

Appendix: Integrated Health Promotion Program Summary Grid

Program Goal: To increase the capacity and conditions of local and subregional organisations ie. their systems, staff and environments, to better understand, contribute and support integrated health promotion.

Population Target Group/s: The staff, management and systems of key organisations in the Shire of Cardinia, City of Casey and City of Greater Dandenong.

Staff, management and systems within the South East PCP ie. Integrated Disease Management, Service Co-ordination and Integrated Health Promotion

Program Objectives	Health Promotion Interventions & Capacity Building strategies ¹	Estimated Impacts* (Qualitative &/or Quantitative)	Estimated ² Reach	Timelines & by which agency ⁴	Estimated Costs ⁵
Objective 1: a) To increase information exchange on IHP activity over the subregion b) To increase the opportunity for targeted partnership development across the subregion To implement the pilot phase of the Interagency Exchange Initiative	Screening, individual risk assessment and immunisation - Screen and canvass for organisations to pilot the Interagency Exchange initiative, looking for a mix of subregional and local / smaller agencies to be both presenters and recipients	Piloted, monitored and reviewed the Interagency Exchange Initiative.	2 subregional organisations and 1 local smaller agency	June 2004 HP worker & IHP Reference Grp	
	Social marketing /Health information - Promote the Interagency Exchange Initiative outlining the benefits, commitment and outcomes. Promote through existing networks, communication vehicles eg WOO	All existing HP networks are aware of the Interagency Exchange Initiative	All existing HP networks in the subregion	December 2003 HP Worker	
	Health education and skill development - In drafting the Interagency exchange presentations with key players ensure a framework of IHP and the social model of health are included. - Explore a targeted partnership approach and the criteria for this.	All presentations identify IHP activity and partnership opportunities.	3 presenting agencies	June 2004 Division of GP MRC or ERMHA NHouse	
	Organisational Development - Organisations to self nominate for the Interagency Exchange Initiative. - Organisations develop a HP culture that is conducive to IHP and partnership development.	Increased dissemination of IHP information and knowledge over the subregion. Increased partnership opportunities	SE PCP catchment of agencies		
	Workforce Development - The SEPCP IHP Reference Group are advocates for the Interagency Exchange initiative	3 presenting agencies 3 recipient agencies	8 members of IHP reference group	Ongoing IHP Reference Group HP Worker	
Total Budget per Objective					See below

¹ Please refer to the document *Integrated Health Promotion Interventions and Capacity Building Strategies November 2002* (This is an interim resource developed whilst the Health Promotion Guidelines are being updated. It can be down loaded from www.dhs.vic.gov.au/phkb under Health promotion in Primary Care Partnerships) which describes these interventions and strategy types. An appropriate mix of interventions and strategies should be documented, to address the stated objective (solution generation in section 2.3 above). PCPs are only required to fill in interventions/strategies that are relevant; all other interventions/strategies categories can be deleted.

² **Estimated Impacts** (Qualitative &/or Quantitative): Planning requires the development of impact indicators to measure the achievement of program objectives. PCPs are required to identify intended impacts as part of their planning process and report against these in 2003-2004.

³ **Estimated Reach:** Planning requires the development of process indicators for each program. However, the Department only one type of process indicator -Reach to be documented in the health promotion summary grid. For further information please refer to the document *Process Evaluation-Reach* that can be downloaded from www.dhs.vic.gov.au/phkb under Health promotion in Primary Care Partnerships.

⁴ **Timelines & By Whom:** Timelines for implementation need to be identified as well as the agency responsible for carrying out the action.

⁵ **Estimated Costs** (Staff and consumables): Where possible include the estimate cost per intervention/strategy. Also include total cost per objective and total overall cost per program goal.

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Program Objectives	Health Promotion Interventions & Capacity Building strategies ⁶	Estimated Impacts ⁷ (Qualitative &/or Quantitative)	Estimated ⁸ Reach	Timelines & by which agency ⁹	Estimated Costs ¹⁰
Objective 1:Continued a) To increase information exchange on IHP activity over the subregion b) To increase the opportunity for targeted partnership development across the subregion To develop and trial an IHP / partnership list server initiative.	Social marketing /Health information To develop, trial and monitor an IHP / partnership list server initiative with the concept being to alert member and affiliated agencies of new, existing HP programs and partnership opportunities with an initial focus on mental wellbeing and social isolation	To develop a proposal for the partnership list server initiative September 2003 To launch the partnership list server Initiative with 2 IHP announcements. To initiate at least one response to each announcement made.	IHP Reference Group & PCP Committee All SEPCP member & affiliated agencies Approx 100	September 2003 HP worker and IHP reference Grp. December 2003 launch Then ongoing monitoring & reviewing	
	Settings and Supportive Environments				
	Organisational Development				
	Workforce Development				
	Resources SE PCP administrative infrastructure to support the trial and provide expertise	An administration support worker with the knowledge & skills to post IHP announcements			
Total Budget per Objective					See below

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Program Objectives	Health Promotion Interventions & Capacity Building strategies ¹¹	Estimated Impacts ¹² (Qualitative &/or Quantitative)	Estimated ¹³ Reach	Timelines & by which agency ¹⁴	Estimated Costs ¹⁵
Objective 1:Cont. a) To increase information exchange on IHP activity over the subregion b) To increase the opportunity for targeted partnership development across the subregion To develop and monitor a practitioner interagency exchange model	Screening, individual risk assessment and immunisation	Organisations and individuals nominating to be involved.	Organisations in SEPCP catchment	March 2004 HP Worker & existing HP networks	Objective 1 Consumables Approx \$1,000.00 Plus HP Worker hrs 256hrs = \$13,056.00
	Social marketing /Health information To market the practitioner interagency exchange initiative and its benefits to organisations from SEPCP catchment				
	Settings and Supportive Environments				
	Organisational Development - To negotiate with 2 organisations and relevant practitioners a practitioner interagency exchange	2 practitioners to trial and complete the practitioner interagency exchange initiative. Increased understanding of IHP potential.	2 settings / practitioners	April 2004 HP Worker	
	Workforce Development				
	Resources - To draft up a proposal for the practitioner interagency exchange model	Proposal drafted	Consult with IHP Reference Grp	February 2004 HP Worker IHP reference Grp	
Total Budget per Objective					Total approx = \$14,056.00

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Program Objectives	Health Promotion Interventions & Capacity Building strategies ¹⁶	Estimated Impacts ¹⁷ (Qualitative &/or Quantitative)	Estimated ¹⁸ Reach	Timelines & by which agency ¹⁹	Estimated Costs ²⁰
Objective 2: To increase the organisational environments and work practices that support Integrated Health Promotion	Resources - To develop in consultation with key stakeholders an audit checklist for organisations to gauge their IHP capacity. - To develop a proposal for a SEPCP Health Promotion Award. The award framework identifies IHP, good practice HP criteria.	IHP capacity audit checklist draft developed SEPCP IHP Award proposal drafted		HP Worker Leaders in IHP IHP Reference Group July 2004	Objective 2 Consumables Approx \$2,500.00 plus HP worker 128hrs = \$6,528.00
	Social marketing /Health information - One joint health promotion submission facilitated and supported by SEPCP with both key and less known players	A joint submission supported by SEPCP inclusive of smaller organisations	Up to 5 agencies	July 2004	
	Settings and Supportive Environments To demonstrate within the PCP Integration. Find opportunities to link IHP with the IDM and Service Co-ordination	Liaison and links with IDM, SC and within IHP identified and supported.	Personnel involved with IDM, SC & IHP	Ongoing Staff of SE PCP	
	Organisational Development - Through existing networks in the subregion draft, pilot & review 2 HP reflective practice sessions for practitioners	Increased exposure and opportunity for staff to reflect on their IHP work	Up to 20 workers	Existing HP networks HP worker	
	Workforce Development - To conduct in consultation with organisational representatives 2 IHP workshops in the Shire of Cardinia which will also provide an opportunity to show case local IHP programs on mental wellbeing or social isolation - Develop and provide an interactive session for the SEPCP Committee and other appropriate Managers on building capacity in organisations for IHP	See objective 1 Increased understanding and support for IHP amongst managers	Approx 10 managers	March 2004 HP Worker SE PCP Committee	
Total Budget per Objective					Total = \$9028.00

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Appendix: Integrated Health Promotion Program Summary Grid

Program Goal: **To identify and model a range of initiatives to increase and sustain the Mental Wellbeing of people living within the SEPCP catchment**

Population Target Group/s - Older people, CALD population, Children, PCP partners, Non-PCP partners

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency	Estimated Costs
Objective 1: Maintain mental health as a priority for SEPCP Health Promotion activities	Screening, individual risk assessment and immunisation	Mental Health Initiative presentation at the PHC			Staff Time \$1224 Consumables \$500
	Social marketing /Health information Submission of HP paper to Primary Health Conference in 2004		PHC Conference 500 staff	June 2004	
	Health education and skill development				
	Community action				
	Settings and Supportive Environments Explore INI/SCOT tool as a way of linking agencies and developing better systems	INI/SCOT is reviewed and implementation in PCP partners reviewed	5 agencies	Sept 2003	Staff Time \$1224
	Organisational Development				
	Workforce Development				
	Resources				
Total Budget per Objective					\$2948

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Program Goal: To identify and model a range of initiatives to increase and sustain the Mental Wellbeing of people living within the SEPCP catchment

Population Target Group/s: Older people, CALD population, Children, PCP partners, Non-PCP partners

Program Objectives	Health Promotion Interventions & Capacity Building strategies ⁱ	Estimated Impacts ⁱⁱ (Qualitative &/or Quantitative)	Estimated ⁱⁱⁱ Reach	Timelines & by which agency ^{iv}	Estimated Costs ^v
Objective 2: Develop a coordinated, coherent approach by SEPCP partners, to identify and address the primary environmental determinants of mental health problems	Screening, individual risk assessment and immunisation	Implement initiative at 2 other non-PCP partner organisations			Staff Time \$3052 Consumables \$1300
	Social marketing /Health information Market Grandparent's Playgroup initiative		Setting - 2 People - 20	June 2004	
	Health education and skill development	Evaluation report and recommendations on funded self help groups Project implemented and framework documented Best Practise Model of Service delivery Documented and distributed to relevant organisations			Staff Time \$4080 Staff Time-\$7548 Consumables \$1500 Staff Time \$2040
	Community action Consult self help groups on mental health issues and evaluate effectiveness of seeding grant		People -50	Dec 2003	
	Settings and Supportive Environments Development and implementation of Grandparent's Playgroup Project Documentation of Best Practise service delivery model of AMES		Setting - 3 People - 10	Feb 2004	
	Organisational Development		Setting - 4	Feb 2004	
	Workforce Development				
	Resources Utilise a list server exchange in collaboration with Capacity Building Priority	List server exchange utilised by PCP members and affiliated agencies	Setting -5		Staff Time \$2040
Total Budget per Objective					\$21,560

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Program Goal: Older people are able to either function independently in the community, or are able to readily utilise existing social and service opportunities.

Population Target Group/s: Older People

Program Objectives	Health Promotion Interventions & Capacity Building strategies ^v	Estimated Impacts ^v (Qualitative &/or Quantitative)	Estimated ^v Reach	Timelines & by which agency ^v	Estimated Costs ^v	
Objective 1: To Increase the target population and service delivery staff's awareness of health services.	Screening, individual risk assessment and immunisation	1. Increased awareness of existing health services in target population. 2. Increased awareness of existing services for target population by direct care and administration staff.			Staff \$4709	
	Social marketing /Health information 1. Information dissemination to target population about existing services through existing channels of communication. 2. Information dissemination to service delivery and administration staff about existing services for referral.		People – 200	November 2003 SEPCP Division of GP CCCHS		
	Health education and skill development				Consumables \$1100	
	Community action					
	Settings and Supportive Environments					
	Organisational Development 1. Closer liaison established between existing information services and the SEPCP Health Promotion Officer. 2. Form relationships with non-information services e.g. RDNS to encourage information dissemination.			1.Settings – 10 2. Settings - 1	Ongoing SEPCP RDNS HACC CCCHS Division GP	Staff \$4709
	Workforce Development 1. Health service staff trained to identify those at risk of social isolation and to refer them to the appropriate service.			People - 20	April 2004 SEPCP Division GP CCCHS	Staff \$4709
	Resources					
Total Budget per Objective					\$15,227	

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Population Target Group/s: Older People

Program Objectives	Health Promotion Interventions & Capacity Building strategies ^v	Estimated Impacts ^v (Qualitative &/or Quantitative)	Estimated ^v Reach	Timelines & by which agency ^v	Estimated Costs ^v	
Objective 2: To Conduct Health Promotion activities to promote social connectedness.	Screening, individual risk assessment and immunisation	Health Promotion activities conducted across a number of different services to promote social connectedness.			Staff \$7072	
	Social marketing /Health information					
	Health education and skill development					
	Community action 1. Consumer advisory group established to inform organisations of target population's need.		People - 10	November 2003 SEPCP CCCHS Division GP		
	Settings and Supportive Environments					Consumables \$1100
	Organisational Development 1. Task group convened to coordinated multi disciplinary activities around themes of community development and social connectedness targeted at those at risk of social isolation. 2. Partnerships formed with non-health organisations to promote benefits of social connectedness.		1. People – 100 2. Settings - 3	Ongoing SEPCP CCCHS Division of GP RDNS		Staff \$7072
	Workforce Development					
	Resources					
Total Budget per Objective					\$15, 244	

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Program Objectives	Health Promotion Interventions & Capacity Building strategies ^v	Estimated Impacts ^v (Qualitative &/or Quantitative)	Estimated ^v Reach	Timelines & by which agency ^v	Estimated Costs) ^v
Objective 3: To improve transport options to address service access issues.	Screening, individual risk assessment and immunisation	Improved transport options for target population and improved referral by health service staff to existing transport options.			Staff \$7072 Consumables \$1100 Staff \$7072
	Social marketing /Health information				
	Health education and skill development				
	Community action				
	Settings and Supportive Environments				
	Organisational Development 1. Liaison between SEPCP Health promotion Officer and HACC district planning group transport working group to develop advocacy strategies for improving transport options. 2. To assist in implementing recommendations from the South East Regional Community Transport Project, on the most collaborative approach to community transport within the South East Region.		Settings - 3	March 2004 SEPCP HACC	
	Workforce Development 1. Health Service reception staff trained to refer clients to transport services if the need is identified.		People - 50	April 2004 SEPCP Division GP CCCHS	
	Resources				
Total Budget per Objective					\$15,244