



Whitehorse Community  
Health Service

## Integrated Health Promotion Plan 2006 - 2009

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***"Creating community environments that  
enable opportunities for health in areas  
of identified need"***

## Table of Contents

1.	Organisation Vision for Health Promotion .....	3
2.	Planning Process: .....	4
3.	Health Inequality in Whitehorse.....	5
3.1	Whitehorse Population Health Survey Data: .....	5
3.2	Burden of Disease: .....	6
3.3	Health Service Utilisation: .....	6
3.4	Whitehorse Community and Health Profile: .....	7
4.	Confirming target groups and priorities for health promotion action in 2006 - 2009 .....	12
5.	Partnerships.....	19
6.	Emerging Issues: .....	23
7.	Solution Generation: .....	255
7.1	Capacity Building Strategies 2006 - 2009 .....	25
7.2	Priority Issue 1: Physical activity and active communities. ....	27
7.3	Priority Issue 2: Mental Wellbeing and Social Connectednes.....	44
7.4	Priority Issue 3: Healthy Weight .....	57
8.	Health Promotion Plan Total Budget.....	68
9.	Bibliography.....	79

## **1. Organisation Vision for Health Promotion**

### ***"Creating community environments that enable opportunities for health in areas of identified need"***

The vision for health promotion was developed in 2004 and has been confirmed as part of the current planning process as still being relevant in the Whitehorse community context. This vision firmly sets the agenda for health promotion at Whitehorse Community Health Service (WCHS) to work at the neighbourhood environment level to support healthy lifestyles and opportunities for groups in the municipality who experience the greatest need and the poorest health outcomes, thus working to reduce health inequality in the Whitehorse community.

The health promotion vision is affirmed by key supporting documents within WCHS, such as the: Strategic Plan 2004 - 2007, WCHS Health Promotion Orientation Manual and Health Promotion Policy. In addition, the WCHS strategic plan, organisational policies, procedures, position descriptions and other planning documents incorporate commitment to the following health promotion concepts and frameworks: the Ottawa Charter, DHS framework for Integrated Health Promotion, Social Determinants of Health Framework and community development and participatory action research principles. WCHS is committed to building organisational capacity for health promotion and providing an integrated approach to its service delivery role and health promotion. Health promotion is reflected in all service provider position descriptions and there are designated roles across all teams and delegated authority for health promotion in the senior management team.

Health promotion planning and action within the WCHS 2006 – 2009 Integrated Health Promotion Plan are underpinned by the following principles:

- Based on best available evidence;
- Population focused;
- Addresses the broader determinants of health;
- Seeks to reduce health inequalities;
- Emphasises active consumer & community participation;
- Empowers individuals and communities;
- Considers differences in culture and gender;
- Facilitates inter-sectoral collaboration.

## **2. Planning Process:**

Planning for health promotion at WCHS over the previous four years has been a developmental process as the organisation has built the necessary skills and experience to undertake a broader and more inclusive approach to needs identification, priority setting and solution generation.

As a result, this year's planning reflects a more comprehensive and participatory process that has incorporated extensive data gathering and review; community engagement and collaboration with partner agencies, and active involvement of WCHS staff teams, management and Board.

### **2.1 Priority Setting:**

In 2004 the WCHS in partnership with City of Whitehorse, Eastern Health and the Whitehorse Division of General Practice, conducted a population health survey (Population Health in Whitehorse, 2004) to collect information about cardiovascular disease (CVD) risk factors, including selected social determinants and related health inequalities in the local government area. The survey was a reduced version of the Victorian Population Health Survey (VPHS) that was conducted by telephone with 830 residents. The sample included 630 general population and 100 each from Chinese and socio-economically disadvantaged populations within the municipality. This survey has provided a baseline representing the felt need of the Whitehorse community.

To add to this evidence base and to support a more holistic approach to planning, in July 2006 WCHS commissioned a further study to provide quantitative health indicator data using a comprehensive range of the most recent data available for communities located within the City of Whitehorse and providing further analysis of the Whitehorse Population Health Survey (WPHS). The "Community and Health Profile 2006 Report" provides (in Part I) an "Overview of the City of Whitehorse and its Demographic Profile" and (in Part 2) a "Health and Social Profile" highlighting the comparative and normative need. In particular Part 2 of the report focuses on understanding not only the disparity in health that exists across population groups within Whitehorse but also the causal relationship of various risk factors and the social determinants of health using the 'Solid Facts' framework (Marmot, 1999). This analysis provides a clear demonstration of the population groups that have a higher than average risk to their health and well-being in Whitehorse.

Additional data sources were also used to confirm relevant policy directions, synergies with partners and funding bodies and opportunities for further collaboration. These included: Whitehorse Municipal Public Health Plan; Inner East Primary Care Partnership Community Health Plan (draft) and DHS discussion paper 'Health promotion priorities for Victoria'.

Extensive community engagement and participatory action research (PAR) was undertaken with the target populations in the 2004 -06 plan priority areas, to identify needs and solutions as reported in the evaluation report (WCHS, August 2006). In addition, and as part of the current planning

process, community consultation within each of the priority areas has confirmed the issues and needs to be addressed in the 2006-09 plan. The 2006–2007 operational plan reflects progress in relation to key objectives identified in each priority for the coming year, with supplementary objectives identified and addressed in subsequent year plans.

### **3. Health Inequality in Whitehorse**

#### **3.1 Whitehorse Population Health Survey Data:**

The general population in Whitehorse enjoys relatively good health but has high levels of three risk factors for cardiovascular disease: being overweight/obese (61% in Whitehorse compared to 46% State average), not undertaking recommended levels of physical activity and not consuming recommended daily amounts of fruit and vegetables. The Whitehorse LGA is a relatively high socio-economic status area (ranked 9th out of the 79 LGA's in Victoria), but has a significant minority of socio-economically disadvantaged residents. The survey revealed that women, older people (over 55), public housing tenants, the retired, the unemployed, people living alone and those who were born overseas or are non-English speaking at home were over-represented among Whitehorse's low socio-economic status residents.

In line with the body of international evidence, the survey further revealed that socio-economically disadvantaged groups in Whitehorse have worse health and higher levels of most, and in some cases all of the CVD risk factors. Extremely high rates of risk factors were found in the unemployed, public housing tenants and those unable to work. The survey also revealed a clear socio-economic gradient by income, in six of the ten CVD risk factors: diagnosis of diabetes, physical activity and fruit and vegetable intake, blood pressure and cholesterol testing, community connectedness and social isolation. With particular reference to public housing tenants there are significantly higher levels of diabetes (10% for public housing tenants compared to 4% Whitehorse average), lower levels of physical activity (53% Vs 49%), lower community connectedness (73% Vs 45%) and much higher levels of social isolation (31% Vs 15%).

The survey also indicated that Chinese residents in Whitehorse enjoy better health than the general population, but have some significant risk factors for CVD: not undertaking recommended levels of physical activity, not consuming recommended daily amounts of fruit and vegetables, lower screening rates for blood pressure and cholesterol and a higher rate of smoking. The lower screening rates for this group are significant and may indicate a more general lack of access to health care, or reduced health care seeking behaviour, which may also explain lower rates of diabetes diagnoses compared to the Whitehorse average (2% Vs 4%) and lower rates of dental screening (38% compared to 72% for Victoria as a whole). The survey also revealed that Chinese residents were more likely than the general population in Whitehorse to feel unsafe on their streets after dark signifying a degree of social isolation. Of particular significance is the finding that Chinese residents were substantially less likely than average

to have received a diagnosis of anxiety and depression but substantially more likely to have experienced symptoms of depression and anxiety in the last four weeks and to have K-10 scores that are considered diagnostic of depression.

In addition to Chinese people, psychological distress was also reported as being much higher among unemployed people, health care card holders, and people who spoke a language other than English at home. Data also shows that within the City of Whitehorse, there are higher suicide rates than for most of the rest of Eastern Region and just above the median for Victoria as a whole.

### **3.2 Burden of Disease:**

The overall burden of disease from CVD in Whitehorse is close to or below the state average, and most of this occurs among older people and those of lower socio-economic status. The life expectancy in the City of Whitehorse for both men and women is higher than the State average, and is very close to the averages for the Eastern Metropolitan Region. CVD remains the main cause of death in Whitehorse, but as for the rest of Victoria, cancer has now surpassed cardiovascular disease as the main cause of Disability Adjusted Life Years (DALYs) in the City of Whitehorse. Whilst overall morbidity from mental illness is lower than for Victoria as a whole, it is still the third leading cause of Burden of Disease in Whitehorse, accounting for nearly 20% of DALYs lost among both males and females (following cancer and cardiovascular disease). Furthermore, a higher than expected prevalence of asthma and other respiratory diseases occurs in the Whitehorse municipality compared to Melbourne and the rest of the Eastern Region.

### **3.3 Health Service Utilisation:**

Analysis of Whitehorse Population Health Survey data demonstrated that there was a high level of GP utilisation among all groups except 18-24 year olds and students. The overall percentage of respondents in the general sample who had used community health services in the last 12 months was 10%. This was highest for unemployed people, those unable to work, public housing tenants, and couples with dependant children. Health service utilisation was very low among students and people from a Chinese background and those speaking a language other than English at home. Similarly, and despite the high level of symptoms revealed in the WPHS: students, unemployed people and Chinese or those speaking a language other than English at home, had a less likely than average utilisation of public or private mental health services. Utilisation of mental health services overall was highest among single parents with dependant or non-dependant children and self employed people [especially private services]. Whilst people on any form of social security benefit were more likely than average to use public mental health services, all categories of

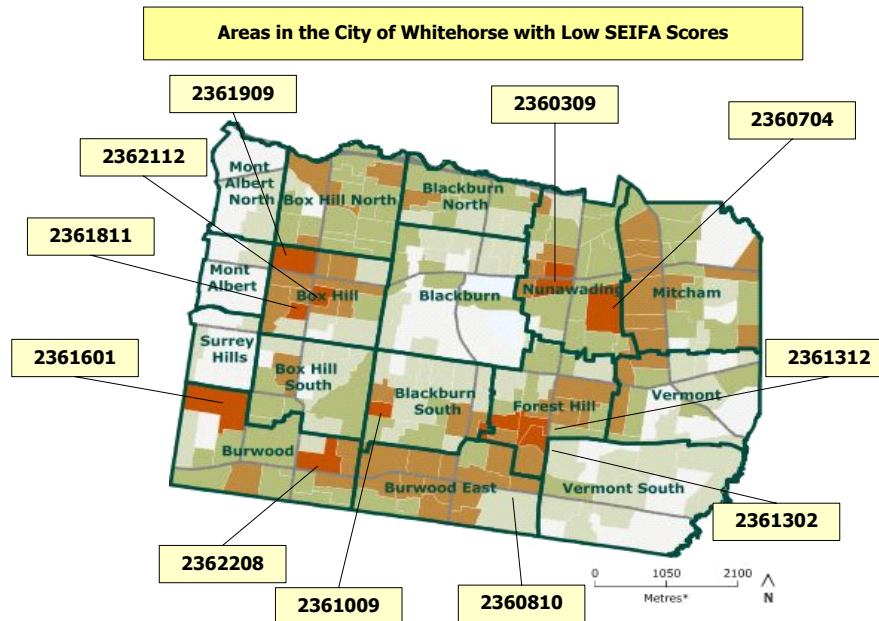
people with diminished economic resources were more likely to use hospital inpatient and emergency department services.

### 3.4 Whitehorse Community and Health Profile:

A particular focus of the community and health profile has been to extend analysis of the Whitehorse Population Health Survey. Whereas the focus of the initial analysis was on health issues and risk factors, the additional analysis places a greater emphasis on understanding the needs of specific population groups and identifying groups at risk. The profile also considers a greater range of demographic and health related variables than the initial analysis. The profile also found that the WPHS data are more useful than any other data sources for exploring the relationship between socio-demographic characteristics and health and well-being measures and it is this purpose that guided the additional analysis.

The Socio Economic Indicators for Areas [SEIFA] Index of Disadvantage scores reveal that overall; the City of Whitehorse is amongst the least disadvantaged LGA in Melbourne. However, eleven collection districts (CDs) in the City of Whitehorse (identified in the map below) have SEIFA scores which compare with the lowest scoring LGA's in Melbourne, again confirming the significant disparity in economic status that exists in Whitehorse.

**Figure 1**



Analysis of the socio-economic indicators in the Whitehorse CD's identified three main indicators that contributed to the variance in the level of

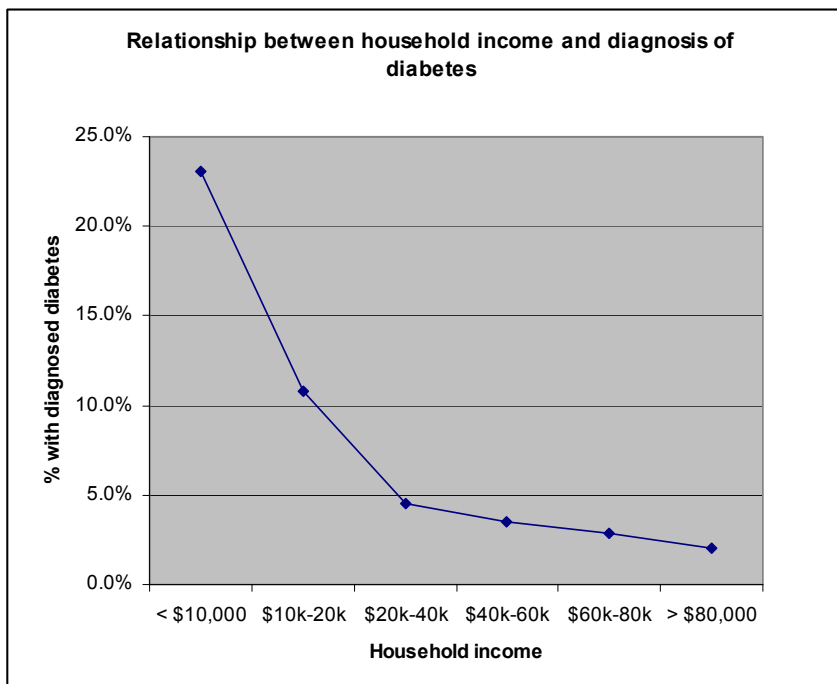
disadvantage between them. These were the proportion of: one parent families with dependent offspring (most important), renting public housing, employed males classified as intermediate production or transport workers.

### 3.5 The significant Social Determinants of Health in Whitehorse:

#### 1. Social Gradient:

In Whitehorse a linear relationship between occupational class and life expectancy was demonstrated, as was a clear inverse relationship between health status and income category that continues even through the top two income categories. Overall there is a strong relationship between place on a social gradient and health in Whitehorse. By contrast, for diabetes (Figure 2), the change in rate is not linear. While the rate continues to decrease across the income levels, it is most marked at the lower income levels suggesting a poverty effect.

**Figure 2**



The relationship between income and diagnosed heart disease shows a general but modest trend to reduced heart disease at the higher income levels.

#### 2. The Early Years:

The SEIFA data indicates that there are children living in significant poverty within the city of Whitehorse. At the time of the 2001 census, there were 409 people within the eleven most disadvantaged collection districts, who lived in families with offspring with parental income less

than \$15,600 (7.5% of residents) compared to 2,456 (1.8%) across the whole of Whitehorse. The SEIFA data for the eleven most disadvantaged collection districts (*Figure 1*) revealed that they contain a high proportion of one parent families with dependent offspring (35.1%) compared to (8.1%) for the whole of Whitehorse.

### **3. Social Exclusion:**

Within Whitehorse, the groups showing the most consistent pattern of social exclusion are: low SES, unemployed people and people living in public housing. These groups tend to have poor rates across all indicators especially the ability to get help when needed. The low SES and public housing groups had a greater proportion of people who do not value diversity and multiculturalism by contrast with the unemployed group who were more likely than average to value these. The Chinese background sample rated particularly low in relation to their ability to get help when needed (from friends, family or neighbours). For this group age was not strongly correlated to social isolation except that there were a proportion of older people who would not be able to get help if required.

### **4. Unemployment:**

Unemployment is a category of social exclusion, and the data presented in the social exclusion section showed that unemployed people were substantially more likely than the general population to have difficulty obtaining help when needed, to be socially isolated, and to have low feelings of empowerment. Unemployment rates are generally lower in the City of Whitehorse than for Victoria as a whole. At the time of the last census, unemployment was 5.3% in the City of Whitehorse, 6.6% in the Melbourne SD, and 7.2% for the State as a whole. The unemployment rate varies across the City. Examination of the SEIFA data shows that unemployment was the main contributor to the low SEIFA score in two of the most disadvantaged collection districts in Whitehorse.

### **5. Social Support:**

Social support relates to the social exclusion factor previously discussed. The WPHS revealed that the groups in Whitehorse most likely to have difficulty getting help when needed were the unemployed, public housing tenants, people from the lower SES sample, and older people. A strong association between people's ability to get help and the extent to which they experience symptoms of psychological distress was clearly demonstrated in the survey results. In general, people who were unable to get help when needed from friends, families or neighbours, are twice as likely to have persisting psychological symptoms compared to people who are able to access help when needed.

## **6. Food:**

The major nutritional issues identified in the WPHS were the very high rates of overweight and obesity (61% overall and 73% among those over 55 years) and the very low rates of fruit and vegetable consumption (fewer than 12% met the guidelines for recommended fruit and vegetable intake and fewer than 48% ate five or more serves of fruit or vegetables per day). Contrary to many stereotypes, fruit and vegetable consumption was found to be lower among people of Chinese background or those who spoke a language other than English at home.

## **7. Active transport:**

Participation in physical activity is higher than average in the City of Whitehorse. However, there are still 41% of the population who do less than 30 minutes of walking or vigorous physical activity per day and the proportion of people in Whitehorse who walk or cycle to work, catch public transport, or travel by car as a passenger, is substantially lower than the Victorian and Melbourne metropolitan averages. Those of lower SES, unemployed, older, self-employed or unable to work were more likely to have lower than recommended levels of daily physical activity.

Transport services in the region are organised around a main hub at Box Hill, with other important hubs at Westfield Doncaster and Glen Waverly (both outside of the City of Whitehorse but close and linked to transport routes that pass through Whitehorse). The Box Hill transport hub also connects to train services that run to the Melbourne Central Business District. WCHS and several other public and private health and welfare services are located close to the Box Hill hub. There are also more minor transport hubs at Forest Hill Shopping Centre and Mitcham Station. A tram service operates to the city with a super-stop in Box Hill and on the southern edge of the city; the Burwood Highway has a tram route to the city with several super stops. All sections of the city have a bus service running to the Box Hill hub although there is disparity of access across the municipality.

Despite the availability of numerous services and routes, public transport options can still be limiting in Whitehorse in several ways:

- not all bus routes have low floor buses, and it is not always possible to know if and when low floor buses are scheduled thus limiting access to older, frailer and disabled people;
- some bus services have limited days and hours of operation;
- bus stops are perceived as insecure by many people especially after dark;
- if you are not travelling to a central hub, it may be necessary to take more than one service, which can be create significant difficulties and be very time consuming especially for the older, frailer and disabled people;
- services are not always reliable requiring extra time allowances in getting to appointments;

- despite the widespread services, the routes and bus stops are too far for some people to walk to them;
- there are a lack of decent bus shelters;
- many neighbourhoods have impaired footpaths, busy roads with no pedestrian crossings, unmade paths through parkland making traversing to bus stops difficult, unsafe or not an option for some older, frailer and disabled people;
- many people do not have the ability to carry shopping or goods on public transport;

Having no motor vehicle in the household is one of the indicators related to areas of disadvantage in the SEIFA scores. Within the City of Whitehorse, the proportion of households with no motor vehicles is 8.7% compared with 9.5% for Victoria and 9.0% for the Melbourne metropolitan region. However, the rates vary across Whitehorse; again being lower in those collection districts with lower SEIFA scores (6.6-8.3%).

Transport related pollution may be related to the higher than expected prevalence of asthma and other respiratory diseases in Whitehorse. Enormous volumes of traffic pass through Whitehorse on a daily basis and there are three significant arterial east-west roads and five significant north-south routes that pass through the LGA. In fact, there are few, if any, parts of the city that are not close to major roads and the municipality has relatively few *large* green spaces and a relatively high population density. All of these factors suggest that air quality may be an issue that affects those predisposed to respiratory illness and this needs to be explored more fully in subsequent planning processes. In addition, while through traffic no doubt accounts for most of the traffic load in the city, the fact that so few Whitehorse people use means of transport other than cars must add to this.

## **8. Summary of Key Findings**

The data presented above provide clear direction to:

- Provide a continued focus on public housing residents in the LGA;
- Examine the health issues and causal factors impacting on the Chinese community in Whitehorse;
- Engage with single parent families and low income and unemployed men and explore the impact on children;
- Investigate the traffic issue in Whitehorse, access to active transport and levels of air pollution;
- Continue working at a population level to reduce obesity into future generations.

#### 4. Confirming target groups and priorities for health promotion action in 2006 - 2009

Since 2003, WCHS has been working with three population groups residing in areas of high disadvantage (3 of the 11 CD's in Whitehorse with low SEIFA scores), to improve their health and wellbeing. The priority setting process detailed above and the key contributing factors highlighted below serve to confirm the importance of continuing the work with the targeted population groups in order to reduce health inequality in Whitehorse.

The needs identification process also highlighted new and potentially emerging issues for some population groups in Whitehorse, that need to be more fully explored throughout the life of this plan (Section 6) to determine their significance and amenability to action. These include: *single parent families with children living in disadvantaged areas; Chinese people in relation to mental health, low levels of physical activity and fruit and vegetable consumption and access to services; and air pollution in Whitehorse.*

Target Population Groups	Key Contributing Factors
<b><i>XXX public housing estate residents</i></b>	Physical, economic, social and environmental barriers to health include: <ul style="list-style-type: none"> <li>• low SEIFA score neighbourhood</li> <li>• several CALD groups/language barriers;</li> <li>• mental health issues;</li> <li>• addiction;</li> <li>• chronic health issues;</li> <li>• ageing population;</li> <li>• increasing frailty and inability to assess own levels of fitness;</li> <li>• isolated from transport/shops and limitations in mobility and functional abilities impacting on capacity to walk long distances and catch high rider buses;</li> <li>• history of conflict in community;</li> <li>• isolation due to conflict/ anger/ friendship groups and new residents not</li> </ul>

	<p>welcomed and informed in a planned manner;</p> <ul style="list-style-type: none"> <li>• unclear how to communicate with OOH and how to get things done and frustration about levels of collaboration;</li> <li>• feelings of lack of control over gardens, home maintenance and security issues;</li> <li>• park appears unsafe/uninviting;</li> <li>• unsafe paths in parks/footpaths;</li> <li>• traffic safety issues for cars entering and leaving estate.</li> </ul>
<p><b><i>YYY public housing estate residents</i></b></p>	<p>Physical, economic, social and environmental barriers to health include:</p> <ul style="list-style-type: none"> <li>• low SEIFA score neighbourhood</li> <li>• low income families</li> <li>• new policies that threaten welfare payments for some;</li> <li>• high levels of chronic illness;</li> <li>• unemployment;</li> <li>• addiction;</li> <li>• marginalization of people from CALD backgrounds;</li> <li>• language barriers;</li> <li>• fragmentation of different groups within the community: older, younger &amp; the various CALD groups;</li> <li>• mental health issues;</li> <li>• single parent families;</li> <li>• lack of access to public transport;</li> <li>• social isolation;</li> <li>• stigmatisation;</li> <li>• lack of community spirit;</li> <li>• barriers to access: services, information, resources;</li> <li>• feelings of lack of control over lives.</li> </ul>

**ZZZ Primary School  
community**

Whitehorse population health data revealed a very high overweight/obesity rate for the general population in the LGA compared to the state average (61% Vs 46%). Overweight and obesity is a significant risk factor for a number of diseases, including: cancer, CVD & diabetes. Although there is some disparity across population groups in Whitehorse (greater in low income and retired people) this is not as marked as in some of the other indicators. Furthermore, a reverse income gradient exists in relation to people meeting dietary requirements for fruit and vegetables in Whitehorse. Of additional note, the WPHS and PAR conducted with some population groups who are not meeting dietary requirements (men, CALD, self-employed, unemployed, students, home duties, public housing tenants and private renters) revealed that these groups often experience higher levels of

- stress;
- poor access to transport;
- social isolation;
- low levels of physical activity.

As the WPHS did not include under 18 year olds, no data exists for younger children in Whitehorse. However, there is very clear evidence that overweight and obesity is a significant problem for children in Australia and national studies reveal a 20-25% overweight and obesity rate. Furthermore, the rate appears to be climbing at 1% per year and predictions suggest that half of all young Australians could be overweight by 2025. Therefore, the whole of primary school approach being applied to healthy weight in this plan reflects the breadth of the problem across the municipality. However, strategies within the plan will incorporate disadvantaged and low income groups within the primary school population. This will be achieved by utilising the ANGELO framework for obesity prevention (Swinburn et al., 1999) which takes a broad social, economic and environmental approach and targeting schools that fall within the lowest 11 SEIFA collection districts in Whitehorse.

## 4.1 Priorities for health promotion action 2006 - 2009

### 1. XXX Public Housing Estate:

Building on PAR with older residents in the XXX public housing estate during the preceding three years and confirmed in the current planning process, residents have identified the following priority issue and related needs in their community for action in the coming three years. Work is underway in this priority and the partnership of community members and agencies are working collaboratively to achieve the objectives defined in the operational plan that follows.

Within the life of the three year plan it is anticipated that progress toward sustainability may be accomplished with XXX residents and that work will commence with another group of older public housing residents at AAA estate. Initial engagement with this community commenced in 2003 and has been re-established in recent months, with early PAR revealing similar needs to XXX in relation to poor access to public transport, neighbourhood walk-ability issues and social isolation.

- **Promoting physical activity and active communities:** improved access to public transport and community bus; walkable neighbourhood & improved community safety and security:

Priority Issue 1	Needs identified
<b>Physical activity &amp; active communities</b>	<ol style="list-style-type: none"><li>1. Improve access to bus services, low floor buses, local shopping centre routes.</li><li>2. Local park &amp; footpath safety: council maintenance, bikes on footpaths, overgrown vegetation.</li><li>3. Installation of park benches in parkland and along footpaths en-route to shops and bus stops.</li><li>4. Sustainability of existing exercise programs in community hall &amp; development of additional programs: strength training &amp; walking well falls prevention, neighbourhood walking group.</li><li>5. Solution to road safety issues: installation of pedestrian crossing or lights, vehicle access line of sight &amp; heavy transport issues.</li><li>6. Personal security &amp; safety: review of security doors &amp; lighting, garden and roof litter maintenance.</li><li>7. Effective working relationship with Office of Housing to streamline response to maintenance and community safety &amp; security issues</li><li>8. A neighbourhood information resource to welcome and support new residents and provide all residents with easy access to partnership agencies and other key services.</li></ol>

## 2. YYY Public Housing Estate

Building on PAR with residents in the YYY public housing estate during the preceding three years and confirmed in the current planning process, residents have confirmed the following priority issue and related needs in their community. Whilst work is underway in this priority, the lack of broader resident participation in community life and PAR processes means that the focus on community engagement strategies clearly needs to continue and be expanded in the next plan. In addition, work needs to be undertaken to strengthen some aspects of the quality of the partnership and additional PAR may reveal additional needs and issues to be prioritised as they arise throughout the life of the plan.

- ***Mental Wellbeing and Social Connectedness:*** increased community participation in community activities and in identifying local issues and needs; improved access and greater usability of the local environment and neighbourhood amenities; better community connection to outside resources, services and programs.

Priority Issue 2	Needs identified
<b><i>Mental Wellbeing and Social Connectedness</i></b>	<ol style="list-style-type: none"> <li>1. Broader engagement including with the harder to reach groups in the community to ensure that needs are verified and any action is owned.</li> <li>2. Neighbourhood amenity and lack of access to a community space is a significant barrier to successfully engaging the broader community.</li> <li>3. Lack of pride and ownership of the current community square and amenity impacts on feelings of community connectedness.</li> <li>4. Continued work with the YYY Community Partnership Group to progress work on issues identified and invite new partners to participate.</li> <li>5. Lack of community information and inadequate linkage to external groups, agencies and services.</li> </ol>

## 3. ZZZ Primary School

Following completion of the ANGELO prevention framework (Analysis Grid for Environments Linked to Obesity) (Swinburn et al. 1999), the ZZZ Primary School 'Healthy Way to Go' partnership team has identified the following priority issue and needs in their school community to form the basis of action during the next three years.

Work will also commence with an additional primary school in Whitehorse to address healthy weight issues identified by the BBB Primary School community.

- **Healthy Weight:** Replacing sugary drinks with water, reducing energy dense foods with fruit, increased walking to school, active play and reduced screen time.

<b>Priority Issue 3</b>	<b>Needs identified</b>
<b>Healthy Weight</b>	<ol style="list-style-type: none"> <li>1. High levels of consumption of soft drinks, cordials and fruit drinks both at school and at home.</li> <li>2. Low numbers of children walking to school and parent perceptions of unsafe neighbourhood.</li> <li>3. Low levels of physical activity out of school hours.</li> <li>4. Other barriers to walking to school need to be identified: home, community and school.</li> <li>5. High levels of TV and computer screen time out of school hours.</li> <li>6. School canteen policy may not be supportive of healthy food and drink message.</li> <li>7. Limited parent awareness of importance of healthy weight in children.</li> <li>8. High level of media marketing and peer pressure for less healthy food choices.</li> </ol>

The Healthy Weight priority forms part of the Inner East Primary Care Partnership Catchment Plan. Despite very positive engagement with the PCP and other partner agencies in the first half of the 2004-06 plan, collaboration in the second half and participation in catchment planning for 2006-09 has been minimal. Therefore, a major focus in this priority will be strengthening the links with the PCP catchment plan and PCP Healthy Weight partnership. As well as increasing participation in PCP wide capacity building activities, including: sharing knowledge, skills and resources; participating in shared professional development activities and relevant networks and forums and adding to the body of knowledge for achieving healthy weight in younger aged and primary school aged children across the PCP catchment.

## 5. Partnerships:

Effective partnerships are a critical foundation of the health promotion action undertaken at WCHS and there has been significant investment in building staff knowledge and skills in this area in recent years, as well as working with partner and stakeholder agencies to strengthen collaborative action. As identified in the 2006 WCHS Health Promotion Plan Evaluation Report (August, 2006), there has been varying success across the three priority areas in regard to the level of collaboration achieved in each of the partnerships and it is recognised that there needs to be continued effort in strengthening this in the future. To this end, in the 2006 – 2007 plan, WCHS management will take a leadership role with management in key partner organisations to develop shared understandings and commitment to the work of the partnerships, clarity about roles and responsibilities and decision-making processes and agreement on strategies for conflict mitigation and resolution.

<b>Priority Health Issue</b>	<b>Partnership: RMAD (Residents Making a Difference)</b>	<b>Potential or current partner contribution</b>
<b>Promoting physical activity and active communities</b>	1. XXX residents;  2. WCHS;  3. City of Whitehorse: Community Development & Parks Planning Departments & Nunawading Leisure Centre;	1. Active participants in partnership group, priority issue working groups and volunteer drivers.  2. Lead agency in partnership group and community engagement, outreach within community, convening and supporting action of working groups, provision of community based services and programs; support for volunteer drivers and community bus.  3. Active participants in partnership group, future potential to address neighbourhood issues.

	<p>4. Wesley Harrison Social Housing Program;</p> <p>5. Local Member of Parliament;</p> <p>6. Office of Housing;</p> <p>7. Community Volunteer;</p> <p>8. Mitcham Neighbourhood House;</p> <p>9. National Heart Foundation;</p>	<p>4. Active participants in partnership &amp; activities in the community, providing resident advocacy to Office of Housing.</p> <p>5. Sustained advocacy for public transport, road safety &amp; local neighbourhood issues.</p> <p>6. Limited current involvement. Potential participation in the partnership &amp; collaboration to establish sustainable community consultation model.</p> <p>7. Community volunteer model currently being developed by WCHS Project Officer (LinkAge Project funded by Go For Your Life).</p> <p>8. Potential for outreach programs in the community and improved access to house based programs.</p> <p>9. Consultancy, support and advice regarding walk-able neighbourhood initiatives.</p>
<b>Health Issue</b>	<b>Partnership: WHCG (YYY Community Group)</b>	<b>Potential or current partner contribution</b>
<b>Mental Wellbeing and Social Connectedness</b>	<p>1. Community members of YYY</p> <p>2. WCHS;</p>	<p>1. Participation in Community Group partnership, develop agenda, chair and attends meetings, produce and distribute community newsletter, active in various community activities and events, community champions.</p> <p>2. Lead agency in partnership group and community engagement, outreach within community, convening and supporting action of</p>

	<p>3. City of Whitehorse: Community Development and Parks Planning Departments;</p> <p>4. Wesley Harrison Social Housing Program;</p> <p>5. Burwood Police Sergeant;</p> <p>6. Deakin University Assoc. Professor;</p> <p>7. Regional Extended Family Services Youth Development Officer;</p> <p>8. Burwood Neighbourhood House;</p> <p>9. Local Member of Parliament;</p>	<p>working groups, provision of community based services and programs</p> <p>3. Participation in Community Group partnership, attends meetings, subsidises hall access for meetings, CD provides mediation through council departments, Parks Planning to increase action in improving community amenity.</p> <p>4. Participation in Community Group partnership, meeting attendance, individual and community advocacy, mediation with Office of Housing.</p> <p>5. Participation in Community Group partnership, meeting attendance, provide information and respond to security issues.</p> <p>6. Participation in Community Group partnership, meeting attendance; provide support, advice and mentoring re community engagement strategies.</p> <p>7. Undertake PAR to engage with, identify and address youth issues.</p> <p>8. Participation in Community Group partnership, assist with community group development, incorporation and accessing NHHouse programs and services.</p> <p>9. Participation in Community Group partnership, meeting attendance; provide support and advice and take up local</p>
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	<p>10. YYY Kindergarten;</p> <p>11. Chinese Social Services; 12. Chinese Church;</p> <p>13. Child minding centre (council);</p> <p>14. Office of Housing;</p>	<p>community issues in broader political environment, provide advocacy and mediation for residents with state and local government.</p> <p>10. Community support, involvement in community events and establishing improved access to kindergarten for community residents.</p> <p>11. Interested service co-located on community. 12. Interested community organisation.</p> <p>13. Interested service co-located on community. Potential to establish improved access to local residents.</p> <p>14. Limited current involvement apart from administering individual community member housing tenements. Huge potential for active engagement with residents to develop a model for effective tenant/OoFH collaboration.</p>
<b>Health Issue</b>	<b>Partnership: HWTG (Healthy Way to Go Team)</b>	<b>Potential or current partner contribution</b>
<b>Healthy Weight</b>	<p>1. School community: parents, teachers and students and friends;</p> <p>2. WCHS;</p>	<p>1. Participation in school engagement strategies, partnership, attendance at meetings.</p> <p>2. Lead agency in partnership group, engagement with school community, support and advice for solution generation and</p>

	<p>3. Inner East Primary Care Partnership agencies, including: City of Whitehorse, Eastern Health, IEPCP Healthy Weight partnerships;</p> <p>4. Deakin University Colac Obesity Prevention Study.</p>	<p>strategies implementation.</p> <p>3. Participation in partnership, engagement, strategy development and implementation and capacity building strategies.</p> <p>4. Expert skills and advice regarding evidence based obesity prevention strategies, implementation and evaluation.</p>
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## 6. Emerging Issues:

The flexible component of the 2006 - 2009 WCHS Health Promotion Plan will focus on the emerging issues previously identified in sections 3 and 4.

In 2006 – 2007 a 0.2 EFT position will be allocated to undertake further data review and participatory action research to investigate these emerging issues and identify needs and priorities for future health promotion plans.

### 1. Low income single parent families with dependent children:

The SEIFA data indicates that there are 409 (7.5%) of people within the eleven most disadvantaged collection districts in Whitehorse live in single parent families with dependent children with an income of less than \$15,600. This is significantly higher than the 1.8% rate for the whole of Whitehorse. Furthermore, the SEIFA data for these areas also revealed that they contain a much higher proportion (35.1%) of one parent families compared to (8.1%) for the whole of Whitehorse.

Strategies	HP Intervention Type
Link with community groups, WCHS Children's Services team & Oral Health Promotion Officer, Centre Link, CofW maternal child health nurses, family support services, family day care around low income single parent families	Organisational Development
Undertake PAR with low income parents & engage other stakeholders in the process as appropriate	Community Action
By July 2007, develop an interim report which details progress toward identifying needs and priority issues and potential future action for the emerging issues	Organisational Development

### 2. People from Chinese background:

Chinese people in Whitehorse experience significant risk factors for CVD in relation to social isolation, low levels of physical activity, low consumption of fruit and vegetables and low screening rates for blood pressure and cholesterol levels. In addition, their access to health care is low (2%) compared to the Whitehorse average (5%) and this may play a role in relation to their lower diagnosis rates for diabetes at 2% compared to 5%. Of particular note, the WPHS data revealed that Chinese residents in Whitehorse experience high levels of psychological distress in the form of symptoms of anxiety and depression that are considered diagnostic of depression.

<b>Strategies</b>	<b>HP Intervention Type</b>
Engage with WCHS Community Participation Coordinator to connect with stakeholders in Chinese community in Whitehorse	Organisational Development
Undertake PAR with Chinese community with particular focus on: access to health services; mental health and wellbeing and food security & physical activity	Community Action
By July 2007, develop an interim report which details progress toward identifying needs and priority issues and potential future action for the emerging issues	Organisational Development

### **3. Traffic related air pollution:**

Traffic related pollution may be related to the higher than expected prevalence of asthma and other respiratory conditions in Whitehorse. Enormous volumes of traffic pass through Whitehorse on a daily basis and there are three significant arterial east-west roads and five significant north-south routes that pass through the LGA. In fact, there are few, if any, parts of the city that are not close to major roads and the municipality has relatively few *large* green spaces and a relatively high population density. All of these factors suggest that air quality may be an issue that affects those predisposed to respiratory illness and this needs to be explored more fully in subsequent planning processes. In addition, while through traffic no doubt accounts for most of the traffic load in the city, the fact that so few Whitehorse people use other forms of transport than cars must add to this

<b>Strategies</b>	<b>HP Intervention Type</b>
Undertake literature review and investigation in relation to traffic related air pollution and respiratory illness in Whitehorse	Organisational Development
Consult with key stakeholders around traffic related air pollution in Whitehorse: CofW, EPA, Vic Roads, RACV & others as identified	Organisational Development
By July 2007, develop an interim report which details progress toward identifying needs and priority issues and potential future action for the emerging issues	Organisational Development

## Flexible Plan Budget

<b>Estimated Budget from C&amp; WH program</b>	\$17,000
<b>Estimated Other Funding sources</b>	
<b>Total Budget per Objective</b>	<b>\$17,000</b>

### 7. Solution Generation:

#### 7.1 Capacity Building Strategies 2006 - 2009

The 2006 - 2009 WCHS Health Promotion Plan builds on the work undertaken in the previous plan, continuing key capacity building strategies and introducing new strategies according to new needs identified. As with the previous plan, the majority of the capacity building strategies are generic, integral to and of benefit to all of the health promotion work undertaken at WCHS and these are listed below. Capacity building strategies that are specific to the priority areas for 2006-07 are detailed in the operational plans that follow in 7.2 – 7.4.

#### **Capacity building strategies to continue include:**

- Organisational structures, systems and processes strengthened to support integrated health promotion practice: inclusive strategic planning & IHP planning processes; active participation at management level in IEPCP, Health Development Manager position in senior management team;
- Development & expansion of the Health Development team to incorporate additional health professional staff as new needs emerge;
- Health Program Evaluator position (0.2 EFT) as a joint appointment with Monash University to provide expertise and resourcing in evaluation and evidence based practice;
- Primary Health Care Coordination Committee meeting monthly to provide coordination, monitoring and mentoring for health promotion;
- Primary Health Care Review meetings fortnightly for service staff to provide a learning forum for health promotion and forum for strengthening the integration of population based health promotion approaches and secondary and tertiary service delivery provision;
- Service, program and systems development in response to individual and community needs identified as part of the health promotion work (eg. service coordination, service access & prioritisation, service outreach)

- Support for health promotion in all staff work plans, supervision and performance appraisal with monitoring and identification of training needs;
- Continued action of the WCHS Health Promoting Workplace Working Group to promote staff opportunities for health and wellbeing;
- Professional development opportunities with particular focus on: community development, partnership work, evaluation and dissemination and evidence based practice;
- Collaboration with Deakin and Monash Universities to provide support and mentoring in health promotion skills development;
- Strengthening and further development of partnerships;
- Monitoring and review of Whitehorse population health status and needs;
- Participation in health promotion and public health forums, committees and networks: CHHPSIG, IEHPN, AHPA, Public Health Association; Deakin University Health Academic Advisory Board, Vic Health Evidence Based Practice Review Reference Group.

**Additional capacity building strategies will include:**

- Community Participation Coordinator position (0.4) EFT in organisational structure;
- Emerging issues project officer (0.2) EFT in organisational structure;
- Establishment of Community Participation Board sub-committee;
- Community participation organisational audit, development of CP model and implementation of CP Action Plan;
- Formal evaluation of organisational progress in capacity building, evidence based practice and partnership work;
- Development of an organisational evidence based practice model and staff working group;
- Partnership development, including work to confirm partnership commitments at management level across partner organisations and formalising current partnerships with memorandums of understanding that clearly articulate roles, responsibilities and working relationships. In addition work will be undertaken to broaden collaboration intersectorally and with business and community partners.

## 7.2 Priority Issue 1: Physical activity and active communities

<b>Program Goal 1</b>	<b>To create a supportive environment for health &amp; well-being in the XXX public housing estate by July 2009.</b>
<b>Population Target Group(s)</b>	Older residents in XXX public housing estate

### Objective 1

<b>Objective</b>	<b>To increase participation of XXX residents in neighbourhood walking group by 10% by July 2007.</b>
<b>Estimated Reach &amp; Impact</b>	<ul style="list-style-type: none"> <li>○ 8 residents walk weekly</li> <li>○ 10 residents complete Walking Well Program</li> <li>○ improvements made in neighbourhood walk-ability</li> <li>○ 10 residents attend LightPace exercise group</li> <li>○ resident's neighbourhood walk-ability working group sustained</li> <li>○ WCHS Service Coordination, Good Life Club &amp; Allied Health teams engaged in needs identification and service development</li> <li>○ WCHS services and programs developed in response to XXX resident's needs</li> <li>○ 25 WCHS staff</li> </ul>
<b>Start Date</b>	2006-07-01
<b>End Date</b>	2009-06-30

## Strategies

Strategies	HP Intervention Type
Conduct neighbourhood walk-ability audits with residents using pedometers and physical activity diaries	Screening, individual risk assessment & immunisation
Work with partners to respond to issues identified in neighbourhood walk-ability audits	Settings and Supportive Environments
WCHS multi-disciplinary team develop and conduct Walking Well in Whitehorse Program	Health education and skill development
Support resident's 'Preamblers, Ramblers & Scramblers' Walking Group	Community action
WCHS multi-disciplinary team provide individual physical fitness assessment and action planning with residents	Screening, individual risk assessment & immunisation
Conduct resident focus group to plan an Expo event "XXX Independence Day" in Heart Week	Community action
Work with residents, partners, WCHS multi-disciplinary staff & stakeholders to conduct Expo event in Heart Week	Settings and Supportive Environments
Support resident participation in Leisure Centre LightPace exercise Program at the XXX Hall	Settings and Supportive Environments
Work with residents to reduce barriers to accessing physical activity opportunities in the community	Settings and Supportive Environments
Strengthen links to GP Division LifeScript initiative	Organisational Development

Work with WCHS multi-disciplinary teams: Good Life Club & Allied Health Team to identify service needs of XXX residents and develop responsive services and programs	Organisational Development
Professional development for WCHS multi-disciplinary teams to increase knowledge, skills and experience in population based health promotion strategies	Workforce Development
Work with WCHS 'LinkAge' project worker and residents to develop, pilot and implement XXX volunteer model	Organisational Development
<b>Estimated Budget from C&amp; WH program</b>	\$27,300
<b>Estimated Other Funding sources</b>	\$10,250
<b>Total Budget per Objective</b>	<b>\$37,550</b>

### Evaluation Plan

Type of Indicator	Evaluation questions & information needed	Data Collection Method	Budget/resources
<b>Process</b>	<ul style="list-style-type: none"> <li>▪ Are 8 residents participating in the weekly walking group?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Walking group attendance register</li> <li>▪ Resident physical activity diary</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Did 10 residents attend the Walking Well in Whitehorse Program?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Attendance register</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Were residents satisfied with the Walking Well in Whitehorse Program?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Focus group and program feedback reporting satisfaction</li> <li>▪ No. of residents assessed for individual physical fitness</li> <li>▪ No. of individual resident's care plans developed</li> </ul>	

	<ul style="list-style-type: none"> <li>▪ Are 10 residents participating in the 'Light Pace' exercise program?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Attendance register</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ How many residents participating in the EXPO planning?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes, staff journals</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ How many residents participating in walk-ability Working Group?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes, staff journals</li> <li>▪ No. of residents participating in neighbourhood audits</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ How many staff participated in capacity building strategies?</li> <li>▪ Does staff feel that they have benefited from the capacity building strategies?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Seminar/course attendance registers, team meeting minutes, PHC Review minutes</li> <li>▪ Staff survey</li> </ul>	
<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ Have council developed organisational plans to undertake the improvements identified in XXX walk-ability audits?</li> <li>▪ Are XXX neighbourhood maintenance upgrading schedules incorporated into council plans?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Record of council plans</li> <li>▪ Review community partnership meeting minutes for improvements occurring</li> <li>▪ Staff journals – observation &amp; council partnership feedback</li> <li>▪ Record of collaboration agreement between partner agencies</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Have improvements been made to the built environment in the XXX neighbourhood?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Repeat walk-ability audit</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Have WCHS developed systems and strategies to promote access to services and programs that will enhance physical fitness?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review WCHS team involvement in XXX initiative</li> <li>▪ Review WCHS service access &amp; prioritisation strategies</li> </ul>	

		<ul style="list-style-type: none"> <li>▪ Review WCHS Community Participation Action Plan</li> <li>▪ Review implementation of LifeScript initiative</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Are residents participating in physical activity in their local neighbourhood?</li> <li>▪ Is this increasing?</li> </ul>	<ul style="list-style-type: none"> <li>▪ PA audit conducted at commencement &amp; completion of Walking Well in Whitehorse Program</li> <li>▪ Attendance registers from exercise and working group initiatives</li> <li>▪ Staff journals, observation &amp; anecdotal information</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Were the organisational capacity building strategies effective?</li> <li>▪ Have HP systems, processes &amp; resources been reviewed and refined?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff survey</li> <li>▪ Systems audit</li> </ul>	

## Objective 2

<b>Objective</b>	<b>To enhance partnerships between residents, local bus companies, State government, City of Whitehorse and WCHS to develop a community action plan addressing public transport access by July 2007</b>
<b>Estimated Reach &amp; Impact</b>	<p>Community action plan developed (by July 2007) to address the following public transport issues in 2008/9:</p> <ul style="list-style-type: none"> <li>○ more frequent bus services</li> <li>○ increased low rider buses</li> <li>○ reliable low rider bus timetabling</li> <li>○ direct bus services to 'local' shopping centres</li> <li>○ sheltered bus stop with bench installed at Mitcham Station</li> <li>○ 25 residents</li> <li>○ 30 WCHS staff</li> <li>○ 9 stakeholders/agencies</li> </ul>
<b>Start Date</b>	2006-07-01
<b>End Date</b>	2007-06-30

## Strategies

<b>Strategies</b>	<b>HP Intervention Type</b>
Participate in & provide leadership as required in community partnership group	Organisational development
Provide information, advice, advocacy and mediation with relevant stakeholders	Community action

Facilitate resident's access to public transport information from relevant government authorities and departments & private bus operators	Community action
Support resident's community bus initiatives: liaison with volunteer bus provider, volunteer drivers and residents	Settings and Supportive Environments
Mediate resident's recommendations to government authority and private bus company	Community action
Support resident's transport working group activities	Community action
Assist resident's to make submission to the City of Whitehorse Draft Structure Plan Nunawading-Megamile-Mitcham Activity Centre public submissions process highlighting their issues in relation to Mitcham Station train and bus access.	Community action
Work with WCHS Health Program Evaluator to implement evaluation plan & undertake research into best practice approaches.	Organisational development
Support resident's participation with resources: office supplies & equipment, refreshments & reimbursement.	Resources
<b>Estimated Budget from C&amp; WH program</b>	\$17,800
<b>Estimated Other Funding sources</b>	
<b>Total Budget per Objective</b>	<b>\$17,800</b>

### Evaluation Plan

Type of Indicator	Evaluation questions & information needed	Data Collection Method	Budget/resources
Process	<ul style="list-style-type: none"> <li>▪ How many community members and organisations collaborating to identify public transport needs?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Record of meeting attendance</li> <li>▪ Record of meeting attendance, agency contacts, staff journals,</li> </ul>	

	<ul style="list-style-type: none"> <li>▪ Who is involved in the public transport related partnerships?</li> </ul>	MOU's.	
	<ul style="list-style-type: none"> <li>▪ Has the development process been inclusive?</li> <li>▪ Were residents satisfied with the collaboration process &amp; plan developed?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Focus group and meeting feedback reporting satisfaction</li> </ul>	
<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ How many community members and organisations were involved in the development of the action plan?</li> <li>▪ Have relevant stakeholders developed organisational plans to improve public transport access for XXX residents?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review organisational plans and strategies</li> <li>▪ Review meeting minutes for achievement of commitments made in plan</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Has a community action plan been developed?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community action plan completed &amp; signed off</li> </ul>	

### Objective 3

<b>Objective</b>	<b>To develop and commence implementation of a community action plan to increase road safety in identified hazard spots by July 2007.</b>
<b>Estimated Reach &amp; Impact</b>	Community road safety action plan developed and implementation commenced by July 2007 to improve the following road safety hazards: <ul style="list-style-type: none"> <li>○ safer access to the estate from main road</li> <li>○ accessible pedestrian crossing installed on main road</li> <li>○ clear line of sight for drivers exiting the estate</li> <li>○ 8 residents</li> <li>○ 9 stakeholders</li> </ul>
<b>Start Date</b>	2006-07-01
<b>End Date</b>	2007-06-30

### Strategies

<b>Strategies</b>	<b>HP Intervention Type</b>
Work with resident's safety working group to engage with key stakeholders	Community action
Invite RTA, police and council traffic officers to community luncheons to discuss road safety issues and solutions with residents	Community action
Invite Office of Housing officers to community luncheons to discuss estate security and safety	Community action

issues and solutions with residents	
Support resident's in telling their stories, writing letters, raising issues, developing submissions with relevant government authorities, agencies and services	Community action
Support resident's safety working group activities	Community action
Work with WCHS Health Program Evaluator to implement evaluation plan & undertake research into best practice approaches.	Organisational development
Support resident's participation with resources: office supplies & equipment, refreshments, reimbursement.	Resources
<b>Estimated Budget from C&amp; WH program</b>	\$21,300
<b>Estimated Other Funding sources</b>	
<b>Total Budget per Objective</b>	<b>\$21,300</b>

### Evaluation Plan

Type of Indicator	Evaluation questions & information needed	Data Collection Method	Budget/resources
<b>Process</b>	<ul style="list-style-type: none"> <li>▪ How many community members and organisations participated in development of road safety plan?</li> <li>▪ How many times did the road safety working group meet?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Record of meeting minutes &amp; attendance</li> <li>▪ Record of individual &amp; group discussions</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Has the development process been inclusive?</li> <li>▪ Were residents satisfied with the process, plan &amp; implementation of strategies?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Satisfaction feedback survey &amp; anecdotal reporting: community &amp; partnership members</li> </ul>	

<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ Has the road safety action plan been developed?</li> </ul>	<ul style="list-style-type: none"> <li>▪ plan completed</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Are the road safety strategies being implemented effective?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Record of traffic incidents pre &amp; post</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Are residents feeling safer to access and exit the estate</li> </ul>	<ul style="list-style-type: none"> <li>▪ Focus group feedback, staff journal</li> </ul>	

#### Objective 4

<b>Objective</b>	<b>To improve collaboration between the partnership agencies and XXX community members by July 2007.</b>
<b>Estimated Reach &amp; Impact</b>	<ul style="list-style-type: none"> <li>○ resident &amp; agency partnership sustained</li> <li>○ monthly community meetings sustained</li> <li>○ 10 residents attend monthly meetings</li> <li>○ partnership agencies attend 5 meetings/activities per year</li> <li>○ community working groups sustained</li> <li>○ Partnership MOU developed</li> <li>○ RIWP distributed to all XXX residents</li> </ul>
<b>Start Date</b>	2006-07-1
<b>End Date</b>	2009-06-30

## Strategies

Strategies	HP Intervention Type
Conduct partnership audit & develop strategies to improve collaboration	Organisational Development
Community engagement to develop 'Residents Information & Welcome Pack' (RIWP)	Community Action
Work with partner agencies to develop 'Residents Information & Welcome Pack' (RIWP)	Organisational Development
WCHS management to work with Office of Housing and City of Whitehorse to achieve commitment to the partnership	Organisational Development
Work with WCHS 'LinkAge' project worker to recruit community volunteer position for sustainable connection with agencies in the future	Organisational Development
Work with Council to develop strategies to address resident's neighbourhood recommendations	Organisational Development
Attendance at the Municipal Association Victoria "Community Planning" seminar	Workforce Development
Resources for food, venue hire & community participation	Resources
Undertake evaluation strategies for the priority: data collection, collation, analysis, report writing	Organisational Development
<b>Estimated Budget from C&amp; WH program</b>	<b>\$23,300</b>
<b>Estimated Other Funding sources</b>	<b>\$ 11,500</b>
<b>Total Budget per Objective</b>	<b>\$34,800</b>

## Evaluation Plan

Type of Indicator	Evaluation questions & Information needed	Data Collection Method	Budget/resources
<b>Process</b>	<ul style="list-style-type: none"> <li>▪ How many community members and organisations are involved in the partnership?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Record of meetings</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Did community meetings occur as planned?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ How many organisations &amp; community representatives participated in partnership audit?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conduct partnership audit using Vic Health tool and develop report on completion</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Are residents satisfied with the process?</li> <li>▪ Is it an inclusive development process?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Satisfaction feedback survey &amp; anecdotal reporting: community &amp; partnership members</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ How many RI&amp;WP's were distributed?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Record of no. of RIWP distributed</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ How many agencies participated in EXPO?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Planning &amp; evaluation reports of EXPO</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ How many staff attended workforce development &amp; training programs?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Record of workforce development attendance</li> </ul>	
<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ Have agencies committed to the partnership?</li> <li>▪ Has the partnership identified its barriers and enablers &amp; developed a</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report of partnership audit</li> <li>▪ Record of WCHS, OofH &amp; CofW meetings</li> <li>▪ MOU developed</li> </ul>	

	plan to strengthen the collaboration?	<ul style="list-style-type: none"> <li>▪ Staff journals</li> <li>▪ Resident's feedback</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Have partnership agencies developed organisational plans to respond to the community's needs?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Record of organisational plans &amp; strategies</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Do community members have increased knowledge and access to partnership agencies?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pre &amp; post evaluation questionnaire, observation at meetings, staff journals</li> <li>▪ Service access records (WCHS, LinkAge volunteer, OofH, WHISH, CofW)</li> </ul>	
<b>Overall aspects of the implementation</b>	<ul style="list-style-type: none"> <li>▪ Has the implementation gone according to plan overall?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Compare planned and actual strategy implementation</li> </ul>	
<b>Partnerships</b>	<ul style="list-style-type: none"> <li>▪ Has the level of collaboration been effective throughout implementation of the plan?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Record of involvement of partners in the initiative</li> <li>▪ Partnership audit</li> <li>▪ Residents feedback</li> <li>▪ Staff journals</li> </ul>	
<b>Barriers &amp; enablers</b>	<ul style="list-style-type: none"> <li>▪ What have been the critical factors in the success or failure of implementation of the plan?</li> </ul>	<ul style="list-style-type: none"> <li>▪ WCHS capacity building audit</li> <li>▪ Partnership audit</li> <li>▪ Focus group with residents</li> <li>▪ Staff journals</li> </ul>	
<b>Preparation of Evaluation Report</b>		<ul style="list-style-type: none"> <li>▪ CHS will engage partners and community members in collating and analysing evaluation data and</li> </ul>	

	developing evaluation report	
<b>Dissemination</b>	<ul style="list-style-type: none"> <li>▪ Distribute report to all stakeholders and DHS regional office by due date</li> </ul>	

<b>Program Goal 2</b>	<b>To create a supportive environment for health &amp; well-being in the AAA public housing estate by July 2009.</b>
<b>Population Target Group(s)</b>	Older residents at AAA public housing estate

**Objective 1**

<b>Objective</b>	<b>To implement a health and wellbeing participatory action research, needs assessment process by July 2007</b>
<b>Estimated Impact</b>	<ul style="list-style-type: none"> <li>○ Partnership group convened</li> <li>○ Community engagement and needs identification process commenced by July 2007</li> <li>○ 5 residents</li> <li>○ 5 agencies</li> <li>○ 10 WCHS staff</li> </ul>
<b>Start Date</b>	2007-02-01
<b>End Date</b>	2007-06-30

## Strategies

Strategies	HP Intervention Type
Develop partnership with WHISH, CofW & OofH to commence engagement with residents	Organisational Development
Meet with key residents to gain participation in community steering group	Organisational Development
Convene community steering group to develop engagement strategies and commence PAR	Community Action
Develop a plan with steering group for subsequent years	Community Action
<b>Estimated Budget from C&amp; WH program</b>	\$7,900
<b>Estimated Other Funding sources</b>	
<b>Total Budget per Objective</b>	<b>\$7,900</b>

## Evaluation Plan

Type of Indicator	Evaluation questions	Data Collection Method	Budget/resources
<b>Process</b>	<ul style="list-style-type: none"> <li>▪ How many residents and partner agencies are involved?</li> <li>▪ Is there a community steering group?</li> <li>▪ Are the residents involved satisfied with the process?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Minutes of meetings</li> <li>▪ Staff journals</li> <li>▪ Steering group terms of reference</li> <li>▪ Partnership audit</li> </ul>	
<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ Has action plan for 2007-08 been</li> </ul>	<ul style="list-style-type: none"> <li>▪ Minutes of meetings</li> </ul>	

	developed?		
<b>Overall aspects of the implementation</b>	<ul style="list-style-type: none"> <li>Has the implementation gone according to plan overall?</li> </ul>	<ul style="list-style-type: none"> <li>Compare planned and actual strategy implementation</li> </ul>	
<b>Partnerships</b>	<ul style="list-style-type: none"> <li>Has the level of collaboration been effective throughout implementation of the plan?</li> </ul>	<ul style="list-style-type: none"> <li>Record of involvement of partners in the initiative</li> <li>Partnership audit</li> <li>Residents feedback</li> <li>Staff journals</li> </ul>	
<b>Barriers &amp; enablers</b>	<ul style="list-style-type: none"> <li>What have been the critical factors in the success or failure of implementation of the plan?</li> </ul>	<ul style="list-style-type: none"> <li>WCHS capacity building audit</li> <li>Partnership audit</li> <li>Focus group with residents</li> <li>Staff journals</li> </ul>	
<b>Preparation of Evaluation Report</b>	<ul style="list-style-type: none"> <li>CHS will engage partners and community members in collating and analysing evaluation data and developing evaluation report</li> </ul>		
<b>Dissemination</b>	<ul style="list-style-type: none"> <li>Distribute report to all stakeholders and DHS regional office by due date</li> </ul>		<b>Total Evaluation Budget – priority 1</b>  <b>\$10,500</b>

### 7.3 Priority Issue 2: Mental Wellbeing and Social connectedness

#### Program Goal: 1

<b>Program Goal</b>	<b>To increase residents' participation in community life in YYY public housing estate by July 2009</b>
<b>Population Target Group(s)</b>	1. Families 2. Children 3. Older People at YYY public housing estate

#### Objective 1

<b>Objective</b>	<b>To increase the number of residents participating in joint community activities by 5% by July 2007.</b>
<b>Estimated Reach &amp; Impact</b>	<ul style="list-style-type: none"> <li>○ 5% or more of older people, people from CALD backgrounds, youth and women alone and women with young children have participated in community events, meetings etc.</li> <li>○ Community notice board installed and updated monthly by resident's group</li> <li>○ Community newsletter distributed monthly following WHCG meeting</li> <li>○ 5 additional residents participate in planning community activities &amp; events.</li> <li>○ 3 additional residents participate in walking group</li> <li>○ WCHS delivers outreach services in the community</li> </ul>
<b>Start Date</b>	2006-07-01
<b>End Date</b>	2009-06-30

## Strategies

Strategies	HP Intervention Type
Provide staff involvement in community activities and events	Settings and Supportive Environments
Assist resident members of community partnership group to conduct 3 community events annually: Children's Festival, Walking Group anniversary, Community BBQ	Settings and Supportive Environments
Undertake participatory action research with partner agencies, interpreters, relevant community groups and stakeholders: focus groups, assertive outreach to individuals, opportunistic engagement, surveys, consultation meetings as appropriate	Community action
Provide culturally relevant and accessible strategies for CALD groups	Settings and Supportive Environments
Provide opportunities to identify and support local community needs and priorities	Community action
Provide volunteer & community participation opportunities for residents in the community	Settings and Supportive Environments
Provide opportunities for community leadership skills development, education & experience as identified by community members	Health education and skill development
Provide leadership as appropriate and active participation with partner agencies and residents in	Settings and

the YYY Community Group	Supportive Environments
Provide knowledge and linking to broader community networks: community based facilities & government departments/services and local businesses e.g. Burwood Neighbourhood House, Friends of Wattle Park, Fernwood Venus Program, Employment and Volunteer Programs, Office of Housing, WHISH, WCHS, Box Hill Golf Course, Bunnings	Community action
Assertive outreach to isolated, marginalized community members to understand and reduce their barriers for accessing activities	Settings and Supportive Environments
Develop WCHS service and programs in response to community identified needs	Organisational Development
Facilitate older resident's participation in community activities	Community action
Promote activities that are inclusive of the community as a whole (CALD, older, families & young people) & seek additional funding to support this where necessary	Settings and Supportive Environments
Facilitation of weekly pot luck lunch	Settings and Supportive Environments
Support for community walking group	Settings and Supportive Environments
Support residents in planning and implementing a community based calendar of events	Community action
Support residents developing their engagement strategies eg. invitation to bring a friend; clothes swapping	Community action

Resources for food, venue hire & community participation	Resources
Provide access to resources to support resident's group: computer, printer, desk and filing cabinet	Resources
<b>Estimated Budget from C&amp; WH program</b>	\$40160
<b>Estimated Other Funding sources</b>	
<b>Total Budget per Objective</b>	<b>\$40160</b>

### Evaluation Plan Objective 1

Type of Indicator	Evaluation questions	Data Collection Method	Budget/resources
<b>Process</b>	<ul style="list-style-type: none"> <li>▪ How many residents from the following groups have participated in community events and activities: older, CALD, youth and women?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Record of no.s attending meetings, events, walks, focus groups, pot luck lunches</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Have residents developed an annual calendar of community events?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes</li> <li>▪ Review calendar of events</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Is the community notice board updated with all community events/activities?</li> <li>▪ How many residents are aware of the community notice board?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes</li> <li>▪ Resident feedback, staff journals</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Are community members receiving monthly newsletters?</li> </ul>	<ul style="list-style-type: none"> <li>▪ No. of issues produced per year</li> <li>▪ No. distributed each month</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ How many residents are participating in community activities and events?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes</li> <li>▪ Staff journals</li> <li>▪ Events attendance registers</li> </ul>	

	<ul style="list-style-type: none"> <li>▪ Are more residents participating in the community walking group?</li> <li>▪ What do the residents report as being the barriers/enablers to participating in the community walking group?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Attendance register</li> <li>▪ Observation &amp; resident feedback</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Are WCHS staff members providing outreach services and programs in the community?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review Switch data</li> <li>▪ Review team plans and staff work plans</li> </ul>	
<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ Are at least 5% more residents participating in community events/activities planning?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes</li> <li>▪ Attendance registers</li> <li>▪ Resident feedback, staff journals</li> </ul>	

## Objective 2

<b>Objective</b>	<b>To develop a Community Environment Action Plan to improve residents' access and usability of local environment and amenities by July 2007.</b>
<b>Estimated Reach &amp; Impact</b>	<ul style="list-style-type: none"> <li>○ Community environment action plan developed</li> <li>○ Partnership responsibility for action identified in plan</li> <li>○ 6 agencies</li> <li>○ 25 residents</li> </ul>
<b>Start Date</b>	2006-07-01
<b>End Date</b>	2008-06-30

## Strategies

Strategies	HP Intervention Type
Develop and maintain effective partnerships with community and stakeholders to identify community goals for their local neighbourhood and environment	Organisational Development
Community based engagement processes to further opportunities to identify goals	Community Action
WCHS management to work with Office of Housing and City of Whitehorse to achieve commitment to the partnership	Organisational Development
Advocate with City of Whitehorse and Office of Housing to assist community to establish their own community gathering and meeting space	Community action
Mediate with relevant government authorities, local businesses, philanthropic organizations and community groups who may be able to assist	Settings and Supportive Environments
Support residents in their actions to establish a community space	Community Action
Facilitate community processes to develop plan & consider opportunities for enhancing the local environment	Community Action
Assist residents and partners to formulate the Community Environment Action Plan	Community Action
Receive mentoring, support & advice from Deakin University Assoc. Professor	Workforce Development

Establish links with additional potential partners i.e. Parks Vic., Wattle Park Reference Group & Friends of Wattle Park	Organisational Development
Invite DHS community garden project worker to participate in community event	Settings and Supportive Environments
Resources for food, venue hire & community participation	Resources
<b>Estimated Budget from C&amp; WH program</b>	\$28,000
<b>Estimated Other Funding sources</b>	
<b>Total Budget per Objective</b>	<b>\$28,000</b>

## Evaluation Plan Objective 2

Type of Indicator	Evaluation questions	Data Collection Method	Budget/resources
<b>Process</b>	<ul style="list-style-type: none"> <li>▪ Is there regular attendance of residents and partnership agencies at the WHCG monthly meetings?</li> <li>▪ How many agencies are involved?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Has a Community Environment Action Plan been developed?</li> <li>▪ Has the development process been inclusive and are residents satisfied?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Action plan completed</li> <li>▪ Resident feedback</li> <li>▪ Staff journals</li> </ul>	
<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ Have agencies committed to the partnership?</li> <li>▪ Has the partnership identified its barriers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report of partnership audit</li> <li>▪ Record of WCHS, OofH &amp; CofW management meetings</li> </ul>	

	and enablers & developed a plan to strengthen the collaboration?	<ul style="list-style-type: none"> <li>▪ MOU developed</li> <li>▪ Staff journals</li> <li>▪ Resident's feedback</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Have partnership agencies and other key stakeholders committed to the implementation of the Community Environment Action Plan?</li> <li>▪ Have key agencies incorporated strategies into relevant plans?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes</li> <li>▪ Review agency plans</li> </ul>	

### Objective 3

<b>Objective</b>	<b>To develop an action plan with older residents in the community by July 2007 to address issues of safety and security</b>
<b>Estimated Reach &amp; Impact</b>	<ul style="list-style-type: none"> <li>○ Safety and security action plan developed by July 2007</li> <li>○ Partnerships for action identified in plan</li> <li>○ 4 agencies</li> <li>○ 20 older residents</li> <li>○ 10 other residents</li> </ul>
<b>Start Date</b>	2007-01-01
<b>End Date</b>	2007-06-30

### Strategies

Strategies	HP Intervention Type
Facilitate meetings and action plan development with older residents group	Community action
Older community to consult with a safety consultant in addressing identified issues of concern	Settings and supportive environments
Communicate results of safety audit of older residents living environments to appropriate authorities	Settings and supportive environments
Work with partners to respond to issues identified in safety audit: Office of Housing, City of Whitehorse, Police, local MP	Settings and Supportive Environments
<b>Estimated Budget from C&amp; WH program</b>	\$26280
<b>Estimated Other Funding sources</b>	
<b>Total Budget per Objective</b>	<b>\$26280</b>

### Evaluation Plan Objective 3

Type of Indicator	Evaluation questions	Data Collection Method	Budget/resources
<b>Process</b>	<ul style="list-style-type: none"> <li>▪ How many times have residents and agencies met during the development of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes, staff journals</li> </ul>	

	<p>the safety and security plan?</p> <ul style="list-style-type: none"> <li>▪ How many agencies have been involved?</li> <li>▪ Was a safety consultant engaged in the process?</li> </ul>		
	<ul style="list-style-type: none"> <li>▪ Was the development process inclusive? Were residents satisfied with the process?</li> <li>▪ Are they satisfied with the plan?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Resident feedback, staff journals, focus groups</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Have the results of the safety audit been communicated to appropriate authorities?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes, staff journals, resident feedback</li> </ul>	
<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ Has the safety and security action plan been developed?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community action plan completed</li> </ul>	

#### Objective 4

<b>Objective</b>	<b>To develop an action plan with older residents in the community by July 2007 to address issues of access to public transport</b>
<b>Estimated Reach &amp; Impact</b>	<ul style="list-style-type: none"> <li>○ Public transport action plan developed with older community by July 2007</li> <li>○ Partner agencies commitment to plan implementation</li> <li>○ Key stakeholder public transport agencies engaged in process</li> <li>○ 6 stakeholder agencies/departments</li> <li>○ 20 older residents</li> <li>○ 10 other residents</li> </ul>
<b>Start Date</b>	2007-01-01

<b>End Date</b>	2007-06-30
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### Strategies

<b>Strategies</b>	<b>HP Intervention Type</b>
Facilitate meetings and action plan development with older residents group	Community action
Undertake an audit of public transport access issues	Community action
Conduct a public transport mapping of bus routes, time-tables and low-rider access	Community action
Facilitate resident's access to public transport information from relevant government authorities and departments & private bus operators	
Conduct neighbourhood walk-ability audit with older residents	Settings & supportive environments
Provide feedback of issues, gain support for action & identify additional issues in broader community with the YYY Community Group	Settings & supportive environments
Provide information, advice, advocacy and mediation with relevant stakeholders	Community action
Undertake evaluation strategies for the priority: data collection, collation, analysis, report writing	Organisational Development
<b>Estimated Budget from C&amp; WH program</b>	\$33,000
<b>Estimated Other Funding sources</b>	

**Total Budget per Objective****\$33,000****Evaluation Plan Objective 4**

<b>Type of Indicator</b>	<b>Evaluation questions</b>	<b>Data Collection Method</b>	<b>Budget/resources</b>
<b>Process</b>	<ul style="list-style-type: none"><li>How many key agencies have been involved in the development of the public transport plan and how many attended meetings?</li></ul>	<ul style="list-style-type: none"><li>Meeting minutes, staff journals</li></ul>	
	<ul style="list-style-type: none"><li>Was the development process inclusive? Is the older community satisfied with the process and the plan?</li></ul>	<ul style="list-style-type: none"><li>Resident feedback</li><li>Staff journals</li></ul>	
<b>Impact</b>	<ul style="list-style-type: none"><li>Has the public transport action plan been developed?</li></ul>	<ul style="list-style-type: none"><li>Action plan completed</li></ul>	
	<ul style="list-style-type: none"><li>Have partnership agencies and other key stakeholders committed to the implementation of the Public Transport Action Plan?</li><li>Have key agencies incorporated strategies into relevant plans?</li></ul>	<ul style="list-style-type: none"><li>Meeting minutes</li><li>Review agency plans</li></ul>	
<b>Overall aspects of the implementation</b>	<ul style="list-style-type: none"><li>Has the implementation gone according to plan overall?</li></ul>	<ul style="list-style-type: none"><li>Compare planned and actual strategy implementation</li></ul>	
<b>Partnerships</b>	<ul style="list-style-type: none"><li>Has the level of collaboration been effective throughout implementation of the plan?</li></ul>	<ul style="list-style-type: none"><li>Record of involvement of partners in the initiative</li><li>Partnership audit</li><li>Residents feedback</li></ul>	

		<ul style="list-style-type: none"> <li>▪ Staff journals</li> </ul>	
<b>Barriers &amp; enablers</b>	<ul style="list-style-type: none"> <li>▪ What have been the critical factors in the success or failure of implementation of the plan?</li> </ul>	<ul style="list-style-type: none"> <li>▪ WCHS capacity building audit</li> <li>▪ Partnership audit</li> <li>▪ Focus group with residents</li> <li>▪ Staff journals</li> </ul>	
<b>Preparation of Evaluation Report</b>		<ul style="list-style-type: none"> <li>▪ CHS will engage partners and community members in collating and analysing evaluation data and developing evaluation report</li> </ul>	
<b>Dissemination</b>		<ul style="list-style-type: none"> <li>▪ Distribute report to all stakeholders and DHS regional office by due date</li> </ul>	<p><b>Total Evaluation Budget priority 2</b></p> <p><b>\$14,000</b></p>

#### 7.4 Priority Issue 3: Healthy Weight

<b>Program Goal</b>	<b>To promote the health and wellbeing of students at ZZZ Primary School through physical activity and healthy eating by July 2009</b>
<b>Population Target Group(s)</b>	<ol style="list-style-type: none"> <li>1. Families</li> <li>2. Children</li> <li>3. Teachers at ZZZ Primary School</li> </ol>

##### Objective 1

<b>Objective</b>	<b>To decrease the consumption of high sugar drinks and increase water consumption in the school setting by 30% by July 2007.</b>
<b>Estimated Reach &amp; Impact</b>	<ul style="list-style-type: none"> <li>○ 30% reduction in student consumption of high sugar drinks</li> <li>○ 30% increase in student consumption of water</li> <li>○ 100 students</li> <li>○ 8 teachers</li> <li>○ 50 families</li> <li>○ 4 agencies</li> </ul>
<b>Start Date</b>	2007-02-01
<b>End Date</b>	2009-06-30

## Strategies

Strategies	HP Intervention Type
Participate & provide leadership as appropriate in Healthy Way to Go partnership with parents, teachers, CofW, Eastern Health & other stakeholders as identified.	Organisational Development
Provide on-going support and guidance for school staff/parent working group to develop a school action plan for 2006 – 2009 to address needs identified	Settings and Supportive Environments
Conduct consultations with key stakeholders within Mt Pleasant Primary to review school policy in relation to drinks in the canteen, OSHC, class time, recess and lunchtime	Settings and Supportive Environments
Conduct school community education to raise awareness of reasons for policy changes <ul style="list-style-type: none"> <li>• curriculum activities, school council reports, parent forums, newsletter articles</li> </ul>	Settings and Supportive Environments
Reduce availability of high sugar drinks in canteen, OSHC, recess and lunch breaks according to policy.	Settings and Supportive Environments
Increase availability and acceptability of fresh water supply and ice at school	Settings and Supportive Environments
Pursue accreditation with Kids Go For Your Life in relation to water and high energy drink consumption: 'Tap into water every day'	Social Marketing

Identify enablers and barriers to increasing water consumption	Settings and Supportive Environments
Consult with Deakin University academics around obesity prevention, strategies, implementation and evaluation methods	Workforce Development
Provide information, advice, advocacy and mediation with relevant stakeholders	Community action
Undertake evaluation strategies for the priority: data collection, collation, analysis, report writing	Organisational Development

### Budget

<b>Estimated Budget from C&amp; WH program</b>	\$41,500
<b>Estimated Other Funding sources</b>	
<b>Total Budget per Objective</b>	<b>\$41,500</b>

### Evaluation Plan Objective 1

Type of Indicator	Evaluation questions	Data Collection Method	Budget/resources
<b>Process</b>	<ul style="list-style-type: none"> <li>▪ Do school policies exist and meet guidelines in DHS Healthy Canteen kit and OSHC accreditation guidelines?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review policies against DHS Canteen and OSHC accreditation guidelines</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Is fresh water and ice available in suitable locations and accessible to children?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Observation; survey children in higher grades</li> <li>▪ Review policies in relation to</li> </ul>	

	<ul style="list-style-type: none"> <li>▪ What are the barriers and enablers to children accessing water in the school setting?</li> </ul>	<ul style="list-style-type: none"> <li>▪ water</li> <li>▪ Audit water access</li> </ul>	
<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ Has consumption of high sugar drinks in the school setting decreased by at least 30%?</li> <li>▪ Has consumption of water within the school setting increased by 30%?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Student 4 day diaries pre &amp; post; surveys of parents; observation; canteen menu and sales data; OHSC menu</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Have canteen and OSHS menus changed in response to DHS and OSHC accreditation guidelines?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review canteen and OSHC menus</li> </ul>	

## Objective 2

<b>Objective</b>	<b>To have 60% of children using active transport up to 1.5km of their journey to school by July 2007</b>
<b>Estimated Reach &amp; Impact</b>	<ul style="list-style-type: none"> <li>○ At least 60% of children are using active transport up to 1.5km to school by July 2007</li> <li>○ 80 students</li> <li>○ 30 families</li> <li>○ 8 teachers</li> <li>○ 6 agencies</li> </ul>
<b>Start Date</b>	2007-02-01
<b>End Date</b>	2009-06-30

## Strategies

Strategies	HP Intervention Type
Conduct consultations with key stakeholders within ZZZ Primary School to review school policy related to supportive environments for active transport	Community action
Conduct audits and consultations with key stakeholders within ZZZ Primary School to identify facilitators and barriers to active transport in relation to: <ul style="list-style-type: none"> <li>▪ safety, built environment, 'time', weather, convenience, parental preference</li> </ul>	Community action
Provide school community education and awareness-raising re active transport and supportive policies: support for curriculum activities; school council reports; parent forums; newsletter articles	Social marketing/health information/Health Education and Skills Development
Improve built environment to support active transport such as safe streets, bike storage, link to Nunawading/Mitcham Draft Structure plans, safety house program, COW active transport officer	Settings and Supportive Environments
Provide funding via IEPCP grant allocation (2004-06) to support environmental improvements	Resources

## Budget

<b>Estimated Budget from C&amp; WH program</b>	\$31,400
<b>Estimated Other Funding sources</b>	
<b>Total Budget per Objective</b>	<b>\$31,400</b>

## Evaluation Plan Objective 2

Type of Indicator	Evaluation questions	Data Collection Method	Budget/resources
<b>Process</b>	<ul style="list-style-type: none"> <li>▪ What did parents and other key stakeholders identify as being the barriers and enablers to active transport?</li> <li>▪ What existing factors related to school policies were identified as being barriers to active transport?</li> </ul>	<ul style="list-style-type: none"> <li>▪ surveys with parents; surveys with children in higher grades</li> <li>▪ Review of school policies</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Are parents satisfied that it is safe for their children to walk or bike to school?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Parent survey</li> </ul>	
<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ Are at least 60% of children using active transport up to 1.5km of their journey to school?</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4 day student diaries pre &amp; post, travel to school audit, survey of parents</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ What long-term environmental changes were made to support sustainable increases in active transport?</li> </ul>	<ul style="list-style-type: none"> <li>▪ School &amp; neighbourhood environmental audits pre &amp; post</li> </ul>	

<b>Program Goal 2</b>	<b>To promote the health and wellbeing of students at BBB Primary School through physical activity and healthy eating by July 2009</b>
<b>Population Target Group(s)</b>	BBB Primary School 1. Children 2. Families 3. Teachers

### Objective 1

<b>Objective</b>	<b>To implement a health and wellbeing needs assessment process by July 2007</b>
<b>Estimated Reach &amp; Impact</b>	<ul style="list-style-type: none"> <li>○ Needs assessment completed, priorities identified, objectives and strategies agreed upon and recorded by July 2007</li> <li>○ 25 families</li> <li>○ 12 teachers</li> <li>○ 3 PCP agencies</li> </ul>
<b>Start Date</b>	2007-02-01
<b>End Date</b>	2007-06-30

## Strategies

Strategies	HP Intervention Type
Educate and support key staff/parent groups in the use of the ANGELO framework for identifying and prioritizing needs	Community action
Convene partnership agencies to collaborate in BBB Primary School Healthy Weight initiative	Organisational Development
Provide on-going support and guidance for school staff/parent working group to develop a school action plan for 2006 – 2009 to address needs identified	Settings and supportive environments
School community education to raise awareness of nutrition and physical activity issues via: support for curriculum activities, school council reports, parent forums, newsletter.	Social marketing/health information. Health Education and Skills Development
WCHS management to engage with BBB Primary School Principal, IEPCP and CofW to achieve commitment & MOU to the partnership	Organisational Development
Consult with Deakin University academics around obesity prevention, strategies, implementation and evaluation methods	Workforce Development
Provide information, advice, advocacy and mediation with relevant stakeholders	Community Action
Undertake evaluation strategies for the priority: data collection, collation, analysis, report writing	Organisational Development

## Budget

<b>Estimated Budget from C&amp; WH program</b>	\$9,500
<b>Estimated Other Funding sources</b>	
<b>Total Budget per Objective</b>	<b>\$9,500</b>

## Evaluation Plan Objective 1

<b>Type of Indicator</b>	<b>Evaluation questions</b>	<b>Data Collection Method</b>	<b>Budget/resources</b>
<b>Process</b>	<ul style="list-style-type: none"> <li>▪ How many stakeholders were engaged in the process? How many students, teachers and families?</li> <li>▪ Were staff and other key stakeholders satisfied with the ANGELO process?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting minutes, feedback from staff</li> <li>▪ No. of survey results</li> <li>▪ No. of parent feedback forms</li> </ul>	
<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ Has the ANGELO process been implemented? Have priorities been established?</li> </ul>	<ul style="list-style-type: none"> <li>▪ ANGELO process completed</li> </ul>	

## Objective 2

<b>Objective</b>	<b>To phase out high sugar drinks in the school canteen in line with State government policy by July 2007</b>
<b>Estimated Reach &amp; Impact</b>	<ul style="list-style-type: none"> <li>○ 100% of high sugar drinks currently available in the canteen will be phased by July 2007</li> <li>○ Amended canteen policy</li> </ul>

	<ul style="list-style-type: none"> <li>○ 400 students</li> <li>○ 20 teachers</li> <li>○ 180 families</li> </ul>
<b>Start Date</b>	2007-02-01
<b>End Date</b>	2007-06-30

### Strategies

Strategies	HP Intervention Type
Conduct consultations with key stakeholders within BBB primary to review school policies in relation to drinks in the canteen	Community Action
Assist school to develop strategy for implementation of new policy, including: communication; parent information; canteen staff education; increasing access to water	Organisational Development
Audit availability and acceptability of fresh water supply and ice at the school	Settings and supportive environments
Identify facilitators and barriers to water consumption	Settings and supportive environments
<b>Estimated Budget from C&amp; WH program</b>	\$6,000
<b>Estimated Other Funding sources</b>	
<b>Total Budget per Objective</b>	<b>\$6,000</b>

## Evaluation Plan Objective 2

Type of Indicator	Evaluation questions	Data Collection Method	Budget/resources
<b>Process</b>	<ul style="list-style-type: none"> <li>▪ Do school policies exist and meet guidelines in DHS Healthy Canteen kit and OSHC accreditation guidelines?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review policies against DHS Canteen and OSHC accreditation guidelines</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Is fresh water and ice available in suitable locations and accessible to children?</li> <li>▪ What are the barriers and enablers to children accessing water in the school setting?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Observation; survey children in higher grades</li> </ul>	
<b>Impact</b>	<ul style="list-style-type: none"> <li>▪ Was the target of 100% of high sugar drinks available in the canteen phased out achieved?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Canteen menu and sales data, observation</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Have canteen and OSHS menus changed in response to DHS and OSHC accreditation guidelines?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review canteen and OSHC menus</li> </ul>	
<b>Preparation of Evaluation Report</b>	<ul style="list-style-type: none"> <li>▪ CHS will engage partners and community members in collating and analysing evaluation data and developing evaluation report</li> </ul>		
<b>Dissemination</b>	<ul style="list-style-type: none"> <li>▪ Distribute report to all stakeholders and DHS regional office by due date</li> <li>▪ Identify opportunities with PCP partners to combine learning's and present to IEPCP, Regional HP conference, DEET forums.</li> </ul>		<p><b>Total Evaluation Budget priority 3</b></p> <p><b>\$9,500</b></p>

**8. Health Promotion Plan Total Budget**

<b>Estimated Total Budget for Priorities 1, 2, 3 &amp; Flexible Plan component from C&amp; WH program</b>	<b>\$364,440</b>
<b>Estimated Other Funding sources</b>	<b>\$21,750</b>
<b>Total WCHS Health Promotion Plan Budget</b>	<b>\$386,190</b>

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