



Integrated Health Promotion Plan 2009 - 2012

Part One

Preamble

For the first time the Primary Care Partnership Integrated Health Promotion Plan contains work for the next three years that member agencies have identified they will undertake in partnership.

The priority areas for the Integrated Health Promotion Plan have been determined during Health Promotion Network discussions as: *Healthy Lifestyles*, *Mental Wellbeing* and *Sexual and Reproductive Health* and they link with the Central Highlands Primary Care Partnership Strategic Plan priorities Chronic Disease Prevention and Management and Social Connection and Inclusion (including Mental Health).

Healthy Lifestyles enables good health by reducing the burden of chronic disease, integrating *Sexual and Reproductive Health* as a component of overall health; while *Mental Wellbeing* supports inclusion and access to services. In addition working with disadvantaged groups, the work on community hubs, the early childhood work (at the CHPCP Child and Family platform); and capacity building in health promotion, increased opportunity for information sharing and consistent 'marketing' of key health messages.

To make the plan more accessible it is divided in to two parts;

Part One (page 0 to 18) contains work on:

Objectives 1 and 2 have capacity building and collaboration aims and will primarily be reported by the Health Promotion Coordinator, CHPCP; Objective 3 is a brief guide of the work undertaken by IHP funded agencies

Part Two (page 19 to 40) contains work on:

Objective 3 and is a more comprehensive summary of the discussions at the Health Promotion Network meeting and provides detail on the key themes of work that will be undertaken in partnership across the three priority areas by CHPCP member agencies over the next three years.

The learning's and evaluations from all three objectives will be provided to CHPCP for collation and contribute to the broader picture of population health across the Central Highlands region.

The Integrated Health Promotion Plan is a living document with flexibility to respond to new and emerging issues, therefore it is envisaged that during the years 2009 - 2012 there will be additions and alterations that will change the plan along the way. This integrated plan provides an excellent opportunity for us all and sets the scene for an exciting period in health promotion.

Page	Part One: Table of Contents		
0	Part One covering page		
1	CHPCP Integrated Health Promotion Priorities for 2009 - 2012		
2	Table of Contents Key		
3	Themes in each of the three Priority Areas		
4	Department of Health impact measures for IHP interventions (dark teal)		
5	Department of Health impact measures for IHP capacity building activities (burnt brown)		
Page	Priority Area	Content	Reporting Responsibility
Objective 1: For all three priority areas			
6 - 10	Healthy Lifestyles	To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to reduce the burden of chronic disease)	Primarily the CHPCP Health Promotion Co-ordinator
	Mental Wellbeing	To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to enhance mental wellbeing)	
	Sexual and Reproductive Health	To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion specifically in relation to the sexual and reproductive health strategy	
Objective 2: For all three priority areas			
11, 12	Healthy Lifestyles	To facilitate a high degree of interagency and external stakeholder collaboration (to reduce the burden of chronic disease)	Primarily the CHPCP Health Promotion Co-ordinator
	Mental Wellbeing	To facilitate a high degree of interagency and external stakeholder collaboration (to enhance mental wellbeing)	
	Sexual and Reproductive Health	To facilitate a high degree of interagency and external stakeholder collaboration to embed or increase understanding of sexual and reproductive health as a component of overall health	
Objective 3: For all three priority areas			
13, 14	Healthy Lifestyles	CHPCP member agencies will plan, implement and evaluation a broad range of strategies designed to promote healthy lifestyle choices	Agencies provide information for collation to PCP which will contribute to the overall picture of population health across the Central Highlands region
15, 16	Mental Wellbeing	CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to address the social determinants that contribute to poor mental health outcomes for people living in the Central Highlands Region	
17	Sexual and Reproductive Health	CHPCP member agencies will plan, implement and evaluation a broad range of strategies to enhance sexual and reproductive health	
Please note: objectives 1 & 2 are the same for all three priority areas and objective 3 is specific to each priority area			

Integrated Health Promotion Plan 2009 - 2012

Priority Area	Vision and Goal	Objectives
Healthy Lifestyles	<p>In the Central Highlands Region everyone will have the opportunity for a lifestyle that enables good health by reducing the burden of chronic disease</p> <p>The burden of chronic disease in the Central Highlands will be reduced</p>	<p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to reduce the burden of chronic disease)</p>
		<p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration (to reduce the burden of chronic disease)</p>
		<p>Objective 3: CHPCP member agencies will plan, implement and evaluation a broad range of strategies designed to promote healthy lifestyle choices</p>
Mental Wellbeing	<p>People of the Central Highlands region experience optimal social, emotional and spiritual wellbeing, they have energy for active living, achieve goals and interact with one another in ways that are respectful and just (adapted from VicHealth 1999)</p> <p>Residents of the Central Highlands will experience enhanced Mental Wellbeing</p>	<p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to enhance mental wellbeing)</p>
		<p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration (to enhance mental wellbeing)</p>
		<p>Objective 3: CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to address the social determinants that contribute to poor mental health outcomes for people living in the Central Highlands Region</p>
Sexual and Reproductive Health	<p>In the Central Highlands everyone will have the opportunity for a lifestyle that enhances sexual and reproductive health</p> <p>To address the determinants of sexual and reproductive health through integrated action to enable positive systems change</p>	<p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion specifically in relation to the sexual and reproductive health strategy</p>
		<p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration to embed or increase understanding of sexual and reproductive health as a component of overall health</p>
		<p>Objective 3: CHPCP member agencies will plan, implement and evaluation a broad range of strategies to enhance sexual and reproductive health</p>
<p>Please note: objectives 1 & 2 are the same for all three priority areas and objective 3 is specific to each priority area</p>		
<p>Philosophy of the Integrated Health Promotion Network The guiding philosophy of integrated health promotion work undertaken by the Central Highlands Primary Care Partnership is, that:</p> <ul style="list-style-type: none"> • All integrated health promotion work continuously aims to positively change social and cultural influences within the wider community, that impact on optimal health • Services that determine good and/or optimal health are available for all • Services continuously review and promote cultural appropriateness, and • Service are welcoming for disadvantaged groups, including CALD, Indigenous, disabled, newly arrived refugees and single parent families 		

Key Themes for each priority area were identified as potential areas of partnership work by the Health Promotion Network

Healthy Lifestyles	Mental Wellbeing	Sexual and Reproductive Health
Increase access to and consumption of nutritious foods	Freedom from discrimination and violence	Engage all the CH PCP members to actively participate in the development of a sexual and reproductive health strategy
Increase knowledge and skills about health eating	Accessible opportunities/activities for all	Integrate sexual and reproductive health in to the work undertaken with the other 2 CHPCP Integrated Health Promotion priority areas
Increase access to and participation in physical activity	Create opportunities for accessing economic resources and information (including work, education, housing and money)	Embed (or to increase understanding of) sexual and reproductive health as a component of overall health
Reduce harm caused by alcohol, tobacco and other drugs		
Reduce harm from gambling		

Wellbeing Wendouree, Gamblers Help or Central Highlands Sports Assembly (for example), do not receive health promotion funding from the department of health but may be the 'Lead Agency' for an integrated health promotion activity, it is envisaged that the evaluations from this work will be captured in the integrated health promotion reports and contribute to the picture of population health across the Central Highlands region

Evidence

For the priority areas and integrated health promotion work is provided in a separate document 'IHP Evidence 2009 - 2012' on the Central Highlands Primary Care Partnership website at www.chpcp.org

Acronyms			
CHADA	Central Highlands Aged and Disability Alliance		
DHSV	Dental Health Services Victoria		
LGA	Local Government Area		
RYAN	Regional Youth Affairs Network		
S&RH	Sexual and Reproductive Health		

Colour	Theme		Colour	Theme		Colour	Theme	
Blue	Men's health		Purple	Women's health		Light blue	Chronic disease	
Orange	Disadvantaged people		Lime	Physical activity		Dark red	Food and nutrition	
Pink	Oral health		Light purple	Young people		Light pink	Organisational capacity building	
Teal	Schools		Dark yellow	Health education		Green	Alcohol and Other Drugs	

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:</p> <ul style="list-style-type: none"> • 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>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:</p> <ul style="list-style-type: none"> • Increased use of research, evidence and local data regarding health needs and well-being issues • Improved integration of HP planning processes 	<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>

<p>Priority Area: Healthy Lifestyles</p> <p>Goal: The burden of chronic disease in the Central Highlands will be reduced</p> <p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to reduce the burden of chronic disease)</p>	<p>Priority Area: Mental Wellbeing</p> <p>Goal: Residents of the Central Highlands will experience enhanced mental wellbeing</p> <p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to enhance mental wellbeing)</p>	<p>Priority Area: Sexual and Reproductive Health</p> <p>Goal: To address the determinants of sexual and reproductive health through integrated action to enable positive systems change</p> <p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to reduce the burden of chronic disease)</p>
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1 - 1.1, 1.2, 1.3	Organisational Development	1 - 1.1, 1.2, 1.3	Reach, Participation & Satisfaction
2 - 2.1, 2.2, 2.3	Workforce Development	2 - 2.1, 2.2, 2.3, 2.4	Personal Skills
3 - 3.1, 3.2, 3.3	Resources	3 - 3.1, 3.2, 3.3,	Healthy Lifestyles
4 - 4.1, 4.2	Leadership	4 - 4.1, 4.2, 4.3	Community Strengthening
5 - 5.1, 5.2, 5.3, 5.4	Partnership	5 - 5.1, 5.2	Supportive Environments
		6 - 6.1, 6.2, 6.3	Healthy Public Policy & Practice

Primarily the Central Highlands Primary Care Partnership - Health Promotion Coordinator

Strategy	Intervention Type	Target Group/Estimated Reach	Evaluation Method	Key Performance Indicator	Timelines
Ensure email lists are up to date and relevant and divide the Health Promotion Network lists into four categories - General and the 3 priority areas Relevant to Objective 3 for all 3 priority area's	Partnership 5.1	Health Promotion Network members	Email	Email lists are divided, up to date and relevant	Year 1
				Email lists are up to date and relevant	Year 2, 3
Encourage the identification of a 'Lead Agency' in IHP partnership work	Leadership 4.2	Health Promotion Network members	Lead Agencies are recorded	Increase in partnership projects with an identified 'Lead Agency'	Year 1,2,3
Develop a program planning template for PCP members who identify as the 'Lead Agency' in IHP projects but do not receive IHP core funding	Workforce Development 2.2	Health Promotion Network members	Template developed and completed by relevant agencies	Template developed and completed by agencies	Year 1
				Template reviewed and updated where necessary	Year 2,3
Develop consistent tools to capture data	Leadership 4.1	Health Promotion Network members	Tools are consistent	Number of tools developed Number of agencies who use the tool	Year 1,2,3
Higher level or support from management personnel from CHPCP member agencies for health promotion	Organisational Development 1.1	CHPCP Member Agencies	Managers noted in the attendees list of the Health Promotion Network Participation in IHP activities by Managers is recorded by project 'Lead Agency' or other agency and sent to HP Coordinator at CHPCP for collation	2 Managers attend at least one Health Promotion Network meeting Increase in the participation of Managers at IHP activities	Year 1,2,3
Training needs of the Health Promotion Network are identified and addressed	Workforce Development 2.1	CHPCP member agencies, non-member agencies	Information gathered as part of the CHPCP Training Needs Analysis Member and non-member attendance at training is recorded	Training needs are gathered, collated and addressed Number of staff trained Number and type of training provided	

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Primarily the Central Highlands Primary Care Partnership - Health Promotion Coordinator

Strategy	Intervention Type	Target Group/Estimated Reach	Evaluation Method	Key Performance Indicator	Timelines
Increase staff trained in Health Promotion (4 hour, 1 day or 5 day training)	Workforce Development 2.3	CHPCP member agencies, non-member agencies	Member and non-member attendance at training is recorded	Number of staff trained in Health Promotion	Year 1,2,3
Conduct 2 mental health training sessions, one in Moorabool and the other in the City of Ballarat	Workforce Development 2.1 3.1	CHPCP member agencies, non-member agencies and community members	Number of participants, Number of evaluations Evaluation outcomes	<i>RAV and CAFS (Gamblers Help), City of Ballarat, CHPCP, Moorabool Shire</i>	Year 1
Provide a 4 hour Health Promotion Workshop in City of Ballarat	Workforce Development 2.1	CHPCP member agencies, non-member agencies	Evaluation outcomes	16 Participants, 16 Evaluations Excellent 8, Good 6, no response 2 <i>BHS, St John of God Hospital, Moorabool Shire Councils, Hepburn Shire Council, St Laurence, Ballarat and District Nursing and Health Service, Department of Veteran Affairs, BCH, Vic Aged Care, DHS</i>	August 2009 Year 1
Provide a 4 hour Introduction to Health Promotion Workshop in Hepburn Shire	Workforce Development 2.1	CHPCP member agencies, non-member agencies	Evaluation outcomes	16 Participants, 12 Evaluations Excellent 7, Good 4, between exc. and gd. 1 <i>Daylesford Neighbourhood House, HHS, Daylesford Hospital, BHS, Ballarat City Council, CHPCP, Hepburn Shire Council</i>	September 2009 Year 1
Research the potential and interest in providing the 4 hour Introduction to Health Promotion Workshop in Moorabool Shire	Workforce Development 2.1	CHPCP member agencies, non-member agencies	Information gathered as part of the CHPCP Training Needs Analysis Verbal feedback	CHPCP Training Needs Analysis produced and provided to the Health Promotion Network Agenda item at IHP Network Meetings	Year 1,2
Research the potential and interest in providing the 4 hour Introduction to Health Promotion Workshop in Golden Plains Shire	Workforce Development 2.1	CHPCP member agencies, non-member agencies	Information gathered as part of the CHPCP Training Needs Analysis Verbal feedback	CHPCP Training Needs Analysis produced and provided to the Health Promotion Network Agenda item at IHP Network Meetings	Year 1,2
Provide a one day mental health promotion workshop 'Understanding Mental Health and Wellbeing'	Workforce Development 2.1	CHPCP member agencies, non-member agencies	Evaluation outcomes	(I emailed Anne W) 15 Participants, ? Evaluations <i>BHS (CAMHS), CHPCP</i>	November 2009 Year 1
Provide a one day mental health promotion workshop 'Understanding Mental Health and Wellbeing'	Workforce Development 2.1	CHPCP member agencies, non-member agencies	Evaluation outcomes	15 Participants, ? Evaluations <i>BHS (CAMHS), CHPCP</i>	May 2010 Year 1

<p>Priority Area: Healthy Lifestyles</p> <p>Goal: The burden of chronic disease in the Central Highlands will be reduced</p> <p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to reduce the burden of chronic disease)</p>	<p>Priority Area: Mental Wellbeing</p> <p>Goal: Residents of the Central Highlands will experience enhanced mental wellbeing</p> <p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to enhance mental wellbeing)</p>	<p>Priority Area: Sexual and Reproductive Health</p> <p>Goal: To address the determinants of sexual and reproductive health through integrated action to enable positive systems change</p> <p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to reduce the burden of chronic disease)</p>
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Please note: objectives 1 & 2 are the same for all three priority areas and objective 3 is specific to each priority area

Primarily the Central Highlands Primary Care Partnership - Health Promotion Coordinator

Strategy	Intervention Type	Target Group/Estimated Reach	Evaluation Method	Key Performance Indicator	Timelines
Provide a two day 'Mental Health First Aid' Workshop	Workforce Development 2.1	CHPCP member agencies, non-member agencies	Evaluation outcomes	18 Participants, 18 Evaluations Evaluation asked how relevant the content was out of 1 (not at all) to 10 (very much) Respondents answered 7 (1), 8 (5), 9 (6), 10 (6) <i>BHS (CAMHS), CHPCP</i>	August 2009 Year 1
Provide a two day 'Youth Mental Health First Aid' Workshop	Workforce Development 2.1	CHPCP member agencies, non-member agencies	Evaluation outcomes	17 Participants, 17 Evaluations Evaluation asked how relevant the content was out of 1 (not at all) to 10 (very much) Respondents answered 5 (1), 9 (7) and 10 (8) <i>BHS (CAMHS), CHPCP</i>	October 2009 Year 1
Provide a two day 'Aboriginal and Torres Strait Islander Mental Health First Aid' Workshop	Workforce Development 2.1	CHPCP member agencies, non-member agencies	Evaluation outcomes	15 Participants, 15 Evaluations Evaluation asked how relevant the content was out of 1 (not at all) to 10 (very much) Respondents answered 8 (1), 9 (8), 10 (6) <i>BHS (CAMHS), CHPCP</i>	July 2009 Year 1
Provide information to agencies about the new IHP evaluation and reporting requirements	Workforce Development 2.1	Health Promotion Funded agencies	Evaluation outcomes	Participants Evaluations <i>DH, CHPCP</i>	June 2010 Year 1
Provide a two day 'Mental Health First Aid' Workshop in Dereel	Workforce Development 2.1 Personal skills 2.1 2.2 2.2	CHPCP member agencies, non-member agencies and community members	Evaluation outcomes	Participants Evaluations <i>Division of GPs</i>	April 2010 Year 1

<p>Priority Area: Healthy Lifestyles</p> <p>Goal: The burden of chronic disease in the Central Highlands will be reduced</p> <p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to reduce the burden of chronic disease)</p>	<p>Priority Area: Mental Wellbeing</p> <p>Goal: Residents of the Central Highlands will experience enhanced mental wellbeing</p> <p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to enhance mental wellbeing)</p>	<p>Priority Area: Sexual and Reproductive Health</p> <p>Goal: To address the determinants of sexual and reproductive health through integrated action to enable positive systems change</p> <p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to reduce the burden of chronic disease)</p>
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Primarily the Central Highlands Primary Care Partnership - Health Promotion Coordinator

Strategy	Intervention Type	Target Group/Estimated Reach	Evaluation Method	Key Performance Indicator	Timelines
Conduct 1 workshop on Social Inclusion and connection with a focus on Mental Health and Gambling (conducted in Poverty Week) 2 hour workshop facilitated by Anita Thomas continued from previous page	Workforce Development 1.2	CHPCP member agencies, non-member agencies	Evaluation outcomes	24 attendees Outcome evaluation completed by 18 participants Excellent 4, Very Good 7, Good 6 and Poor 0 <i>GPS, Wellbeing Wendouree, HHS, Damascus College, University of Ballarat, Yuille Park Primary School, Moorabool Shire, CAFS, Central Highlands Legal Centre, Centrelink, BCH, Ballarat and District Nursing & Health Care, Grampians Region Palliative Care Consortium</i>	October 2009 Year 1
Improve knowledge and skills of Health Promotion workers in community consultation	Workforce Development 2.2	CHPCP member agencies, non-member agencies	Member and non-member attendance at training is recorded	Number of staff trained Number and type of training provided	Year 2,3
Improve knowledge and skills of Health Promotion workers in HP evaluation	Workforce Development 2.2	CHPCP member agencies, non-member agencies	Member and non-member attendance at training is recorded	Number of staff trained Number and type of training provided	Year 2,3
Incorporate a health and wellbeing checklist for planning community events (i.e. opportunities for community participation in physical activity, accessibility of ages/stages disability, responsible servicing of alcohol practices, safety or risk management plan, provision of health food choices, outdoor shade and smoke-free environments)	Healthy public policy and practice 6.3	CHPCP member agencies	Verbal or email feedback	Number of agencies using a health and wellbeing checklist	Year 2,3
Improved knowledge and skills of Health Promotion workers in working with people who are disadvantaged or in poverty	Workforce Development 2.2	CHPCP member agencies, non-member agencies	Member and non-member attendance at training is recorded	Number of staff trained Number and type of training provided	Year 2
Increased use of CHPCP Health and Wellbeing Needs Analysis regarding health and well being issues	Organisational Development 1.2	Health Promotion Network members	CHPCP Health and Wellbeing Needs Analysis is evaluation by the Health Promotion Network	Number of agencies that have used the CHPCP Health and Wellbeing Needs Analysis in IHP is recorded on IHP template(s)	Year 1,2

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Primarily the Central Highlands Primary Care Partnership - Health Promotion Coordinator

Strategy	Intervention Type	Target Group/Estimated Reach	Evaluation Method	Key Performance Indicator	Timelines
Develop a communication strategy for distributing relevant surveys or evaluations to the relevant HP Network members	Partnership 5.1	Health Promotion Network members	Communication strategy is developed	Communication process developed and recorded	Year 1
Resources developed by HP Network members will be promoted at the appropriate network meetings	Resources 3.3	RYAN, CHADA and Child and Family Platform	Tally of resources and meetings is recorded	10 Resources are promoted at the Health Promotion Network meeting 5 Resources are promoted at the RYAN, CHADA and Child and Family Platform meetings	Year 1,2,3
Enhanced organisational learning and improved practice through IHP program evaluation and dissemination of findings	Organisational Development 1.3	Health Promotion Network members	Learning's from practice and evaluation is discussed and shared at Health Promotion Network meetings	Outcomes posted on CHPCP website	Year 2,3
Encourage and assist agencies to develop HP case studies and present at the Health Promotion Network, forums, regional meetings and conferences	Organisational Development 1.1	Health Promotion Network members	Case studies are developed Case studies are presented	Increased numbers of case studies reflecting good HP practice produced in region Number of HP papers presented by agency staff at conference, workshops and seminars etc.	Year 2,3
Show success of Health Promotion initiative to CHPCP Full Alliance members	Organisational Development 1.3	Health Promotion Network members, CHPCP Full Alliance members	IHP initiatives are presented or communicated to Full Alliance members	Number of HP initiatives presented at Full Alliance meetings or communicated to members	Year 2,3

<p>Priority Area: Healthy Lifestyles</p> <p>Goal: The burden of chronic disease in the Central Highlands will be reduced</p> <p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration (to reduce the burden of chronic disease)</p>	<p>Priority Area: Mental Wellbeing</p> <p>Goal: Residents of the Central Highlands will experience enhanced mental wellbeing</p> <p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration (to enhance mental wellbeing)</p>	<p>Priority Area: Sexual and Reproductive Health</p> <p>Goal: To address the determinants of sexual and reproductive health through integrated action to enable positive systems change</p> <p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration to embed or increase understanding of sexual and reproductive health as a component of overall health</p>
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1 - 1.1, 1.2, 1.3	Organisational Development	1 - 1.1, 1.2, 1.3	Reach, Participation & Satisfaction
2 - 2.1, 2.2, 2.3	Workforce Development	2 - 2.1, 2.2, 2.3, 2.4	Personal Skills
3 - 3.1, 3.2, 3.3	Resources	3 - 3.1, 3.2, 3.3,	Healthy Lifestyles
4 - 4.1, 4.2	Leadership	4 - 4.1, 4.2, 4.3	Community Strengthening
5 - 5.1, 5.2, 5.3, 5.4	Partnership	5 - 5.1, 5.2	Supportive Environments
		6 - 6.1, 6.2, 6.3	Healthy Public Policy & Practice

Primarily the Central Highlands Primary Care Partnership - Health Promotion Coordinator

Strategy	Intervention Type	Target Group/Estimated Reach	Evaluation Method	Key Performance Indicator	Timelines
IHP information is shared between Department of Health and CHPCP Health Promotion Coordinator	Partnership 5.3	Department of Health	Verbal feedback	Process is developed for IHP information from HP funded agencies to be shared	Year 1,2
Provide opportunities and develop communication pathways for agencies to work in partnership	Partnership 5.2	Health Promotion Network members	Minutes of HP Network meeting provided and circulated	Feedback at meetings is positive Attendance at meetings is increased?	Year 1,2,3
Promote partnership opportunities at HP Network meetings, on the CHPCP website and at regional meetings	Partnership 5.2	Health Promotion Network members	Survey	Feedback from HP Network	Year 1,2,3
Facilitate and promote discussion amongst appropriate organisations to encourage co-location and partnership development with family services by organising: Community Hub Forum 2 - The Next Steps Community Hubs Forum 3 - Governance and Community Engagement	Workforce Development 1.2 Partnership 5.2	CHPCP member agencies, non-member agencies	Evaluations	Community Hub Forum 2 - The Next Steps 23 attendees, 5 evaluations Community Hub Forum 3 - Governance and Community Engagement attendees, evaluations <i>CH PCP Child and Family Platform, CHPCP membership agencies, community members and agencies across the 4 LGA's and education sector</i>	July 2009 Year 1 November 2009 Year 1
The Integrated Health Promotion section of the CHPCP Website contains IHP information	Organisational Development 1.3	Health Promotion Network members	Data collection Verbal Feedback	Increase in hits on CHPCP website	Year 1,2,3
To work with the Full Alliance members and executive to ensure that the Health Promotion Network is recognised as a 'formal' platform and part of the CHPCP structure and has a 'voice' at the Full Alliance meetings	Organisational Development 1.1	CHPCP Full Alliance and Executive Members	Pathway is formalized and representation at the Full Alliance meeting is documented	Full Alliance Meeting Minutes document discussion and/or support the motion	Year 1,2

<p>Priority Area: Healthy Lifestyles</p> <p>Goal: The burden of chronic disease in the Central Highlands will be reduced</p> <p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration (to reduce the burden of chronic disease)</p>	<p>Priority Area: Mental Wellbeing</p> <p>Goal: Residents of the Central Highlands will experience enhanced mental wellbeing</p> <p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration (to enhance mental wellbeing)</p>	<p>Priority Area: Sexual and Reproductive Health</p> <p>Goal: To address the determinants of sexual and reproductive health through integrated action to enable positive systems change</p> <p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration to embed or increase understanding of sexual and reproductive health as a component of overall health</p>
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Please note: objectives 1 & 2 are the same for all three priority areas and objective 3 is specific to each priority area

Primarily the Central Highlands Primary Care Partnership - Health Promotion Coordinator

Strategy	Intervention Type	Target Group/Estimated Reach	Evaluation Method	Key Performance Indicator	Timelines
continued from previous page Ensure IHP planning and evaluation documentation is provided to the CHPCP Health Promotion Coordinator on a regular basis	Organisational Development 1.1	Health Promotion Network members, 'Lead Agencies' of IHP initiatives	Depends on IHP strategy or intervention	Documentation is provided	Year 1,2,3

Colour	Theme	Colour	Theme	Colour	Theme
Blue	Men's health	Purple	Women's health	Light blue	Chronic disease
Orange	Disadvantaged people	Lime	Physical activity	Dark red	Food and nutrition
Pink	Oral health	Light purple	Young people	Light pink	Organisational capacity building
Teal	Schools	Dark yellow	Health education	Green	Alcohol and Other Drugs

Priority Area: Healthy Lifestyles

Goal: The burden of chronic disease in the Central Highlands will be reduced

Objective 3: CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to promote healthy lifestyle choices

Ballarat Community Health	Ballarat Health Service	Djerriwarrh Health Service	Golden Plains Shire	Hepburn Health Service	Women Health Grampians
<p>Access to physical activity</p> <p>Access to low cost structured physical activity</p> <p>Increased referral options for professions staff</p> <p>Physical activity for people with and at risk of chronic disease</p> <p>Network of community based physical activity</p>	<p>Health Education</p> <p>Development and implementation of strategies to improve awareness of and access to Diabetes Prevention and Weight Management Programs</p> <p>Workplace Settings and Supportive Environments</p> <p>Increase levels of physical activity and reduce sedentary behaviour of staff</p> <p>Increase demand for and availability of healthy foods</p> <p>Promote healthy weight</p>	<p>DJHS Organisational Nutrition Policy</p> <p>Support healthy eating habits for staff, visitors and patients</p> <p>Food Access Profile</p> <p>Develop a catchment profile relating to food access</p>	<p>Information to be provided</p>	<p>40 weeks to fitness</p> <p>Physical Activity for 40 residents from Clunes, Creswick and Daylesford</p> <p>Active Hepburn</p> <p>Physical Activity for people with a chronic disease</p>	<p>Gender Advocacy</p> <p>Participate in networks, be responsive to emerging issues, gather evidence and advocate to influence systems change to improve women's health</p>
<p>Access to nutritious food</p> <p>Alternatives to fast food options</p> <p>Access to nutritious food options</p> <p>Child friendly activity with nutritious food choices</p>	<p>Organisational Capacity Building</p> <p>Formation of a health promotion committee</p> <p>Development of an Organisational Health Promotion Policy</p> <p>Development of a BHS Obesity Prevention and Management Strategy</p> <p>Attain Baby Friendly Health Initiative Australia Accreditation</p>	<p>Community Kitchens</p> <p>Community and healthy eating</p>		<p>Hepburn Men's Health beyond the HMP</p> <p>Research men's health issues and after develop plans for enhancing health behaviours and preventing disease</p>	
<p>Nutrition education & capacity building</p> <p>Support for behaviour change</p> <p>Programs delivered in specific priority areas</p> <p>Nutrition policies</p>		<p>Healthy Sports Club Canteens</p> <p>Healthy food options in Melton sport clubs</p>		<p>A Comprehensive Approach To Managing Diabetes</p> <p>People living with Diabetes in Hepburn</p>	

Priority Area: Healthy Lifestyles

Goal: The burden of chronic disease in the Central Highlands will be reduced

Objective 3: CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to promote healthy lifestyle choices

Ballarat Community Health	Ballarat Health Service	Djerriwarrh Health Service	Golden Plains Shire	Hepburn Health Service	Women Health Grampians
continued from previous page					
Education and capacity building around specific health issues Hep C PAP Testing Skin safe – tattoos Women's health Men's health Workplace health Disease specific education		Start Right Eat Right Long day care and nutritious foods		Healthy Lifestyles: A Holistic Approach to Chronic Disease Prevention and Management For people living with and/or at risk of complications of chronic diseases	
		Welcome Kit Melton Food resource kit for newly arrived communities			
Smiles 4 Miles Promoting healthy eating and good oral health in early childhood settings		Smiles 4 Miles Promoting healthy eating and good oral health in early childhood settings			
Smoking Cessation Strategies to reduce smoking		Alcohol and Other Drugs Yr 1 focus on tobacco reduction			
MEND Sustained lifestyle change of obese children and families		Physical Activity - Best Start Physical Activity Working Group initiatives including Kids Go for Your Life, sponsorship program, active transport, Starting Out Safely			
HIP Early intervention program for people with or at risk of chronic disease or diabetes					
Media response and promotion					
Refugee health					
Access to GP services					
Indigenous health 2010 - 2011 Action Plan					

Wellbeing Wendouree, Gamblers Help or Central Highlands Sports Assembly (for example), do not receive health promotion funding from the department of health but may be the 'Lead Agency' for an integrated health promotion activity, it is envisaged that the evaluations from this work will be captured in the integrated health promotion reports and contribute to the picture of population health across the Central Highlands region

Colour	Theme		Colour	Theme		Colour	Theme	
Blue	Men's health		Purple	Women's health		Light blue	Chronic disease	
Orange	Disadvantaged people		Lime	Physical activity		Dark red	Food and nutrition	
Pink	Oral health		Light purple	Young people		Light pink	Organisational capacity building	
Teal	Schools		Dark yellow	Health education		Green	Alcohol and Other Drugs	

Priority Area: Mental Wellbeing

Goal: Residents of the Central Highlands will experience enhanced mental wellbeing

Objective 3: CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to address the social determinants that contribute to poor mental health outcomes for people living in the Central Highlands Region

Ballarat Community Health	Ballarat Health Service	Djerriwarrh Health Service	Golden Plains Shire	Hepburn Health Service	Women Health Grampians
Student Wellbeing Physical activity, nutrition, body Image, puberty, sexual health, Alcohol and Other Drugs, Relationships, Risk	Please see healthy lifestyles priority area	Art Program Women who have experience domestic violence	Information to be provided	Access & Opportunity - Hepburn L2P Young People learning to drive	Violence against women Respond to and minimise negative and wellbeing impact of violence against women ie. White Ribbon Day
Youth Options Guarantee Clients under 18 without yr 12 or equivalent are referred into education and training support		Melton Show the Way Primary Schools creating a safe environment		Women in Creswick (WINC) Disadvantaged women in Creswick to increase social interaction and increase personal skills	
SSMART Network Topics include: binge drinking, managing party risk, school based education, parent involvement and education, increased communication		Peer Support Program Increasing volunteer skills with possibility to link with 'Breaking the Cycle' initiative		Creswick Men's Shed Opportunity for men to connect	Cyber safety Project to minimise the impact of or prevent cyber bullying through cyber safety initiatives
Mental Health Week Broad range of activities				Hepburn Shire Women's Health Working Groups (SWISH & SWAT) Working group(s) to advocate for women's health across the shire	IHP initiative to support women experiencing family violence <ul style="list-style-type: none"> NILS FVPN across region Community safety committee (City of Ballarat) Relevant IHP initiatives
PODS Social inclusion and education opportunities for young parents				The Cook, The Chef and Us Enhance healthy lifestyles, knowledge and career opportunities for young People in schools	
School Focussed Youth Service Link between school and community services for young vulnerable children and young people				Hepburn Men's Health beyond the HMP Links to Healthy Lifestyle priority area Participation opportunities to increase mental wellbeing	
Family Violence Prevention White Ribbon Day Strengthening Generations Group work for women				HHS Volunteer Program Increase social connectedness for residents in Hepburn	

Priority Area: Mental Wellbeing

Goal: Residents of the Central Highlands will experience enhanced mental wellbeing

Objective 3: CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to address the social determinants that contribute to poor mental health outcomes for people living in the Central Highlands Region

Ballarat Community Health	Ballarat Health Service	Djerriwarrh Health Service	Golden Plains Shire	Hepburn Health Service	Women Health Grampians
continued from previous page					
Best Start, Breast feeding Funding support for City of Ballarat Breastfeeding project				Social Inclusion – Let’s start at the beginning Program development and implementation for 150 families (experiencing social or financial hardship) with children	
Education, access and information for people with a mental illness and carers of people with a mental illness				Access & Opportunity – Hepburn NILS No interest Loans to people on a low income	
Alcohol and Other Drug therapy groups Various groups				Equity It’s Everybody’s business Addresses issues of poverty	
Self - Esteem groups				Mental Health review Capacity building- to improve mental health services in Hepburn Shire	
Pathways to social inclusion BCH working group to identify interventions to address significant disadvantage for those with or at risk of mental illness					
Youth at risk Health education for at risk young people					

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Colour	Theme	Colour	Theme	Colour	Theme
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Pink	Oral health	Light purple	Young people	Light pink	Organisational capacity building
Teal	Schools	Dark yellow	Health education	Green	Alcohol and Other Drugs

Priority Area: Sexual and Reproductive Health

Goal: To address the determinants of sexual and reproductive health through integrated action to enable positive systems change

Objective 3: CHPCP member agencies will plan, implement and evaluate a broad range of strategies to enhance sexual and reproductive health

Ballarat Community Health	Ballarat Health Service	Djerriwarrh Health Service	Golden Plains Shire	Hepburn Health Service	Women Health Grampians
Sexual and Reproductive Health Strategy Participate in the development of the Sexual and Reproductive Health Strategy for the Grampians Region	Please see healthy lifestyles priority area	CALD Sexual and Reproductive Health Explore issues for CALD and refugee communities in Melton. Will inform planning	Information to be provided	Adolescent Health and Wellbeing in Hepburn Shire Young people living in Hepburn Shire in healthy lifestyle choices	Development of a Sexual and Reproductive Health Strategy for the Grampians region
Primary Schools Provide puberty education programs to primary school students in collaboration with teachers		Men's Health Consult with Men's groups to explore issues, possible delivery of Pit Stop			Collaborative S&RH IHP strategies including: <ul style="list-style-type: none"> Well Women's service Coming Clean about Chlamydia S&RH networks / committee Women's health community education
Secondary Schools Build the capacity of secondary school staff to deliver sexual health and relationships education to years 7/8 students		Teacher Training 'Train the Trainer' teaching secondary school teachers to deliver S&RH			
Pre-service Teacher Training In partnership with UB and ACU, developing the capacity of pre-service teachers in providing puberty education					
Strengthening Sexuality Education Research the sexual health education needs of students in years 7 – 9 and utilise this data to inform practice					
Puberty Provider Network Strengthen and advocate for sustainable provision of puberty education					

Priority Area: Sexual and Reproductive Health

Goal: To address the determinants of sexual and reproductive health through integrated action to enable positive systems change

Objective 3: CHPCP member agencies will plan, implement and evaluate a broad range of strategies to enhance sexual and reproductive health

Ballarat Community Health	Ballarat Health Service	Djerriwarrh Health Service	Golden Plains Shire	Hepburn Health Service	Women Health Grampians
Sexual Health Service Provision <ul style="list-style-type: none"> • Well Women's Clinic • Sexual Health Clinic • After hours service • Site tours • School/community provision 					
Teacher Training <ul style="list-style-type: none"> • Professional Development • Resource Library 					

Wellbeing Wendouree, Gamblers Help or Central Highlands Sports Assembly (for example), do not receive health promotion funding from the department of health but may be the 'Lead Agency' for an integrated health promotion activity, it is envisaged that the evaluations from this work will be captured in the integrated health promotion reports and contribute to the picture of population health across the Central Highlands region



Integrated Health Promotion Plan 2009 - 2012

Part Two

Preamble

For the first time the Primary Care Partnership Integrated Health Promotion Plan contains work for the next three years that member agencies have identified they will undertake in partnership.

The priority areas for the Integrated Health Promotion Plan have been determined during Health Promotion Network discussions as: *Healthy Lifestyles*, *Mental Wellbeing* and *Sexual and Reproductive Health* and they link with the Central Highlands Primary Care Partnership Strategic Plan priorities Chronic Disease Prevention and Management and Social Connection and Inclusion (including Mental Health).

Healthy Lifestyles enables good health by reducing the burden of chronic disease, integrating *Sexual and Reproductive Health* as a component of overall health; while *Mental Wellbeing* supports inclusion and access to services. In addition working with disadvantaged groups, the work on community hubs, the early childhood work (at the CHPCP Child and Family platform); and capacity building in health promotion, increased opportunity for information sharing and consistent 'marketing' of key health messages.

To make the plan more accessible it is divided in to two parts;

Part One (page 0 to 18) contains work on:

Objectives 1 and 2 have capacity building and collaboration aims and will primarily be reported by the Health Promotion Coordinator, CHPCP; Objective 3 is a brief guide of the work undertaken by IHP funded agencies

Part Two (page 19 to 40) contains work on:

Objective 3 and is a more comprehensive summary of the discussions at the Health Promotion Network meeting and provides detail on the key themes of work that will be undertaken in partnership across the three priority areas by CHPCP member agencies over the next three years.

The learning's and evaluations from all three objectives will be provided to CHPCP for collation and contribute to the broader picture of population health across the Central Highlands region.

The Integrated Health Promotion Plan is a living document with flexibility to respond to new and emerging issues, therefore it is envisaged that during the years 2009 - 2012 there will be additions and alterations that will change the plan along the way. This integrated plan provides an excellent opportunity for us all and sets the scene for an exciting period in health promotion.

Page Number	Part Two	
18	Part Two cover page	
19	Table of Contents, Key and Colour Codes	
20	CHPCP Integrated Health Promotion Priorities for 2009 - 2012	
21	Agencies involved in discussions	
22	Impact measures for IHP Interventions	
23	Impact measures for Capacity Building Activities	
Page Number	Priority Area	Content
24	Key Theme: Healthy Lifestyles	Increase access to and consumption of nutritious foods
25, 26		Increase knowledge and skills about healthy eating - <i>Smiles 4 Miles</i>
27		Increase access to and participation in physical activity
28		Reduce harm caused by alcohol, tobacco and other drugs
29		Reduce harm from gambling - <i>Problem Gambling</i>
30	Key Theme: Mental Wellbeing	Freedom from discrimination and violence
31		Accessible opportunities/activities for all - <i>Anti-Poverty Week</i>
32		Accessible opportunities/activities for all - <i>Community Hubs</i>
33		Accessible opportunities/activities for all
34		Create opportunities for accessing economic resources and information (including work, education, housing and money)
35, 36, 37	Key Theme: Sexual and Reproductive Health	Engage all CHPCP members to actively participate in the development of a sexual and reproductive health strategy
		Integrate sexual and reproductive health in to the work undertaken with the other 2 Integrated Health Promotion priorities
		Embed (or to increase understanding of) sexual and reproductive health as a component of overall health
38		Other opportunities for IHP

Integrated Health Promotion Plan 2009 - 2012

Priority Area	Vision and Goal	Objectives	Key themes
Healthy Lifestyles	<p>In the Central Highlands Region everyone will have the opportunity for a lifestyle that enables good health by reducing the burden of chronic disease</p> <p>The burden of chronic disease in the Central Highlands will be reduced</p>	<p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to reduce the burden of chronic disease)</p>	Increase access to and consumption of nutritious foods
		<p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration (to reduce the burden of chronic disease)</p>	Increase knowledge and skills about health eating
		<p>Objective 3: CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to promote healthy lifestyle choices</p>	<p>Increase access to and participation in physical activity</p> <p>Reduce harm caused by alcohol, tobacco and other drugs</p> <p>Reduce harm from gambling</p>
Mental Wellbeing	<p>People of the Central Highlands region experience optimal social, emotional and spiritual wellbeing, they have energy for active living, achieve goals and interact with one another in ways that are respectful and just (adapted from VicHealth 1999)</p> <p>Residents of the Central Highlands will experience enhanced mental wellbeing</p>	<p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion (to enhance mental wellbeing)</p>	Freedom from discrimination and violence
		<p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration (to enhance mental wellbeing)</p>	Accessible opportunities/activities for all
		<p>Objective 3: CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to address the social determinants that contribute to poor mental health outcomes for people living in the Central Highlands Region</p>	Create opportunities for accessing economic resources and information (including work, education, housing and money)
Sexual and Reproductive Health	<p>In the Central Highlands everyone will have the opportunity for a lifestyle that enables good sexual and reproductive health</p> <p>To address the determinants of sexual and reproductive health through integrated action to enable positive systems change</p>	<p>Objective 1: To build the capacity of CHPCP member agencies and their communities to best deliver integrated health promotion specifically in relation to the sexual and reproductive health strategy</p>	Engage all the CH PCP members to actively participate in the development of a sexual and reproductive health strategy
		<p>Objective 2: To facilitate a high degree of interagency and external stakeholder collaboration to embed or increase understanding of sexual and reproductive health as a component of overall health</p>	Integrate sexual and reproductive health in to the work undertaken with the other 2 CHPCP Integrated Health Promotion priority areas
		<p>Objective 3: CHPCP member agencies will plan, implement and evaluate a broad range of strategies to enhance sexual and reproductive health</p>	Embed (or to increase understanding of) sexual and reproductive health as a component of overall health

Please note: objectives 1 & 2 are the same for all three priority areas and objective 3 is specific to each priority area

Evidence

For the priority areas and integrated health promotion work is provided in a separate document 'IHP Evidence 2009 - 2012' on the Central Highlands Primary Care Partnership website at www.chpcp.org

Philosophy of the Integrated Health Promotion Network

The guiding philosophy of integrated health promotion work undertaken by the Central Highlands Primary Care Partnership is, that:

- All integrated health promotion work continuously aims to positively change social and cultural influences within the wider community, that impact on optimal health
 - Services that determine good and/or optimal health are available for all
 - Services continuously review and promote cultural appropriateness, and
- Service are welcoming for disadvantaged groups, including CALD, Indigenous, disabled, newly arrived refugees and single parent families

Key	Agencies involved in Discussions		Colour Codes	
	Ballan and District Health and Care		Dark Teal	Evidence of the impact of the IHP Intervention against the strategy
BCH	Ballarat Community Health		Burnt Brown	Evidence of the impact of Capacity Building Activities against the strategy
BHS	Ballarat Health Services		Green	Changes to the plan - during year 1
	Centacare		Orange	Information to be completed
CAFS	Child and Family Services			
CHADA	Central Highlands Aged and Disability Alliance			
CHRLC	Central Highlands Regional Library Corporation			
CHSA	Central Highlands Sports Assembly			
CHPCP	Central Highlands Primary Care Partnership			
CoB	City of Ballarat			
	Delacombe Neighbourhood House			
	Delacombe Renewal Project			
DEECD	Dept. of Education and Early Childhood Development			
DHSV	Dental Health Services Victoria			
DJHS	Djerriwarrh Health Service			
DH	Dept. of Health			
GPS	Golden Plains Shire			
	Grampians Region Palliative Care Consortium			
HHS	Hepburn Health Service			
	Moorabool Shire			
RAV	Relationships Australia			
	Wellbeing Wendouree			
WHG	Women's Health Grampians			

Please Note: Pages 3 and 4 contain the impact measures for IHP interventions and capacity building activities and the following pages outline the integrated health promotion strategies with (numbered) reference to the corresponding measures outlined in dark teal (IHP interventions) and burnt brown (capacity building activities)

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>1.3 Consumer participation and leadership Community members are actively involved in HP planning and development</p>	<p>2.3 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>5.3 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:</p> <ul style="list-style-type: none"> • 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>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>2.2 More effective targeting of HP investment through evidence-based practice Includes:</p> <ul style="list-style-type: none"> • Increased use of research, evidence and local data regarding health needs and well-being issues • Improved integration of HP planning processes 	<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>

Priority Area: Healthy Lifestyles			Strategy/Intervention	Key Theme			
Vision: In the Central Highlands Region everyone will have the opportunity for a lifestyle that enables good health by reducing the burden of chronic disease			1 - 1.1, 1.2, 1.3 2 - 2.1, 2.2, 2.3, 2.4 3 - 3.1, 3.2, 3.3, 4 - 4.1, 4.2, 4.3 5 - 5.1, 5.2 6 - 6.1, 6.2, 6.3	increase access to and consumption of nutritious foods			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3		Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners
The burden of chronic disease in the Central Highlands will be reduced	Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009 CHPCP Strategic Plan 2009 -2012 City of Ballarat, Health & Wellbeing Plan 2009-2013 Djerriwarrh Health Services Health Promotion Plan 2009-2012	CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to promote healthy lifestyle choices	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region				
			(5.2) Review the impact of climate change and peak oil on the community and council services for food safety and security	June 2010	1	Review is completed and communicated	City of Ballarat, CHPCP
			Community Kitchen Initiative (2.2) Train community members to be community kitchen facilitators (4.1) Identify opportunities to extend community kitchens to Moorabool Shire	June 2010 June 2011 June 2012	1,2,3	Number of community kitchen facilitators trained Number of community kitchens in Moorabool Shire	DJHS, Moorabool Shire, Childcare Centres
			(2.1) (6.3) Identify opportunities to extend 'Healthy Sport Club Canteen' program to sport clubs in Moorabool Shire	June 2010 June 2011 June 2012	1,2,3	Number of sport clubs that received resources in Moorabool Shire	DJHS, CHSA, Sport clubs
			Long Day Care Centre Initiative (2.1) Conduct a menu assessment at long day care centres in Moorabool (6.1) Develop a nutrition and water policy in long day care centres (2.3) (6.3) Build capacity of childcare staff to maintain healthy eating promotion	June 2010 June 2011 June 2012	1,2,3	Number of menu assessments completed Number of long day care centres with nutrition and water policies Interventions with childcare staff	DJHS, Moorabool Shire, Childcare Centres

Priority Area: Healthy Lifestyles		Strategy/Intervention		<i>increase the knowledge and skills about healthy eating and oral health</i> Smiles 4 Miles Program			
Vision: In the Central Highlands Region everyone will have the opportunity for a lifestyle that enables good health by reducing the burden of chronic disease		1 - 1.1, 1.2, 1.3 Reach, Participation & Satisfaction 2 - 2.1, 2.2, 2.3, 2.4 Personal Skills 3 - 3.1, 3.2, 3.3, Healthy Lifestyles 4 - 4.1, 4.2, 4.3 Community Strengthening 5 - 5.1, 5.2 Supportive Environments 6 - 6.1, 6.2, 6.3 Healthy Public Policy & Practice 1 - 1.1, 1.2, 1.3 Organisational Dev. 2 - 2.1, 2.2, 2.3 Workforce Development 3 - 3.1, 3.2, 3.3 Resources 4 - 4.1, 4.2 Leadership 5 - 5.1, 5.2, 5.3, 5.4 Partnership		Time Frame	Year	Evaluation (Process, Impact, Outcome)	Partners and Task Responsibility
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3					
<p>The burden of chronic disease in the Central Highlands will be reduced</p> <p><i>Overview of Project</i> <i>CHPCP in partnership with Ballarat Community Health (City of Ballarat and Golden Plains Shire), Hepburn Health Service and Djerriwarrh Health Service will engage and assist early childhood settings to implement the core components of the Smiles 4 Miles program and achieve the Smiles 4 Miles award. S4M promotes the three key messages of Drink well, Eat well and Clean well</i></p>	<p>Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009</p> <p>CHPCP Strategic Plan 2009 - 2012</p> <p>Improving Victoria's Oral Health (July 2007)</p> <p>City of Ballarat, Health & Wellbeing Plan 2009-2013</p> <p>Smiles 4 Miles Oral Health Plan (or Dental Health Services Victoria, Oral Health Plan)</p> <p>Ballarat Community Health Promotion Plan 2009-2012</p> <p>Hepburn Health Service Health Promotion Plan 2009-2012</p> <p>Djerriwarrh Health Services Health Promotion Plan 2009-2012</p>	<p>CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to promote healthy lifestyle choices</p>	<p>Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region</p>				
			(1.1) (1.3) (5.2)	July 2009 November 2009	1	Attendance at Induction Day (if required) Attendance at Forum	Dental Health Services Victoria DHSV Central Highland Primary Care Partnership CHPCP Ballarat Community Health BCH Hepburn Health Services HHS Djerriwarrh Health Services DJHS
			(1.1) (2.1) (3.1) (3.2) (6.2) (5.2)	2009 - 2010	1	Number and type of setting to be clearly articulated in each agencies Health Promotion Plan	<p>CHPCP, BCH, HHS, DJHS - Verbal report and meeting with DHSV representative regarding issues, barriers, successes and requirements in December 2009</p> <p>CHPCP, BCH, HHS, DJHS - Report outlining foundation program outcomes provided to CHPCP in May 2010</p>
			(1.2) (2.3) (6.3) (5.2)	May 2010	1	Number of program resources distributed (lunch bags and water bottle numbers anticipated and actual) clearly articulated in each agencies Health Promotion Plan	
			(6.3) (5.2)	May 2010	1	Number of settings with nutrition and water polices in place clearly articulated in each agencies Health Promotion Plan	
			(1.1) (6.3) (5.2)	May 2010	1	Number of settings eligible for award clearly articulated in each agencies Health Promotion Plan	
			(1.1) (6.2) BCH - All pre-schools (Yuille Park [Hazel Road], Rowan View and Wendouree) in Wendouree are aware of the new Yuille Park dental clinic.	May 2010	1	Statistics	CHPCP, BCH, HHS - Verbal report and meeting with DHSV representative regarding issues, barriers, successes and requirements in December 2009
			(1.1) (6.2) HHS - All preschool children in Hepburn Shire will be given the opportunity twice a year (via personal invitation to all parents) to attend the public dental clinic	May 2010	1	Statistics	CHPCP, BCH, HHS - Report outlining extension program outcomes provided to CHPCP in May 2010

Priority Area: Healthy Lifestyles Vision: In the Central Highlands Region everyone will have the opportunity for a lifestyle that enables good health by reducing the burden of chronic disease			Strategy/Intervention 1 - 1.1, 1.2, 1.3 2 - 2.1, 2.2, 2.3, 2.4 3 - 3.1, 3.2, 3.3, 4 - 4.1, 4.2, 4.3 5 - 5.1, 5.2 6 - 6.1, 6.2, 6.3	increase the knowledge and skills about healthy eating and oral health Smiles 4 Miles Program			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3	1 - 1.1, 1.2, 1.3 2 - 2.1, 2.2, 2.3 3 - 3.1, 3.2, 3.3 4 - 4.1, 4.2 5 - 5.1, 5.2, 5.3, 5.4	Time Frame	Year	Evaluation (Process, Impact, Outcome)	Partners and Task Responsibility
continued from previous page The burden of chronic disease in the Central Highlands will be reduced		CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to promote healthy lifestyle choices	(1.3) CHPCP – Report outlining extension program outcomes provided to DHSV	June 2010	1	Report outlining extension program outcomes	CHPCP to provide an end of year report to DHSV
Plans to change the S4M program in Year 2 and Year 3 following Statewide evaluation of the Smiles 4 Miles program and CHPCP participation in the implementation of the Grampians Oral Health Strategy in Year 2 and Year 3							

Priority Area: Healthy Lifestyles Vision: In the Central Highlands Region everyone will have the opportunity for a lifestyle that enables good health by reducing the burden of chronic disease			Strategy/Intervention 1 - 1.1, 1.2, 1.3 Reach, Participation & Satisfaction 2 - 2.1, 2.2, 2.3, 2.4 Personal Skills 3 - 3.1, 3.2, 3.3, Healthy Lifestyles 4 - 4.1, 4.2, 4.3 Community Strengthening 5 - 5.1, 5.2 Supportive Environments 6 - 6.1, 6.2, 6.3 Healthy Public Policy & Practice 1 - 1.1, 1.2, 1.3 Organisational Dev. 2 - 2.1, 2.2, 2.3 Workforce Development 3 - 3.1, 3.2, 3.3 Resources 4 - 4.1, 4.2 Leadership 5 - 5.1, 5.2, 5.3, 5.4 Partnership	Key Theme increase access to and participation in Physical Activity			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3	Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners	
The burden of chronic disease in the Central Highlands will be reduced	Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009	CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to promote healthy lifestyle choices	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region				
			(5.1) (5.2) Develop 3 partnerships with non-CHPCP member agencies to increase physical activity opportunities	June 2010	1	Active participation at IHP Network Meetings	CHPCP, CHSA, LGA's, Community Groups, Community Members, Neighbourhood Houses, Wellbeing Wendouree, HHS, City of Ballarat
			(5.2) Identify current opportunities and activities to inform and strengthen Sportslink	June 2010 June 2011 June 2012	1,2,3	No. of new activities added to Sportslink each year	
			(6.3) Identify gaps and barriers to people accessing and participating in opportunities and activities	June 2010 June 2011	1 - 2	Information provided to the IHP Network	
			(1.1) (1.2) (1.3) (5.2) Conduct Physical Activity Programs (in Wendouree West and across the region)	June 2010 June 2011 June 2012	1,2,3	Number of Programs in Year 1, 2 and 3 Number of participants in Years 1, 2 and 3	Wellbeing Wendouree, BCH, BHS, HHS, DJHS
			(1.1) (1.2) (1.3) (2.2) (3.1) (6.2) Develop strategies to increase participation and encourage retention of Girls over thirteen years old in physical activity opportunities	June 2011 June 2012	2 - 3	Number of strategies identified and outcome Statistics on participation rates	University of Ballarat, CHSA, CHPCP, Wellbeing Wendouree, Neighbourhood Houses, LGA's, BHC, HHS
			(1.1) (2.2) (5.1) (6.3) Promote ongoing participation in sports clubs and other activities	June 2010 June 2011 June 2012	1,2,3	Research Are people still active 6 months and 12 months after participating in activity	Sports Equipment Library, Walking Groups, Clubs in local communities, HHS
			(2.1) (6.3) Provide information on the range of options for the Ballarat Region to access and participate in physical activity by promoting Sportslink	June 2010 June 2011 June 2012	1,2,3	Number of hits on Sportslink	CHPCP, CHSA, LGA's, Community Groups, Community Members, Neighbourhood Houses, HHS
			(2.3) (4.1) (5.1) (6.3) Increase the number of mobile and community gyms across the Ballarat Region	June 2010 June 2011 June 2012	1,2,3	Number of settings Number of mobile gyms Number of community gyms	

Priority Area: Healthy Lifestyles			Strategy/Intervention	Key Theme			
Vision: In the Central Highlands Region everyone will have the opportunity for a lifestyle that enables good health by reducing the burden of chronic disease			1 - 1.1, 1.2, 1.3 2 - 2.1, 2.2, 2.3, 2.4 3 - 3.1, 3.2, 3.3, 4 - 4.1, 4.2, 4.3 5 - 5.1, 5.2 6 - 6.1, 6.2, 6.3	reduce harm from Alcohol and Other Drugs including Tobacco			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3		Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners
The burden of chronic disease in the Central Highlands will be reduced	City of Ballarat, Health & Wellbeing Plan 2009-2013 Ballarat Community Health, Alcohol and Other Drug Action Plan 2009 - 2013	CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to promote healthy lifestyle choices	1 - 1.1, 1.2, 1.3 2 - 2.1, 2.2, 2.3 3 - 3.1, 3.2, 3.3 4 - 4.1, 4.2 5 - 5.1, 5.2, 5.3, 5.4	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region			
			(3.2) (5.2) Participate in whole of community awareness and education programs	June 2010 June 2011 June 2012	1,2,3	Number of whole of community awareness and education programs Number of agencies participating in the programs	QUIT, BCH, Wellbeing Wendouree, City of Ballarat, DEECD, St Johns Ambulance, Victorian Police, UnitingCare, City of Ballarat
			(3.1) (3.2) (5.2) Work in partnership with BCH and the City of Ballarat to implement the Central Highlands Drug and Alcohol Action Plan (2009 - 2013)	June 2010 June 2011 June 2012	1,2,3	Depends on implementation strategy	CHPCP, BCH, City of Ballarat, DJHS,

Priority Area: Healthy Lifestyles			Strategy/Intervention		Key Theme			
Vision: In the Central Highlands Region everyone will have the opportunity for a lifestyle that enables good health by reducing the burden of chronic disease			1 - 1.1, 1.2, 1.3 Reach, Participation & Satisfaction 2 - 2.1, 2.2, 2.3, 2.4 Personal Skills 3 - 3.1, 3.2, 3.3, Healthy Lifestyles 4 - 4.1, 4.2, 4.3 Community Strengthening 5 - 5.1, 5.2 Supportive Environments 6 - 6.1, 6.2, 6.3 Healthy Public Policy & Practice		reduce harm from Gambling			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3		Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners	
The burden of chronic disease in the Central Highlands will be reduced	Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009	CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to promote healthy lifestyle choices	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region					
			(1.2) (5.2) Provide funding for consumer engagement strategies to the City of Ballarat in the development of a gambling policy for the LGA	June 2010	1	Amount of Funding Number of consultations	RAV, CAFS, CHPCP	
			(6.1) (5.2) Change Ballarat Cup Day holiday through capacity building strategies with the City of Ballarat	June 2010 June 2011 June 2012	1,2,3	Ballarat Cup Day Holiday is Changed		
			(2.1) (2.3) (2.4) Develop strategies to provide education to young people about problem gambling	June 2010 June 2011 June 2012	1,2,3	To be developed	RAV and CAFS (Gamblers Help), City of Ballarat, CHPCP, secondary schools, students	
			(2.1) (2.2) (2.3) Provide support to Ballarat Youth Centre to conduct a program with young people around risk taking behaviour	June 2012	1	Number of programs conducted Number of participants Evaluation outcomes		
			(2.1) Run a competition to design and develop the Youth Survival Guide with a focus on health issues	June 2012	1	Competition completed Brochure Produced		
			(2.1) Develop a resource kit (like White Ribbon Day one) to encourage and support community action and engagement about problem gambling	June 2011 June 2012	2 - 3	Resource kit developed		
			(5.2) In partnership with CAFS and RAV (Gamblers Help) build new relationships and support access from non-traditional partners to Gamblers Help Service	June 2010	1	Number of new agencies referring to Gamblers Help	RAV and CAFS (Gamblers Help), CHPCP including Service Coordination Industry Advisor	

Priority Area: Mental Wellbeing Vision: People of the Central Highlands region experience optimal social, emotional and spiritual wellbeing, they have energy for active living, achieve goals and interact with one another in ways that are respectful and just (adapted from VicHealth 1999)			Strategy/Intervention 1 - 1.1, 1.2, 1.3 Reach, Participation & Satisfaction 2 - 2.1, 2.2, 2.3, 2.4 Personal Skills 3 - 3.1, 3.2, 3.3, Healthy Lifestyles 4 - 4.1, 4.2, 4.3 Community Strengthening 5 - 5.1, 5.2 Supportive Environments Healthy Public Policy & Practice	Key Themes freedom from discrimination and violence including: cyber bullying, family violence prevention, gamblers help, white ribbon day, anti-poverty week			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3	6 - 6.1, 6.2, 6.3 1 - 1.1, 1.2, 1.3 Organisational Dev. 2 - 2.1, 2.2, 2.3 Workforce Development 3 - 3.1, 3.2, 3.3 Resources 4 - 4.1, 4.2 Leadership 5 - 5.1, 5.2, 5.3, 5.4 Partnership	Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners
Residents of the Central Highlands will experience enhanced mental wellbeing	Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009	CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to address the social determinants that contribute to poor mental health outcomes for people living in the Central Highlands Region	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region				
			(1.2) (1.3) (5.2) Gather data and research around <i>Cyber Bullying</i>	June 2010 June 2011	1 - 2	Research is gathered and available to the IHP Network	WHG, University of Ballarat, Ballarat Health Service
			(2.2) (5.2) Develop appropriate interventions for Cyber Bullying in secondary school aged young people in the Grampians Region	June 2011 June 2012	2 - 3	Depending on intervention	
			(2.1) (2.3) Deliver the <i>Promoting Positive Relationships</i> a school based initiative as a primary prevention on violence	June 2011 June 2012	2 - 3	Number of initiatives Number of schools Number of students	DJHS, LGA's, CAFS (Gamblers Help), Secondary Schools and Students
			(1.1) (2.1) (1.2) (5.2) Provide education and information to schools about the effect of <i>Problem Gambling</i> in relation to and potential connect with violence in families	June 2010 June 2011 June 2012	1,2,3	Number of schools with information LINKED TO PAGE 30	CAFS (Gamblers Help), HHS, Secondary Schools and Students
			(2.1) (5.2) To implement strategies to include Men in <i>White Ribbon Day</i> as Youth Ambassadors	June 2011 June 2012	2 - 3	Case Study	WHG, CAFS
			(2.1) (5.2) Develop a Resource Kit to support Men as <i>White Ribbon Day</i> Youth Ambassadors	June 2011 June 2012	2 - 3	Resource kit developed	
			(1.1) (5.2) Develop integrated health promotion activities for Anti-Poverty Week	June 2011	2	Evaluations to be developed LINKED TO PAGE 32	CAFS and CAFS (Gamblers Help), SAAP, UnitingCare, Centacare, Job/employment agencies

Priority Area: Mental Wellbeing Vision: People of the Central Highlands Region experience optimal social, emotional and spiritual wellbeing, they have energy for active living, achieve goals and interact with one another in ways that are respectful and just (adapted from VicHealth 1999)			Strategy/Intervention 1 - 1.1, 1.2, 1.3 Reach, Participation & Satisfaction 2 - 2.1, 2.2, 2.3, 2.4 Personal Skills 3 - 3.1, 3.2, 3.3, Healthy Lifestyles 4 - 4.1, 4.2, 4.3 Community Strengthening 5 - 5.1, 5.2 Supportive Environments 6 - 6.1, 6.2, 6.3 Healthy Public Policy & Practice	Key Theme create opportunities for accessing economic resources and information equity: it's everyone's business - anti-poverty week activities			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3	1 - 1.1, 1.2, 1.3 Organisational Dev. 2 - 2.1, 2.2, 2.3 Workforce Development 3 - 3.1, 3.2, 3.3 Resources 4 - 4.1, 4.2 Leadership 5 - 5.1, 5.2, 5.3, 5.4 Partnership	Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners
Residents of the Central Highlands will experience enhanced mental wellbeing	Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009	CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to address the social determinants that contribute to poor mental health outcomes for people living in the Central Highlands Region	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region				
			(1.1) (2.1) (5.2) Brochure and Fridge Magnet with photograph of hands and coins in a wallet, containing details of services that can be accessed for information and/or assistance in times of financial hardship. Services are listed in terms of the service they provide rather than simply listed as the name of the service	October 2009	1	5000 Residents and 4 Project Partners [evaluation coming from Jodie in December 09]	Combined Welfare Group, Neighbourhood Renewal Projects (Wendouree West and Enterprises in Delacombe), Neighbourhood Houses and Central Highlands PCP Health Promotion Network Daylesford Neighbourhood Centre CAFS, UnitingCare, St Vincents de Paul Society, Wendouree West Community House, Hepburn Health Service, Community Legal Centre, Anglicare, Salvation Army, Wellbeing Wendouree, Delacombe Community House, Centacare, Women's Health Grampians
			(1.1) (1.2) (1.3) (3.1) (5.2) Global Financial Crisis "Hardship Who's Next?" Forum for professionals working with people who are experiencing hardship (and possibly for the first time)	October 2009	1	9 Guest Speakers at Forum and Attendees from at least 15 agencies. [evaluation coming from Jodie in December 09]	Combined Welfare Group, Neighbourhood Renewal Projects (Wendouree West and Enterprises in Delacombe), Neighbourhood Houses and Central Highlands PCP Health Promotion Network (as listed above)
			(2.1) (5.2) (5.2) Media releases in local newspapers up to and in poverty week around the effects of problem gambling and regional statistics	October 2009	1	3 media releases in the Ballarat Courier during September 2009-October 2009. [evaluation coming from Jodie in December 09]	Combined Welfare Group, Neighbourhood Renewal Projects (Wendouree West and Enterprises in Delacombe), Neighbourhood Houses and Central Highlands PCP Health Promotion Network (as listed above)

Priority Area: Mental Wellbeing Vision: People of the Central Highlands region experience optimal social, emotional and spiritual wellbeing, they have energy for active living, achieve goals and interact with one another in ways that are respectful and just (adapted from VicHealth 1999)			Strategy/Intervention 1 - 1.1, 1.2, 1.3 Reach, Participation & Satisfaction 2 - 2.1, 2.2, 2.3, 2.4 Personal Skills 3 - 3.1, 3.2, 3.3, Healthy Lifestyles 4 - 4.1, 4.2, 4.3 Community Strengthening 5 - 5.1, 5.2 Supportive Environments 6 - 6.1, 6.2, 6.3 Healthy Public Policy & Practice 1 - 1.1, 1.2, 1.3 Organisational Dev. 2 - 2.1, 2.2, 2.3 Workforce Development 3 - 3.1, 3.2, 3.3 Resources 4 - 4.1, 4.2 Leadership 5 - 5.1, 5.2, 5.3, 5.4 Partnership	Key Theme accessible opportunities and activities for all community hub forums			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3	Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners	
Residents of the Central Highlands will experience enhanced mental wellbeing	Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009 CHPCP Child and Family Platform Terms of Reference	CHPCP member agencies will plan, implement and evaluate a broad range of strategies designed to address the social determinants that contribute to poor mental health outcomes for people living in the Central Highlands Region	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region				
			(6.3) (5.2) Identify and map existing facilities that may offer potential for community hub development	October 2009	1	Existing facilities mapped. New opportunities identified in Ballarat, Golden Plains and Moorabool Shire	CHPCP Child and Family Platform
			(2.1) (4.2) (5.2) (6.2) (6.3) (5.2) Identify (through consultation) and promote key community needs within community hubs	On-going	1 - 2	Identification that physical buildings are secondary to the integration of services	CH PCP Child and Family Platform, CHPCP membership agencies, community members and agencies across the 4 LGA's and education sector
			(6.2) (6.3) (5.2) Identify agencies that are currently considering relocation or expansion of specific family services	On-going	1 - 2	Sebastopol Re-development, Moorabool Shire and City of Ballarat Child and Family Redevelopment, Wendouree West Community Hub, Smythesdale Business and Community Hub	CH PCP Child and Family Platform, CHPCP membership agencies, community members and agencies across the 4 LGA's and education sector
			(6.2) (5.2) Identify appropriate locations for Community Hub development	On-going	1 - 2	Options in Ballarat including the Ballarat Civic Centre has been identified	CH PCP Child and Family Platform, CHPCP membership agencies, community members and agencies across the 4 LGA's and education sector
			(6.1) (6.3) City of Ballarat will develop community governance models for operation of hubs	June 2010 June 2011 June 2012	1,2,3	Governance models developed and communicated to CHPCP members	City of Ballarat, CHPCP

Priority Area: Mental Wellbeing Vision: People of the Central Highlands region experience optimal social, emotional and spiritual wellbeing, they have energy for active living, achieve goals and interact with one another in ways that are respectful and just (adapted from VicHealth 1999)			Strategy/Intervention 1 - 1.1, 1.2, 1.3 Reach, Participation & Satisfaction 2 - 2.1, 2.2, 2.3, 2.4 Personal Skills 3 - 3.1, 3.2, 3.3, Healthy Lifestyles 4 - 4.1, 4.2, 4.3 Community Strengthening 5 - 5.1, 5.2 Supportive Environments 6 - 6.1, 6.2, 6.3 Healthy Public Policy & Practice	Key Theme accessible opportunities and activities for all arts programs, O Week, Youth Week, FREEZA, NAIDOC, arts in the park, community hubs, volunteers			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3	1 - 1.1, 1.2, 1.3 Organisational Dev. 2 - 2.1, 2.2, 2.3 Workforce Development 3 - 3.1, 3.2, 3.3 Resources 4 - 4.1, 4.2 Leadership 5 - 5.1, 5.2, 5.3, 5.4 Partnership	Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners
Residents of the Central Highlands will experience enhanced mental wellbeing	Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009	CHPCP agencies will plan, implement and evaluate a broad range of strategies designed to address the social determinants that contribute to poor mental health outcomes for people living in the Central Highlands Region	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region				
			(2.1) (5.2) Support and encourage young peoples access to music during 'O' Week, Youth Week and FREEZA	June 2010 June 2011 June 2012	1,2,3	Number of strategies developed Success of strategies developed	BCH, University of Ballarat, Yuille Community College, City of Ballarat, Youth Head Quarters Ballarat, CHSA
			(2.1) (5.2) Re-engage late teens in recreation opportunities during 'O' Week, Youth Week and FREEZA	June 2010 June 2011 June 2012	1,2,3	To be developed	University of Ballarat, Yuille Community College, City of Ballarat, Youth Head Quarters Ballarat, CHSA
			(5.2) (6.1) (6.2) (6.3) (5.2) To work with agencies in the Ballarat Region to provide culturally appropriate services	June 2010 June 2011 June 2012	1,2,3	Number of agencies providing? Working towards? Culturally appropriate services	BADAC/Co-op
			(2.2) (2.3) (2.4) Address social isolation for women who have experienced family violence through <i>community arts</i> in Moorabool Shire	June 2010	1	Participant feedback	DJHS
			(4.2) (3.3) To increase the capacity of the community about knowing how to respond and support people and their families, with a life threatening illness	June 2010 June 2011 June 2012	1,2,3	To be developed	Schools, Grampians Region Palliative Care Consortium - Ballarat Hospice Care, DJHS, BHS and other health services
			(4.1) (4.2) (4.3) Increase volunteer participation by up-skilling workers to support volunteers	June 2010 June 2011 June 2012	1,2,3	Number of workers trained to support volunteers	Community Rehabilitation Service, HHS, Unitedway, LGA's, City of Ballarat, RAV, DPCD, BEST, CAFS

Priority Area: Mental Wellbeing <i>Vision: People of the Central Highlands region experience optimal social, emotional and spiritual wellbeing, they have energy for active living, achieve goals and interact with one another in ways that are respectful and just (adapted from VicHealth 1999)</i>			Strategy/Intervention 1 - 1.1, 1.2, 1.3 Reach, Participation & Satisfaction 2 - 2.1, 2.2, 2.3, 2.4 Personal Skills 3 - 3.1, 3.2, 3.3, Healthy Lifestyles 4 - 4.1, 4.2, 4.3 Community Strengthening 5 - 5.1, 5.2 Supportive Environments 6 - 6.1, 6.2, 6.3 Healthy Public Policy & Practice	Key Theme <i>accessible opportunities and activities for all arts programs, O Week, Youth Week, FREEZA, NAIDOC, arts in the park, community hubs, volunteers</i>			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3	1 - 1.1, 1.2, 1.3 Organisational Dev. 2 - 2.1, 2.2, 2.3 Workforce Development 3 - 3.1, 3.2, 3.3 Resources 4 - 4.1, 4.2 Leadership 5 - 5.1, 5.2, 5.3, 5.4 Partnership	Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners
			Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region				
			(2.1) Increase access to resources (including information and education) for volunteers	June 2010 June 2011 June 2012	1,2,3	Resources provided to volunteers	Community Rehabilitation Service, HHS, Unitedway, LGA's, City of Ballarat, RAV, DPCD, BEST, CAFS
			(2.1) Provide information to clients accessing services about volunteering opportunities			Number of settings where Information is provided to clients	
			(2.1) (4.2) (4.3) (5.2) Provide activity opportunities for volunteers			Number of activity opportunities provided Number of participants	
			(2.2) (2.3) (2.4) A peer support program increasing volunteer skills with possibility of linking in with 'Breaking the Cycle' initiative	June 2010	1	Participant feedback	DJHS

Priority Area: Mental Wellbeing <i>Vision: People of the Central Highlands region experience optimal social, emotional and spiritual wellbeing, they have energy for active living, achieve goals and interact with one another in ways that are respectful and just (adapted from VicHealth 1999)</i>			Strategy/Intervention 1 - 1.1, 1.2, 1.3 Reach, Participation & Satisfaction 2 - 2.1, 2.2, 2.3, 2.4 Personal Skills 3 - 3.1, 3.2, 3.3, Healthy Lifestyles 4 - 4.1, 4.2, 4.3 Community Strengthening 5 - 5.1, 5.2 Supportive Environments 6 - 6.1, 6.2, 6.3 Healthy Public Policy & Practice 1 - 1.1, 1.2, 1.3 Organisational Dev. 2 - 2.1, 2.2, 2.3 Workforce Development 3 - 3.1, 3.2, 3.3 Resources 4 - 4.1, 4.2 Leadership 5 - 5.1, 5.2, 5.3, 5.4 Partnership		Key Theme <i>opportunities for accessing economic resources and information youth options guarantee, community hubs, NILs Program, mental Health Week, LP2</i>			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3	Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners		
Residents of the Central Highlands will experience enhanced mental wellbeing	Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009 CHPCP Strategic Plan 2009 – 2012	CHPCP agencies will plan, implement and evaluate a broad range of strategies designed to address the social determinants that contribute to poor mental health outcomes for people living in the Central Highlands Region	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region					
			(1.1) (1.2) (1.3) (2.1) (2.2) (2.3) (5.2) City of Ballarat will participate in the development and implementation of a regional partnership model to increase community arts participation, noting the link between community arts participation and mental health and wellbeing	June 2010 June 2011 June 2012	1,2,3	How participated in the development and implementation of program Evaluate the link between the project and the mental health of participants	City of Ballarat, CHPCP member agencies, CHPCP Child and Family Platform	
			(6.2) City of Ballarat will enhance quality and flexible models of childcare to ensure access and availability of child care to support participation in the workforce and community life	June 2010 June 2011 June 2012	1,2,3	Increased access to quality childcare		
			(2.1) City of Ballarat will ensure community wellbeing indicators are published on their website and used to inform discussions on population health and wellbeing	June 2010 June 2011 June 2012	1,2,3	Discussions are conducted at the Health Promotion Network about community wellbeing indicators		

Priority Area: Sexual and Reproductive Health			Strategy/Intervention		Key Theme			
Vision: In the Central Highlands everyone will have the opportunity for a lifestyle that enables good sexual and reproductive health					sexual and reproductive health strategy - Grampians region			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3	1 - 1.1, 1.2, 1.3 2 - 2.1, 2.2, 2.3, 2.4 3 - 3.1, 3.2, 3.3, 4 - 4.1, 4.2, 4.3 5 - 5.1, 5.2 6 - 6.1, 6.2, 6.3 1 - 1.1, 1.2, 1.3 2 - 2.1, 2.2, 2.3 3 - 3.1, 3.2, 3.3 4 - 4.1, 4.2 5 - 5.1, 5.2, 5.3, 5.4	Reach, Participation & Satisfaction Personal Skills Healthy Lifestyles Community Strengthening Supportive Environments Healthy Public Policy & Practice Organisational Dev. Workforce Development Resources Leadership Partnership	Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners
To address the determinants of sexual and reproductive health through integrated action to enable positive systems change	Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009 Sexual and Reproductive Health Framework, Dept. of Health 2009 (soon to be released)	CHPCP member agencies will plan, implement and evaluate a broad range of strategies to enhance sexual and reproductive health	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region					
			(1.1) (1.2) (1.3) (2.1) (2.2) (2.3) (2.4) (3.1) (3.2) (3.3) (4.1) (4.2) (4.3) (5.1) (5.2) (6.1) (6.2) (6.3) (1.1) (1.2) (1.3) (2.1) (2.2) (2.3) (3.1) (3.2) (3.3) (4.1) (4.2) (5.1) (5.2) (5.3) (5.4)	Develop collaborative partners and consult on the Sexual and Reproductive Health Strategy across the Grampians Region	June 2010 June 2011 June 2012	1, 2, 3	The evaluations will be developed in line with the planning and development and later with the implementation of the Strategy	Lead Agency: WHG CHPCP member agencies, BHS, Wellbeing Wendouree, BCH, DJHS, GPS, HHS, School Nurses, Maternal and Child Health Nurses, BADAC
			(1.1) (1.2) (1.3) (2.1) (2.2) (2.3) (2.4) (3.1) (3.2) (3.3) (4.1) (4.2) (4.3) (5.1) (5.2) (6.1) (6.2) (6.3) (1.1) (1.2) (1.3) (2.1) (2.2) (2.3) (3.1) (3.2) (3.3) (4.1) (4.2) (5.1) (5.2) (5.3) (5.4)	Develop an Integrated Sexual and Reproductive Health Promotion Plan for the Grampians Region				
			(5.1) (5.2)	Identify opportunities for Integrated Health Promotion on Sexual and Reproductive Health with other CHPCP priority areas	June 2010	1	Number of opportunities identified	All CHPCP member agencies
			(2.1) (5.2)	To work with identified groups to deliver Sexual and Reproductive Health Integrated Health Promotion	June 2011 June 2012	2 - 3	Number of groups Types and number of messages	WHG
			(1.1) (1.2)	Explore men's health issues and opportunities to conduct health pit stops in the community	June 2010 June 2011 June 2012	1, 2, 3	Identify men's health issues Number of pit stops conducted	DJHS, HHS, BCH

Priority Area: Sexual and Reproductive Health Vision: In the Central Highlands everyone will have the opportunity for a lifestyle that enables good sexual and reproductive health			Strategy/Intervention 1 - 1.1, 1.2, 1.3 Reach, Participation & Satisfaction 2 - 2.1, 2.2, 2.3, 2.4 Personal Skills 3 - 3.1, 3.2, 3.3, Healthy Lifestyles 4 - 4.1, 4.2, 4.3 Community Strengthening 5 - 5.1, 5.2 Supportive Environments 6 - 6.1, 6.2, 6.3 Healthy Public Policy & Practice 1 - 1.1, 1.2, 1.3 Organisational Dev. 2 - 2.1, 2.2, 2.3 Workforce Development 3 - 3.1, 3.2, 3.3 Resources 4 - 4.1, 4.2 Leadership 5 - 5.1, 5.2, 5.3, 5.4 Partnership	Key Theme sexual and reproductive health strategy - Grampians region			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3	Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners	
Continued from previous page To address the determinants of sexual and reproductive health through integrated action to enable positive systems change	Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009 Sexual and Reproductive Health Framework, Dept. of Health 2009 (soon to be released)	CHPCP member agencies will plan, implement and evaluate a broad range of strategies to enhance sexual and reproductive health	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region				
			(1.1) (1.2) (1.3) (2.1) (2.2) (2.2) (2.3) (2.4) (5.2) Sexual and Reproductive Health Community "Champions". Up-skilling community and school community members in Sexual and Reproductive Health	June 2011 June 2012	2 - 3	Number of champions Number of champions trained	BCH, WHG, CHPCP member agencies, BHS, Wellbeing Wendouree, BCH, DJHS, GPS, HHS, School Nurses, Maternal and Child Health Nurses, BADAC
			(3.1) (3.2) (3.3) Cervical Screening (S&RH) Network will increase participation to cervical screening by vulnerable and disadvantaged groups.	June 2010 June 2011 June 2012	1,2,3	Number of screenings on population group	WHG
			(3.1) (3.2) (3.3) (5.2) Support rural and small agencies to provide pregnancy testing, condoms, emergency contraception, and access to termination services	June 2010 June 2011 June 2012	1,2,3	Number of agencies supported Possible Case Study	All CHPCP members, other PCP members over the Grampians Region
			(1.1) (1.2) DJHS will exploring sexual and reproductive health issues through focus groups with refugee communities	June 2010 June 2011	1,2	Number of focus groups Findings shared with CHPCP member agencies	DJHS
			(2.1) (2.2) (2.3) (2.4) (5.2) Provide age appropriate education to students in identified areas of Sexual and Reproductive Health: Body Image, Puberty, Mental Health, Relationships and Drug and Alcohol	June 2010 June 2011 June 2012	1,2,3	Number of schools, programs and students Evaluation outcomes	Lead Agency: Ballarat Community Health WHG, GPS, HHS, Wellbeing Wendouree, University of Ballarat, Aquinas, DEECD, Secondary Schools, Department of Education, School Focussed Youth Service
			(4.1) (2.1) (5.2) Working with Universities in the Region to improve S&RH teacher education	June 2010 June 2011 June 2012	1,2,3	Number of teachers educated	
			CHPCP member				

Priority Area: Sexual and Reproductive Health Vision: In the Central Highlands everyone will have the opportunity for a lifestyle that enables good sexual and reproductive health			Strategy/Intervention 1 - 1.1, 1.2, 1.3 Reach, Participation & Satisfaction 2 - 2.1, 2.2, 2.3, 2.4 Personal Skills 3 - 3.1, 3.2, 3.3, Healthy Lifestyles 4 - 4.1, 4.2, 4.3 Community Strengthening 5 - 5.1, 5.2 Supportive Environments 6 - 6.1, 6.2, 6.3 Healthy Public Policy & Practice 1 - 1.1, 1.2, 1.3 Organisational Dev. 2 - 2.1, 2.2, 2.3 Workforce Development 3 - 3.1, 3.2, 3.3 Resources 4 - 4.1, 4.2 Leadership 5 - 5.1, 5.2, 5.3, 5.4 Partnership	Key Theme sexual and reproductive health strategy - Grampians region			
Goal	Evidence, Guiding Document, Policy (link with Service Coordination or Integrated Chronic Disease Management)	Objective 3	Time Frame	Year	Evaluation (Process, Impact, Outcome) For example	Partners	
Continued from previous page To address the determinants of sexual and reproductive health through integrated action to enable positive systems change	Health and Wellbeing Needs Analysis for the Central Highlands Primary Care Partnership June 2009 Sexual and Reproductive Health Framework, Dept. of Health 2009 (soon to be released)	agencies will plan, implement and evaluate a broad range of strategies to enhance sexual and reproductive health	Agencies will provide learning's and evaluations to the CHPCP Health Promotion Coordinator for collation, the information provided will contribute to the overall picture of population health across the region				
			(4.1) (2.1) (5.2) DJHS will work to up skill teachers in local schools to deliver their worn sexual and reproductive health program	June 2010 June 2011 June 2012	1,2,3	Number of teachers educated	DJHS, Secondary Schools, CHPCP
			(2.1) (5.1) (5.2) Working with schools to embed student wellbeing in the curriculum	June 2010 June 2011 June 2012	1,2,3	Number of schools	Lead Agency: Ballarat Community Health WHG, GPS, HHS, Wellbeing Wendouree, University of Ballarat, Aquinas, DEECD, Secondary Schools, Department of Education, School Focussed Youth Service
			(3.1) (3.2) (3.3) (5.2) Chlamydia Prevention for 15 - 29 year olds. Appropriate Chlamydia intervention following the Sexual and Reproductive Health Strategy and evolving from existing partnership by BCH and WHG	June 2010 June 2011 June 2012	1,2,3	Number of schools	Lead Agency: WHG BCH, GPS, HHS, Wellbeing Wendouree, University of Ballarat, Aquinas, DEECD, Secondary Schools, Department of Education, School Focussed Youth Service
			(1.2) (1.3) Undertake a needs analysis of Sexual and Reproductive Health services in CHPCP (as part of the Grampians Region)	June 2010	1	Need analysis completed and available to the IHP Network	WHG, BHS, Wellbeing Wendouree, BCH, DJHS, GPS, HHS, School Nurses, Maternal and Child Health Nurses, BADAC
			(1.2) (1.3) (5.2) Recommendations from the needs analysis will be considered	June 2011	2	Recommendations from the needs analysis are agenda at an IHP Network meeting	All CHPCP member agencies
			(5.1) (5.2) (5.3) (5.4) Implementation of Sexual and Reproductive Health Strategy with agencies	June 2011 June 2012	2 - 3	Appropriate evaluations will be developed to suit the implementation strategy	

Further Opportunities for IHP work
CHPCP (Chronic Disease Coordinator) and the Diabetes Steering Group are holding the Diabetes Expo in Ballarat in 2010, they will communicate with the Health Promotion Network to investigate if there are any health promotion opportunities
CHPCP (Chronic Disease Coordinator) and the Integrated Chronic Disease Management Committee(s) will identify opportunities to work with the Health Promotion Network in gathering local data on obesity and other major chronic diseases
CHPCP (Chronic Disease Coordinator) and the Integrated Chronic Disease Management Committee(s) will communicate findings in relation to gaps in Chronic Disease Management to the Health Promotion Network
CHPCP (Service Coordination Industry Advisor) and CHADA (Central Highlands Aged and Disability Alliance) will communicate with and link in or identify opportunities to work with the Health Promotion Network where necessary
CHPCP (Service Coordination Industry Advisor) and CHADA (Central Highlands Aged and Disability Alliance) will identify opportunities to work with the Health Promotion Network on specific areas of work including; Heatwave Initiatives, Falls Prevention and Older Adult programs and research etc.
CHPCP Child and Family Platform will communicate with and link in or identify opportunities to work with the Health Promotion Network where necessary
RYAN (Regional Youth Affairs Network) will communicate with and link in or identify opportunities to work with the Health Promotion Network where necessary
LEAP (Localities Enhancing Arts Participation) which aims to build social connection through the arts is keen to develop a strong partnership with the CHPCP and commit to further investigate how the LEAP project can benefit some of the work
Wellbeing Wendouree, Gamblers Help or Central Highlands Sports Assembly (for example), do not receive health promotion funding from the department of health but may be the 'Lead Agency' for an integrated health promotion activity, it is envisaged that the evaluations from this work will be captured in the integrated health promotion reports and contribute to the picture of population health across the Central Highlands region

The Integrated Health Promotion Plan is a living document with flexibility to respond to new and emerging issues, which means that during the years 2009 - 2102 there will be additions and alterations that will change the plan along the way. This integrated plan provides an excellent opportunity for us all and sets the scene for an exciting period in health promotion.