table the final report to Council.			

## Physical activity and nutrition: Being Active Eating Well – ‘Healthy Eating’

<b>Priority Area:</b>	'Promoting Accessible and Nutritious Food'			
<b>Goal:</b>	To increase access and opportunities to improve healthy eating in Kingston and Bayside			
<b>Target population/s:</b>	<ul style="list-style-type: none"> <li>• Parents grandparents and carers and cares of Children aged 0 - 1 years.</li> <li>• Care givers including Health Professionals and those in Early Childhood settings.</li> </ul>			
<b>Partner agencies:</b>	<b>Bentleigh Bayside Community Health</b> (lead agency), Central Bayside Community Health Services Kingston City Council, Bayside City Council, Family Life			
<b>Objective 3.2</b>	<b>Impact indicators</b> (must align with DH IHP performance measures)	<b>Evaluation methods/tools</b> (provide specific details)	<b>Timelines and responsibilities</b>	<b>Budget</b>
To build capacity among the care givers of children aged 0-1 years throughout Kingston and Bayside	<p><u>Partnerships</u></p> <p>To continue to support the partnerships developed during the Being Active Eating Well Community Demonstration Project 2006 – 2010</p> <p>Engage a minimum of 4 agencies to commit to building capacity amongst caregivers of children aged 0 -1 through enhanced organisational learning and improved practice through dissemination of the new resource</p> <p><u>Organisational development</u></p> <p>100% of these partners commit to improving capacity among staff</p> <p><u>Workforce development</u></p> <p>To have newly acquired knowledge and skill incorporated into daily work</p>	Number of agencies committing to the partnership and resource dissemination and training.	<p>May 2010 – December 2011.</p> <p>Dietitian BBCH.</p> <p>Timelines altered due to delay in release of nutrition guidelines for 0-1 year olds. It is anticipated the project will be completed by June 2012.</p>	<p>In Kind: BBCH Dietitian 105 hours = \$8400</p> <p>In-Kind: partner agencies and care-givers 20 hours x \$80 = \$1600</p> <p>In Kind: BBCH consumables = \$100</p> <p>KBPCP BAEW funding grant \$2500 for printing.</p> <p>Total: \$12,600</p>

Strategy	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities	Estimated Budget
<p>3.2.1 BBCH will produce a resource which includes comprehensive best practice and evidence based, practical information on feeding practices for children aged 0-1</p>	<p><u>Organisational development</u> Evidence based and best practice guidelines sourced and summarized.</p> <p><u>Stakeholder Satisfaction</u> Stakeholders report the resource is useful</p>	<p>Literature search completed</p> <p>Focus groups undertaken with participant organisations to determine – usefulness of the draft resource.</p>	<p>Literature search June 2012</p> <p>Draft Resource June 2012</p> <p>Final Resource + printing June 2012</p>	<p>20 hours other Health Professional and care giver (in kind)</p> <p>In kind from BBCH 60 + hours</p> <p>Printing - \$2500 (KBPCP BAEW grant)</p>
<p>3.2.2 BBCH will develop a training presentation to present to partner agencies to enable staff to distribute to parents, care givers.</p>	<p><u>Reach</u> Number of agency staff who received the presentation</p> <p><u>Increased knowledge and skills</u> Proportion of participants who felt they had a greater understanding of the process of introduction of solids</p> <p><u>Participant satisfaction</u> Percentage of participants reporting that the presentation was useful</p>	<p>Training records to assess number of presentations, number of participants for each agency</p> <p>Questionnaire for participants to assess understanding, satisfaction and usefulness of presentation</p>	<p>Training Program Developed June 2012</p> <p>Training conducted June 2012</p>	<p>Presentation 20 hours development</p> <p>Minimum. 4 presentations by Dietitian x 3 hours each = 15 hours</p>

<p>3.2.3 BBCH will obtain the commitment of partner agencies - once trained, to distribute the resource to care givers</p>	<p><u>Reach</u> To have a minimum of 4 partner agencies commit to distribute the resource.</p> <p><u>Stakeholder satisfaction</u> Proportion of partner agencies reporting that the Resource was useful, and relevant for caregivers.</p>	<p>List of committed agencies</p> <p>Number of staff using the resource</p> <p>Questionnaire administered to partner agencies to obtain feedback on the usefulness and appropriateness of the Resource from care givers</p>	<p>Distribution Resource June 2012</p> <p>Evaluation will provide survey to each partner agency to distribute to care givers June 2012</p>	<p>BBCH Dietitian – 10 hours</p> <p>Evaluation production approximately \$100</p>
<p><b>Preparation of evaluation report:</b></p>	<p>BBCH Dietitian with the responses from partner agencies will be responsible for collating evaluation findings and develop report.</p>			
<p><b>Dissemination of evaluation:</b></p>	<p>Evaluation findings will be reported to the KBPCP BAEW Steering Committee, the Health Promotion Committee and the Management Committee of BBCH. The report will be distributed to all stakeholders and incorporated into the KBPCP IHP for distribution.</p>			

## Physical activity and nutrition: Being Active Eating Well – ‘Healthy Eating’

<b>Priority Area:</b>	'Promoting Accessible and Nutritious Food'			
<b>Goal:</b>	To increase access and opportunities to improve healthy eating in Kingston and Bayside			
<b>Target population/s:</b>	<ul style="list-style-type: none"> <li>• Children aged 0-12 years living in Kingston and Bayside</li> <li>• Parents / grandparents / carers of children aged 0-12 years living in Kingston and Bayside</li> <li>• Staff of primary schools and early childhood settings</li> </ul>			
<b>Partner agencies:</b>	Central Bayside Community Health Service, Bentleigh Bayside Community Health, Bayside City Council, Kingston City Council, New Hope Foundation ,Family Life, Sandybeach, Port Phillip Community Group			
<b>Objective 3.3</b>	<b>Impact indicators</b> (must align with DH IHP performance measures)	<b>Evaluation methods/tools</b> (provide specific details)	<b>Timelines and responsibilities</b>	<b>Estimated Budget</b>
By June 2011, establish and sustain a Kingston Bayside community kitchens program.	<u>Community Capacity</u> Percentage of community members who continue to participate in community kitchens once the project concludes.	Survey/focus group using evidenced based survey questions e.g. "Assessing community capacity to address community issues"	BAEW steering committee (Dec 2011)	KBPCP BAEW grant funding \$10,520  In Kind: partner agencies \$21,195  Total; \$31,715

Strategies	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities	Estimated Budget
3.3.1 To sustain and expand the Clarinda Community Kitchen	<p><u>Reach</u></p> <p>Number of participants from CALD communities participating</p> <p><u>Increased Knowledge and skills</u></p> <p>Percentage of participants from CALD community who increased their knowledge and skills of healthy eating</p> <p><u>Consumer Satisfaction</u></p> <p>% of participants satisfied with their involvement.</p>	<p>Clarinda Community Kitchen program report submitted to BAEW health promotion committee</p> <p>Participants will be asked to complete a feedback survey at the end of the 6 week program. Informal discussion and observation will also assist with evaluation.</p>	<p>BAEW steering committee (Dec 2011)</p> <p>Kingston City Council (July 2011)</p>	<p>KBPCP BAEW funding \$3000</p> <p>In Kind: partner agencies \$3100</p>
<b>Preparation of evaluation report:</b>	Being Active Eating Well Health Promotion Committee with the support of the working groups will be responsible for collating evaluation findings, analysing data and developing the report.			
<b>Dissemination of evaluation:</b>	Evaluation findings will be reported to the KBPCP Health Promotion Steering Committee and the Management Committee. The report will be distributed to all stakeholders and the DH regional office. Community Health representatives will table the final report to their respective Boards of Governance. Local Government representatives will table the final report to Council.			