



**Women's Health East  
Health Promotion Plan  
2006 – 2009**

## **AGENCY VISION and HEALTH PROMOTION PRIORITIES**

### **Vision Statement**

Women's Health East is a learning organisation that promotes access to knowledge, skills and resources, which enable women to make informed choices about their health and wellbeing.

### **Mission**

Women's Health East uses Health Promotion principles and practices to work for the improvement of the health and wellbeing of women in the Eastern Metropolitan region through advocacy, education, community development, research and capacity building.

### **Organisational Health Promotion Priority Action Areas**

Priority 1: Sexual Health and Wellbeing

Priority 2: Mental Health and Wellbeing (*EMR Women's Health Strategy and PCP Priority*)

Priority 3: Violence against Women

## Priority Setting

The priority setting process has been determined by a series of consultations with key stakeholders. These have included the Inner East Primary Care Partnership and the Outer East Primary care partnership. Key participants in the planning stages have been Eastern Access Community Health Services, Knox Community Health Service, Manningham Community Health Services, Ranges Community Health Services and Yarra Valley Community Health Services.

Planning for primary prevention and early intervention health promotion was strongly influenced by stakeholders from the education and youth setting including but not limited to Department of Education and Training, Knox, Ranges, and Maroondah LGA school focussed youth services, a range of Secondary Schools and Colleges across the Eastern Region, Eastern CASA, WEAC, CARA INC, SCOPE and the Migrant Information Centre.

Planning has been influenced by the following key strategic policy documents:

### **Priority 1: Sexual Health and Wellbeing** **What does the evidence support – summary**

Australia, like other comparable developed countries, has witnessed a rise in the rate of many sexually transmitted infections over the last decade. This follows a significant decline in the prevalence of STI's in the decade prior to the mid 1990's. The distribution of STIs remains unequal in the community with those under the age of 25 years carrying a disproportionately high burden [1].

#### **Studies [2,3,4] have found that:**

- The average age of first sexual intercourse is now 16 years for Australian women and men.
- 1 in 4 year 10 students and 1 in 2 year 12 students have had sexual intercourse.
- Ninety percent of young women aged 16-19 who are sexually active but not wanting to conceive use a form of contraception.

- Young women are more likely to use contraception methods with higher failure rates than older women.

**Sexual intercourse before the age of 16 years is associated with:**

- higher rates of sexually transmitted infections
- more partners
- young people who identify as same sex attracted report earlier sexual experience than those young people who do not identify as SSA
- the non-use of contraception
- reports of sex for money
- 1 in 4 sexually active students reported that they were under the influence of alcohol or another substance during their most recent sexual encounter
- 1 in 4 sexually active secondary school students report having unwanted sexual intercourse, with alcohol being most commonly cited as the explanation.
- 1 in 5 women and 1 in 20 men reported being coerced into unwanted sexual activity. In those reporting coercion, half stated their first sexual experience occurred before the age of 17.

**What do we know about young people and sexually transmitted infections?**

- Chlamydia trachomatis is the most common notifiable STI in Victoria and Australia, with the total number of national notifications having trebled between 1994 and 2001.
- The increase in national notifications is highest among young women.
- 75% of Victorian notifications are under the age of 25 years

- Notification rates are higher in women than in men in Victoria and nationally.

Local anecdotal evidence, particularly in the outer eastern region, is indicating that the sexual health of young people, especially young women, is a growing concern. Issues range from sexual assault on young people, to young people finding themselves in vulnerable coercive sexual situations as a result of transport issues.

## References

1. The Sexual and Reproductive Health of Young Victorians  
A Collaborative project between Family Planning Victoria, Royal Women's Hospital and Centre for Adolescent Health.
1. SIECUS, 2002. Consensus Statement on Adolescent Sexual Health, Sexuality Information Education Council of the United States.
2. ICPD. 1994. Programme of Action. An International Conference on Population and Development. Cairo, Egypt
4. Barroso C, Girard, F. 2003. Reproductive Health and Gender Equality, Paper for the Task force on Education and Gender Equity UNDP.

## **Priority 2: Mental Health Promotion and Wellbeing.** **What does the evidence support – summary**

Mental Health is the embodiment of social, emotional and spiritual wellbeing. It is fundamental to physical health, productivity in the workplace, school, family and overall quality of life. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just. [5]

- In 2001, mental disorders accounted for 15 per cent of the burden of disease and injury among Victorian women, making it the second largest contributor. [6]
- Women on average experience higher levels of distress than men. [7]
- Younger women have the highest level of stress compared to middle aged or older women. [8]
- Lesbian and bisexual women report more stress, poorer mental health, and more smoking and drug use than other women. [9]

### **World Health Organisation, Department of Gender and Women's Health [10] reports**

- During adolescence, girls have a much higher prevalence of depression and eating disorders, and engage more in suicidal ideation and suicide attempts than boys.
- Alzheimer's disease is reported to be the same for men and women, but women's longer life expectancy means that there are more women than men living with the condition.

### **The biological and reproductive factors**

- Some studies have reported mood swings related to hormonal changes as a part of the menstrual cycle.
- One in seven women are diagnosed with postnatal depression.
- Infertility and hysterectomy have been found by some studies to increase women's risk of affective/neurotic disorders.

## References

- 5.6.7.8.9 Victorian Health Promotion Foundation, a Plan for Action 2005 –2007, Promoting Mental Health and Wellbeing.
10. World Health Organisation, Department of Gender and Women's Health Reports, <http://www.who.int/gender/en/>
11. Women's Health – everyone's business Victorian women's Health and Wellbeing Strategy Stage Two; 2006 – 2010
12. Women's Health Victoria Gendered Policy Framework Gender Impact Assessment: Mental Health and Social Connectedness.

### **Priority 3: Violence against Women** **What does the evidence support – summary**

There is increasing recognition internationally that sexual assault and intimate partner violence are common problems with serious health, social and economic consequences for women, their families and communities. Women are more likely than men to be the victims of these forms of violence and to suffer associated health consequences (WHO 2002).

Evidence accumulated by many public health bodies indicates that violence against women is common, with WHO estimating prevalence rates of between 10% and 69% in countries around the world and rates of sexual assault of up to 47% (WHO)

In 2004 a VicHealth/DHS commissioned study reported that intimate partner violence contributes 9% to the disease burden in Victorian women aged 15-44 years.

The Victorian Police 2005/2006 Provisional Crime Statistics provides a summary of family violence incidents. In 2004/2005 the total incidents of family violence recorded for the outer east was 525.4 per 100,000. In 2005/2006 this increased to 579.83 per 100,000. This report also **highlights that this sub-region has the highest rates of family violence incidents in the Eastern Metropolitan Region with the Inner East incidents of family violence at 321.5 per 100,000 in 2005/2006.**

The Shire of Yarra Ranges incorporates a mixture of urban and rural communities and has a higher than average proportion of the population aged between 5-17 years. 21.4 % of residents are aged between 5-17 years compared to the Melbourne Statistical Division at 17.3%.

A rigorous Needs Analysis undertaken by each LGA-based School Focused Youth Service including the Shire identified local priorities, resources and strategies that would adequately respond to the needs of young people in this sub-region. The report highlights a growing trend of DHS notifications by local secondary schools in response to reported incidences of family violence/sexual abuse. The school/ agency surveys also revealed that violence and sexuality are listed in the top five priorities of concern to young people.

Recommendations by schools/ agencies were based around the need for holistic programs and initiatives, improved co-ordination between and among schools, communities and their families, and increased awareness of services that provide support. (SFYS- Needs Analysis 2006/2007)

Data from DHS (2004) Protective Services Program- EMR reported that Yarra Ranges, followed by Knox, have recorded the highest number of total notifications in the EMR. During the 2005 - 2006 financial year, the Yarra Valley Community Health Service registered 1228 clients, which included sixty (60) new clients, for the purpose of individual counselling and/or group work for family violence. It is clear that local evidence supports health promotion practices that work to challenge community attitudes to violence against women.

## **References**

World Health Organisation, Department of Gender and Women's Health Reports, <http://www.who.int/gender/en/>

Women's Health – everyone's business Victorian women's Health and Wellbeing Strategy Stage Two; 2006 – 2010

Two steps forward, one step back, Community attitudes to violence against women Progress and challenges in creating safe and healthy environments for Victorian Women A summary of findings.

## **PRIORITY 1:**

### **Problem Definition**

- **Organisational Health Promotion Goal:**

To contribute to a cross -sectorial multi-faceted approach to improving the sexual health and wellbeing, mental health and well-being of women and girls living in the EMR. Women's Health East will, over the 2006-2009 period, prioritise primary prevention initiatives that target violence against women. Violence against women has been identified a separate priority area for action but it should be acknowledged that it is very closely aligned with the mental health and well being priority.

#### **Strategic Objectives:**

1. **To improve sexual health and mental health promotion literacy** – to demonstrate an increase and improvement in sexual health and mental health promotion related knowledge, attitudes, motivation, confidence and health promotion skills concerning sexual and mental health and wellbeing, as well as an increase in knowledge of where to go to access sexual and mental health services.
2. **To play a key role in participating in and building partnerships** that addresses sexual health and mental health and well - being of women as priority issues.
3. **To contribute to the regional gender and health promotion evidence base on quantitative and qualitative research and evaluation.**

#### **Target Population Groups:**

- Women's Health East Health Promotion Team
- Education Sector Professionals
- Youth sector professionals
- Health sector professionals

- Community based agencies
- Parents
- Young women.
- CALD and Migrant women.
- Women with Disabilities
- Indigenous Women.

**Solution Generation : Health promotion interventions and capacity building strategies.**

### **Workforce Development/Learning and Development Opportunities. [External Capacity Building]**

Work force development has been identified as a key strategy that will facilitate capacity building and strengthening of health promotion skills across the Eastern Metropolitan region. The Women's Health East learning and development calendar is the result of consultations with regional Community Health Services, The Department of Education and Training, the Inner and Outer Eastern Primary Care Partnerships, youth sector agencies and sixty needs analysis questionnaires completed by youth, health and education sector professionals. The following are details of the training, workshops and seminars that will be delivered by Women's Health East in the 2006-2009 Health Promotion Plan. The learning and development strategies have been based on formal and informal health promotion skills audits conducted by WHE.

#### **1. Sexual Health & Relationships Training**

This is a two - day participative training course suitable for secondary school teachers and professionals working with young people in the youth sector. The training aims to develop the confidence of participants to deliver sexual health education using a curriculum-based framework. The training introduces participants to a range of methodologies that are suited to young people and sexual health and learning.

#### **2. Sexual Health information sessions for parents and carers of young people who may face one or more barriers to maximising their sexual wellbeing.**

These are two –hour sessions that provide parents and carers with information and advice about the sexual health issues that are pertinent to young people. They provide basic information on sexually transmitted infections, contraception, knowledge of services that young people can access or be referred to and they introduce practical strategies that parents and carers can use to impart information or improve parent/carer to young people communication.

These sessions are provided to organisations that provide emergency adolescent care, community care and respite and homelessness services.

**3. Overcoming the Barriers: Training the Trainers Sexual Health Course.**

This is a one - day course aimed at supporting those professionals who work in the disability sector, who wish to address sexual health for women. This course has been specifically designed to highlight the barriers experienced by women with disabilities. It provides strategies for disability support workers to assist in overcoming these barriers.

**4. Celebrating Diversity in Schools**

This is a one day course that introduces participants to a range of resources and information that support them in addressing same sex attracted issues in a school or youth setting.

**5. Girl Power – how far does it go?**

This is a one -day course that introduces participants to a range of methodologies that support the development of self esteem in young women.

**6. The Sexual Health and Wellbeing Learning Network**

The Sexual Health and Wellbeing Learning Network works with policy makers, researchers and practitioners on pertinent issues around sexual health and wellbeing. Working cross - sectorally to improve sexual health promotion knowledge and practice. This is achieved through disseminating learning and sharing knowledge and information on what works locally, regionally and internationally.

**7. Gender and Sexual Health Workshop**

Women's Health East in partnership with RMIT will facilitate a half day workshop that introduces participants to the construct of gender and how it impacts on sexual health. It will support participants in applying a gender lens to health promotion initiatives that aim to support the positive sexual health of young men and young women.

**8. Gender and Mental Health Workshop**

Women's Health East in partnership with PCP's will facilitate a half day workshop that introduces participants to the construct of gender and how it impacts on mental health. It will support participants in applying a gender lens to health promotion initiatives that aim to support the positive mental health of women.

**9. Introduction To Health Promotion half-day short course.**

This workshop is designed to give all agency workers a practical grounding in current health promotion practice with an emphasis on the Eastern region. It is not only valuable for new staff as an introduction, but also for longer term staff who would like to explore health promotion with colleagues from across the region.

**10. Disability Awareness Training [internal/external capacity building]**

**Partnership Participation.**

**Women's Health East will work in partnership with consumers, communities and local/regional organisations to develop capacity to use gender specific health promotion approaches to improve the health and well being of women who experience the greatest inequalities in health.**

Women's Health East recognises that building capacity for gender focussed health promotion and building the capacity of the workforce both internal to WHE and across the region is achieved by directly working with professionals/agencies. Fostering such

skill development through incidental or opportunistic learning is not only a useful strategy but also a key strategy for the Women's Health East Health Promotion Team.

In order to maximise informal learning, it is necessary to be exposed to or engaged in as many 'incidents' as possible. It is therefore a key WHE objective to be focussing on partnership processes that will foster incidental learning about health promotion skills.

**1. Knox Youth Sexual Health and Wellbeing Project.**

Women's Health East will play a key role in the Knox Youth Sexual Health and Wellbeing collaborative. Women's Health East will, through participation in this project, identify a range of systems and processes that will improve the sexual health of young women in the Knox region. Women's Health East will support the research and evaluation aspect of the collaborative by acting as liaison between the project collaborative and Australian Research Council for Sexual Health & Society. [ARCSHS]

**2. Sexual Health and Wellbeing Partnership.**

This is a partnership that is currently placed at networking on the partnership continuum. This partnership invites all participants who have undergone the Women's Health East Safe, Happy and Responsible Sex and Relationships Education Training to come together quarterly to share and exchange information that is mutually beneficial. Partners include Knox and Ranges CHS, DEAT, WEAC, CARA INC, Knox LGA SFYS, Ranges LGA SFYS, Youth Connections City of Whitehorse and a range of secondary schools across the EMR.

**3. Outer East Primary Prevention Coalition On Violence against Women.**

Women's Health East is the lead agency in this coalition. WHE has chair and administration responsibility. This partnership is currently focussed on developing primary prevention health promotion initiatives that address violence against women. Membership is multi disciplinary and intersectoral. [WHE, EACH, Ranges CHS, Yarra Valley CHS, Maroondah LGA, Knox, Marroondah and Ranges SFYS, EDVOS, ARCSHS]

**4. Women's Health East and SCOPE Victoria Ltd**

This partnership aims to build on the capacity and strengths of both organisations to enhance consistency in the application of evidenced based research, including the experience of people with disabilities, to improve the health outcomes for women with disabilities and through learning from the project, health outcomes for all people with disabilities.

**5. Manningham Mothers Mental Health and Wellbeing Partnership Project.**

A pilot study aimed at improving the mental health and social connectedness of mothers in Manningham by increasing access to physical activity. The partnership comprises Women's Health East {lead agency} Manningham LGA Maternal & Child Health Services, Manningham CHS and Donvale Living and Learning Centre

**6. Women's Health East Consumer Advisory Partnership**

This is a committee of local women who live and work in the EMR. The women on this group advise women's health east staff and partners on local issues affecting women and their families.

**7. Women's Health East will work towards developing partnerships with academics and policy makers over the next three years.** It will be the aim of WHE to improve in the area of research, needs analysis and evaluation. Preliminary work has begun with the Australian Research Council for Sexual Health and Society, RMIT, Key Centre for Women's Health and Monash University.

**8. Eastern Region Health Promotion Capacity Building Collaborative.**

The Eastern Health Promotion Capacity Building Collaborative (EMR HPCBC) is a initiative, with the aim to share the responsibilities and resources for eastern regional health promotion capacity building.

Members are organisations that have an eastern regional or catchment wide non-issue specific capacity building role. The role of this partnership is to support, guide and develop eastern regional health promotion best practice, using a capacity building framework. The work of the collaborative will focus on developing leadership and partnership, support workforce development initiatives, advocate for organisational development around health promotion and effective sharing of resources.

## Workforce Development

**Objective 1a: To continuously review and plan professional development initiatives that support WHE health promotion staff to develop EMR capacity to plan, deliver and evaluate gendered health promotion initiatives.**

Health Promotion Interventions & Capacity Building strategies	Estimated Reach <sup>3</sup>	Timelines & by whom	Estimated Budget from C&WH program
<p><b>Workforce Development [Internal capacity building and professional development.]</b></p> <ol style="list-style-type: none"> <li>1. Conduct an internal review of WHE staff health promotion skills.</li> <li>2. Conduct annual staff audit to identify particular health promotion skills and gaps.</li> <li>3. Provide a range of opportunities for WHE staff to learn about and gain experience in health promotion and women's issues health promotion.               <ol style="list-style-type: none"> <li>a. Gender and Health</li> </ol> </li> </ol>	<p>All WHE staff members.</p> <p>All WHE staff members.</p> <p>All WHE staff</p>	<p>July 2006 Health Promotion Manager</p> <p>February 2007} February 2008} February 2009  Health Promotion gManager</p> <p>September 2006 WHV</p>	

Promotion 1 day course	members.		
b. Introduction To Domestic Violence- a 4 day accredited course by DVIRC	Health Promotion Officer x1	July 2006 DVIRC	
c. Cultural Awareness Training	Health Promotion Officer x1	October 2006 MIC	
d. Catching on Sexual Health Training one day course	Health Promotion Officer Assistant x1	November 2006 ARCSHS	
e. HIV in African Communities	Health Promotion Officer x1 and Health Promotion Manager.	December 2006 MIC	
f. Evaluation Models in Health Promotion Intervention Research. A two day seminar hosted by Deakin	All Health Promotion Team	December 2006 Deakin University	
g. Team building and team working.	All WHE Staff	February 2007 Murphy Consultancy	

**Objective 1b : To improve sexual health and mental health promotion literacy** – to report an increase and improvement in sexual health and mental health promotion related knowledge, attitudes, motivation, confidence and health promotion skills concerning sexual and mental health and wellbeing, as well as an increase in knowledge of where to go to access sexual and mental health services.

Health Promotion Interventions & Capacity Building strategies	Estimated Reach <sup>3</sup>	Timelines & by whom	Estimated Budget from C&WH program
<p><b>Workforce Development [External capacity building and professional development.]</b></p> <p>1. Sexual Health &amp; Relationships Training, Safe, Happy and Responsible. A two day PD workshop.</p> <p>2. Sexual Health information sessions for parents and carers of young people who may face one or more barriers to maximising their sexual wellbeing.</p>	<p>Sixty participants (15 per pd session)from the education setting and youth sector.</p> <p>50 parents/carers</p>	<p>October 2006 WHE  November 2006 WHE  February 2007 WHE  May 2007 WHE</p> <p>November 2006 2 sessions  March 2007 2 sessions</p>	

3. Overcoming the Barriers: Training the Trainers Sexual Health Course.	15 participants from disability sector	February 2007 WHE Cancer Council Victoria	
4. Celebrating Diversity in Schools	30 participants from education and youth sector.	March and June 2007 WHE SEA Group.	
5. Girl Power – how far does it go?	60 participants from education setting, youth sector, supported accommodation and residential settings.	April 2007 August 2007 December 2007 March 2008 WHE	
6. The Sexual Health and Wellbeing Learning Network	80% of total number of participants who have participated in the Sex and Relationships Education series	February 2007 June 2007 September 2007 WHE, ARCSHS, RMIT, Key Centre for Women's Health and Monash University.	
7. Gender and Sexual Health Workshop	Forty Participants from all sectors across the EMR	February 2007 WHE and Knox Sexual Health Partnership	
8. Gender and Mental Health Workshop	Same as above	April 2007 WHE and Primary Care Partnerships	

<p>9. Introduction To Health Promotion half day short course.</p>	<p>12 participants from EMR CHS</p> <p>16 Maternal and Child Health Nurses Ranges CHS</p> <p>30 participants from SCOPE</p>	<p>July 2006 WHE Knox CHS</p> <p>October 2006 WHE OEPCP</p> <p>June 2007 WHE</p>	
<p>10. Disability Awareness Training</p>	<p>30 participants</p>	<p>February 2007</p>	

## Women's Health East Website

Women's Health East will continue to develop and improve the website to facilitate access to gender analysed research and evaluation. The new look website will be launched in December 2006. The website features the WHE learning and development prospectus and training calendar, both of which will be available for download in pdf format. Professionals wishing to participate in WHE workshops, seminars and courses will be able to apply online. The website will provide links to websites with a gender and health promotion focus. The website will also feature WHE programs and projects progress reports. The management of the website will be an ongoing activity of the WHE Health Promotion Team

Health Promotion Interventions & Capacity Building strategies	Estimated Reach <sup>3</sup>	Timelines & by whom	Estimated Budget from C&WH program
<p><b>Social marketing and Health information</b></p> <p>1. Disseminate health information that will improve knowledge and understanding about the causes of gender related health and illness.</p> <ul style="list-style-type: none"> <li>• Launch new look website.</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals and consumer communities.</li> <li>• All Eastern Community Health Services.</li> <li>• Local Government.</li> <li>• Inner and Outer Eastern Primary Care Partnerships.</li> <li>• Educational Organisations</li> <li>• Eastern Health</li> </ul>	<p>December 2006 by Women's Health East Health Promotion Team</p>	

<ul style="list-style-type: none"> <li>Marketing of website via attendance at health promotion professional networks.</li> </ul> <p>2. The use of national campaigns and themes to focus on raising awareness of women's health issues.</p> <ul style="list-style-type: none"> <li>International Women's Day</li> <li>White Ribbon Day</li> <li>Breast Cancer Awareness Month</li> <li>National Youth Week</li> </ul>	<ul style="list-style-type: none"> <li>Inner and Outer Eastern Health Promotion Networks.</li> <li>Community Health, Health Promotion Special Interest Group.</li> <li>Eastern Region Women's Mental Health Network.</li> <li>Same sex Attracted Youth Network.</li> <li>Manningham Family Violence Network.</li> <li>Eastern Region School Focussed Youth services</li> </ul>	<p>Women's Health East is represented by members from the health promotion team. Women's Health East staff attend the networks and participate in sub working groups.</p>	
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	<p>Network</p> <ul style="list-style-type: none"><li>• Refugee Health Forum</li><li>• Eastern Homelessness Youth Network</li></ul>		
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**Objective 2 : To play a key role in participating in and building partnerships** that address sexual health and mental health and wellbeing of women as priority issues.

Health Promotion Interventions & Capacity Building strategies	Estimated Reach <sup>3</sup>	Timelines & by whom	Estimated Budget from C&WH program
<p>Women's Health East will participate in the following key regional partnerships that are supporting gendered health promotion practice.</p> <p><b>1. Knox Youth Sexual Health and Wellbeing project.</b></p> <ul style="list-style-type: none"> <li>a. Sign a partnership agreement document.</li> <li>b. WHE will support the application of a gender equity framework.</li> </ul>	<p>Knox CHS, Knox Youth Services, Knox School Focused Youth Services, DEAT, DHS School Nursing Service, Boronia Heights Secondary College.</p>	<p>WHE will sign by February 2007.</p> <p>Ongoing throughout the 2006-2009 project life.</p>	

**2. Eastern Region Sexual Health and Wellbeing partnership.**

a. WHE will co-ordinate a series of learning forums

Professionals from following agencies

- Cara Inc
- Swinburne University of Technology
- Croyden Secondary College
- Parkwood Secondary College
- Maroondah Youth Services,
- Anglicare,
- Maroondah Secondary College,
- Wesley 121,
- Youth Substance Abuse Service
- Whitehorse Youth Service.
- Norwood

WHE March 2007  
June 2007  
September 2007

	<p>Secondary College,</p> <ul style="list-style-type: none"><li>• RMIT,</li><li>• Knox Community Health Service,</li><li>• Yarra Valley Community Health Service,</li><li>• Mater Christi College,</li><li>• Shire of Yarra Ranges Youth Services,</li><li>• Hawthorn Secondary College,</li><li>• Fairhills High School,</li><li>• Carey Grammar School,</li><li>• WEAC,</li><li>• Knox Youth Services,</li><li>• Fintona Girls School,</li><li>• Highvale Secondary College,</li><li>• REFS,</li><li>• Salvation</li></ul>		
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<p><b>3. Outer East Primary Prevention Coalition On Violence against Women. Community Based Social Marketing Campaign</b></p> <p>a. WHE are responsible for the chairing and administration of this coalition.</p> <p>b. WHE will coordinate the application and submission of the VicHealth Violence against Women grant.</p>	<p>Army Eastcare</p> <ul style="list-style-type: none"> <li>• Wellington Secondary College.</li> <li>• Worowa Aboriginal College</li> </ul> <p>Women's Health East (lead Agency) EACH, Yarra Valley CHS, Ranges CHS, Knox CHS, Knox LGA Youth Services, Maroondah LGA, Migrant Information Centre, EDVOS, Anglicare, Croydon Community School , Boronia Heights Sec School, Upper Yarra Valley Sec School, Maroondah Sec School and Wesley 121. 30 young women and 30 young men</p>	<p>WHE Coalition meetings in September, October, November and December 2006. February, March, April and May 2007</p> <p>Grant written up and submitted by WHE in December 2006.</p>	
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<p><b>4. Women's Health East and SCOPE Victoria Ltd.</b></p> <ul style="list-style-type: none"> <li>a. Sign a partnership agreement document.</li> <li>b. Develop and participate in Disability Awareness Training.</li> <li>c. WHE will deliver Introduction To Health Promotion Short Course.</li> </ul>	<p>from the outer eastern region will participate in the initial phase of the project.</p> <p>Women's Health East and SCOPE.</p> <p>30 SCOPE Staff.</p>	<p>WHE CEO and SCOPE General Manager. February 2007</p> <p>WHE January 2007</p> <p>WHE April 2007</p>	
<p><b>5. Eastern Region Health Promotion Capacity Building Collaborative.</b></p> <ul style="list-style-type: none"> <li>a. Assist in carrying out regional health promotion skills audit.</li>   <li>b. Facilitate the first Evaluation Learning Network</li> </ul>	<p>Health Promotion Professionals in the EMR</p> <p>40 Health Promotion Professionals in the EMR</p>	<p>July 2007 WHE, Eastern Health DHS, Inner East PCP and Outer East PCP.</p> <p>March 2007 WHE, Eastern Health DHS, Inner East PCP and Outer East PCP.</p>	

**6. Manningham Mothers Mental Health and Wellbeing Partnership Project.**

- a. To assess the relationship between mental health and physical activity through comprehensive pre, during and post surveys and consultation with the mothers.
- b. To encourage local coffee shops to provide discount healthy morning and afternoon teas for the mothers after their walks, providing safe and inclusive opportunities for the mothers to chat and broaden their social support networks.
- c. Develop a framework to promote sustainable pram walking for mothers in Manningham.

A hundred first time mothers in Manningham area.

- Women's Health East
- Manningham LGA Maternal & Child Health Services.
- Manningham CHS
- Donvale Living and Learning Centre

**Objective 3. To contribute to the regional gender and health promotion evidence base on quantitative and qualitative research and evaluation.**

Women's Health East health promotion interventions will be based on locally identified need where possible. Where this is not possible, for example when locally based evidence is not available or is not gender informed, Women's Health East will support the development of systems that will contribute to the development of gender informed evidence.

**Evaluation Methodologies.**

All formal training forums will use pre-course needs analysis questionnaires to determine the self- identified knowledge and skills gaps of participants. The course material will be determined in part as a result of the pre-course training needs analysis as well as industry recognised key areas of knowledge and skills. The evaluation of training courses and materials will employ both process and impact measures. **An example is given below - see FIG 1**

Women's Health East will, over the next three years, be piloting the use of the Indicators to help with Capacity Building in Health Promotion Tool to :

1. Assess the strength of partnerships and coalitions.
2. Assess opportunities to promote incidental and informal learning internally to Women's Health East and across regional agencies.
3. Assess formal learning.
4. Assess if a program is likely to be sustainable.
5. Assess the learning environment of a project team.
6. Assess capacity for organisational learning.
7. Assess the capacity of organizations to tackle the adoption of a gender equity framework.

All evaluation will be presented where appropriate in qualitative narrative format or quantitative data. Evaluation reports and summaries will be disseminated through the WHE website and through peer learning and support networks.

**FIG: 1**

<b>Year</b>	July 2006 – June 2007			
<b>IHP Priority Goal</b>	To improve sexual health and health promotion literacy			
<b>Population target group(s)</b>	Professionals from the education and youth sector.			
<b>Objective:</b>	<p>To demonstrate an increase in sexual health promotion related:</p> <ol style="list-style-type: none"> <li>1. knowledge</li> <li>2. attitudes</li> <li>3. motivation</li> <li>4. confidence</li> <li>5. skills</li> <li>6. knowledge of where to go to access sexual health services.</li> </ol>	<p><i>What information do we need to answer these questions?</i></p> <ol style="list-style-type: none"> <li>1. A reported increase in sexually transmitted infection related knowledge.</li> <li>2. A reported increase in confidence</li> <li>3. A reported increase in knowledge of where to go to access sexual health services.</li> </ol>	<p><i>How will this information be collected, by whom and by when?</i></p> <ol style="list-style-type: none"> <li>1. Pre-course needs analysis. Two weeks prior to training.</li> <li>2. Interview with key personnel prior to course delivery.</li> <li>3. Post course feedback evaluation.</li> <li>4. Six months post training call back focus groups and individual interviews.</li> </ol> <p>Data Collected by Women's Health East and Monash University.</p>	<p><i>Budget</i></p>
<b>Preparation of evaluation report</b>	Evaluation report completed by WHE at end of reporting year.			<b>Total Evaluation Budget \$35000</b>

<b>Dissemination</b>	Women's Health Website PCPs Website Sexual Health Learning Network Health Promotion Networks WHE Annual Report.			
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