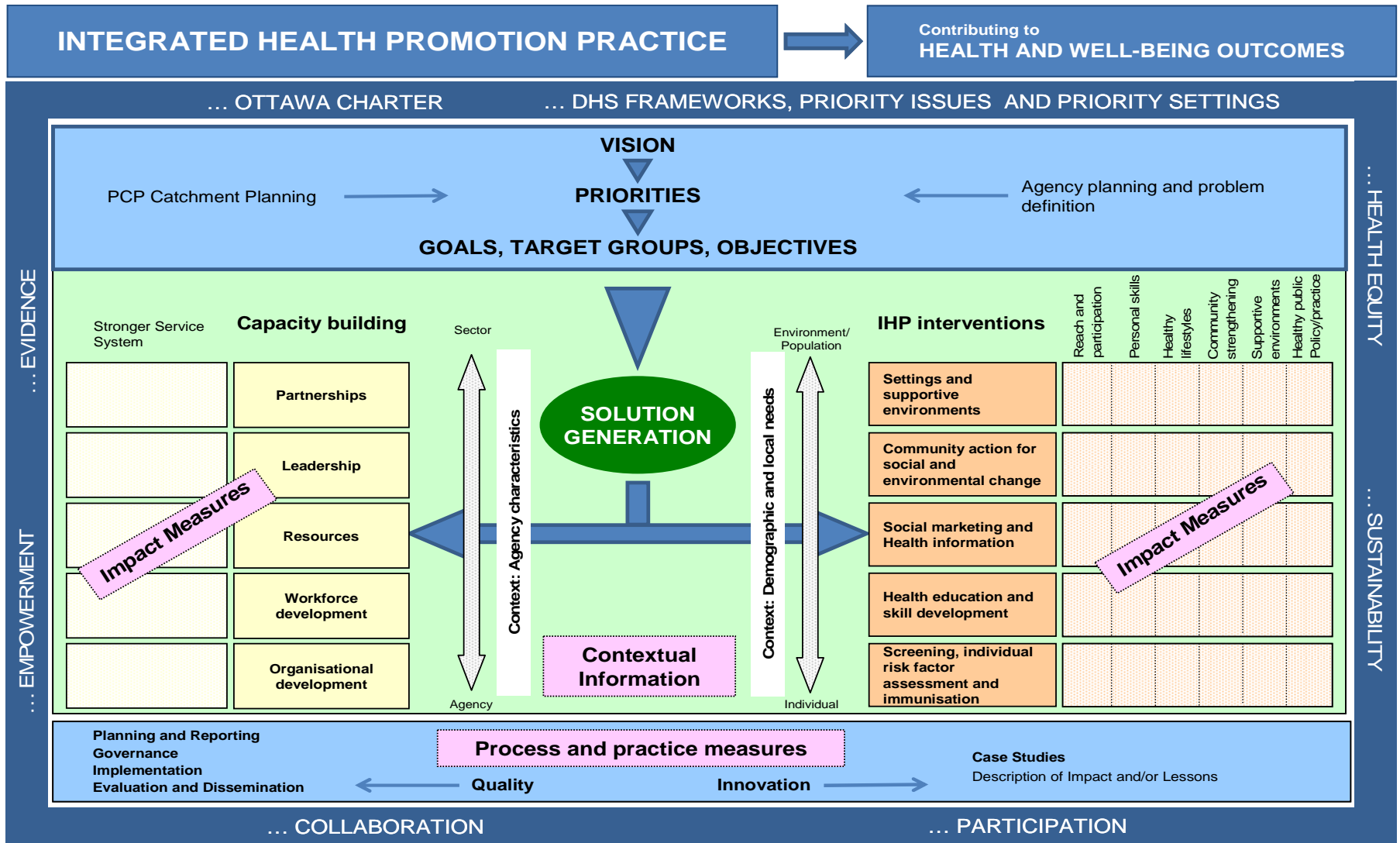


Attachment 1 – Conceptual Framework



Attachment 2 – IHP Impact Measures

DHS is looking for EVIDENCE of the IMPACT of IHP INTERVENTIONS with regard to the following ...					
1. Reach, participation and satisfaction	2. Personal skills	3. Healthy lifestyles	4. Community strengthening	5. Supportive environments	6. Healthy public policy and practice
<p>1.1 Reach The intended target audience participates in the intervention</p> <p>HP interventions reach groups with the poorest health status</p>	<p>2.1 Increased knowledge Increased health related knowledge and awareness, including of where to go and what to do to obtain health services</p>	<p>3.1 Change in health related behaviours Achievement of desired action or behaviour change in areas such as:</p> <ul style="list-style-type: none"> – Physical activity – Healthy eating – Use of tobacco – Use of alcohol and drugs – Adoption of safe sex practices – Utilisation of health services 	<p>4.1 Social capital Better access to supportive relationships, including family relationships, peer support and social networks</p> <p>Increased participation in community life, including social and physical activities</p> <p>Changes in community attitudes regarding diversity and acceptance of difference</p>	<p>5.1 Natural and built environment Improved living conditions that are safe, stimulating, satisfying and enjoyable and promote physical and other healthy activities</p>	<p>6.1 Regulatory and policy environment Health is on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health</p> <p>Implementation of policy statements, legislation or regulations that support healthy choices</p>
<p>1.2 Consumer participation and leadership Community members are actively involved in HP planning and development</p>	<p>2.2 Improved skills Increased health related skills/capability</p>	<p>3.2 Action taken to reduce health risks Appropriate action is taken to reduce health risks following screening, risk assessment or immunisation programs.</p>	<p>4.2 Social action and influence Improved community capacity to take collective action on local determinants of health</p>	<p>5.2 Social, political and economic environment Improved social, political and economic conditions (including safe working conditions) and enhanced access to resources and opportunities</p>	<p>6.2 Reoriented health services Health services have refocused on the total needs of the individual as a whole person and embraced an expanded mandate which is sensitive and respects gender and cultural needs</p>
<p>1.3 Consumer satisfaction Participants are satisfied with their involvement in HP activities and/or with services received</p>	<p>2.3 Changed attitudes Change in individuals' attitudes, motivation and behavioural intentions concerning healthy lifestyles</p> <p>Change in public opinion regarding health issues</p>	<p>3.3 Measurable improvements in participants' physiological and biological risk factors</p>	<p>4.3 Community capacity Development of an independent capacity among community organisations for the delivery of quality HP</p>		<p>6.3 Organisational practice Modification of organisational policies, service directions and practices within community organisations, such as schools and sports clubs to align these with IHP practice</p>
	<p>2.4 Enhanced social skills, self esteem and self efficacy Higher levels of skills, self esteem and self efficacy enable individuals to achieve better health outcomes</p>				

DHS is looking for EVIDENCE of the IMPACT of CAPACITY BUILDING ACTIVITIES with regard to the following ...

1. Organisational development	2. Workforce development	3. Resources	4. Leadership	5. Partnerships
<p>1.1 Increased organisational commitment to make HP a priority Includes: - Greater management support for IHP - Inclusion of HP in the strategic plans and policies of organisations - Organisational commitment to ensuring the general workforce have HP competencies</p>	<p>2.1 Gaps in HP skills and training needs have been identified and addressed</p>	<p>3.1 More efficient and effective targeting of resources</p>	<p>4.1 Establishment of specialist positions, such as HP managers or coordinators, to lead organisational change and support other staff in the delivery of HP programs</p>	<p>5.1 Maturing of partnerships from <i>networking</i>, involving the sharing of information, to <i>collaboration</i> where organisations work together to achieve a shared goal</p>
<p>1.2 More effective targeting of HP investment through evidence-based practice Includes: - Increased use of research, evidence and local data regarding health needs and well-being issues - Improved integration of HP planning processes</p>	<p>2.2 Newly acquired knowledge and skills amongst the HP workforce are integrated into their daily work</p>	<p>3.2 Greater success in leveraging financial and other resources for HP from internal and external sources (in addition to Primary Health)</p>	<p>4.2 Organisations take a leadership role in IHP within a sub-region, region or catchment (e.g. leadership of PCP projects)</p>	<p>5.2 Greater proportion of planned HP initiatives delivered in partnership with the local community and other organisations.</p>
<p>1.3 Enhanced organisational learning and improved practice through evaluation and dissemination of findings</p>	<p>2.3 Increased confidence and understanding of HP by the Board of Management and amongst the general workforce in the organisation</p>	<p>3.3 A more informed Sector through broader access to knowledge and evidence based information</p>		<p>5.3 Reduction in fragmented and duplicated effort as organisations work together and pool their resources and skills</p>
				<p>5.4 Increased capacity to mobilise around new priority areas</p>