

# **Northeast Health Wangaratta Integrated Health Promotion Plan 2006 – 2009**

## **STRATEGIC PLAN**

### **Part 1.1 Agency Vision**

In order to inform our decision making throughout 2006-09, Northeast Health Wangaratta(NHW) will access the information contained within the Integrated Health Promotion plan.

Northeast Health Wangaratta's vision is to become an integrated health promoting health service.

We will achieve this by:

- Working in partnership with our community and other service providers.
- Producing evidenced-based health promotion initiatives to enable our community to take responsibility for their own health.
- Ensuring health promotion interventions focus on the determinants of health so that we can achieve sustainable health improvements for our community and staff.

## **Part 1.2 Priority Setting**

### **Agency Priority (50% of budget)**

#### ***Capacity Building and Organisational Development***

##### **Supporting Rationale**

Creating supportive environments for health is a key action area in the Ottawa Charter for Health Promotion (World Health Organisation (WHO), 1986). Organisational capacity building will aim to make NHW a supportive environment that is conducive to good health by ensuring organisational policies, priorities and practices integrate health promotion principles (DHS, IHP resource kit, 2003).

In May 2005 an organisational health promotion capacity audit was completed to identify all current health promotion activity across NHW.

The audit identified that although most departments routinely conduct health promotion initiatives within their daily activities, there were several areas within the organisation which had the potential to influence the health of inpatients, staff, outpatients and the wider community that were not currently being addressed.

The audit also identified the fact that NHW do not adhere to many of the WHO's standards for health promoting hospitals, which are internationally recognised as "best practice" for hospitals. WHO, 2005, state that "Hospital services need to be more targeted towards the needs of people, and not only at their organs and physiological parameters, in order to have a more substantial and lasting impact on health".

The notion of shifting the focus of hospitals in a preventative rather than curative direction is classified as "re-orienting the health service" which is also a key action area recommended for sustainable improvements in population health that is listed in the Ottawa Charter for health promotion (WHO, 1986).

Many hospitals around the world and within Australia are embracing the notion of becoming a "health promoting health service" because health promotion is becoming an integral part of the health care process and is related to clinical, educational, behavioural, and organisational issues (Groene et al, 2005).

A health promoting health service 'Integrates' health promotion into the role of staff and reorients its role in the community to improve the health of the population...while realising that as a 'setting' it also has an organisational commitment to the health and wellbeing of patients and their families, and staff. The staff of a health promoting health service work collaboratively with others with the aim of improving the health of patients and their families, and the wider community.' (Johnson, 1998; Women and Childrens hospital Adelaide, 2006).

The 2005 capacity audit identified current organisational health promotion activity and the staff health and wellbeing survey complemented this by identifying staff health issues. It is the next logical step for NHW to improve its health promoting capacity by further developing the roles, capacities and partnerships that enable organisational health promotion.

## **Catchment Priority (25% of budget)**

### ***Social Connectedness***

#### **Supporting Rationale**

Mental health stability is defined as “a state of emotional and social wellbeing in which the individual can cope with the normal stresses of life and achieve his or her potential, it includes being able to work productively and contribute to community life” (ADHA, 2003).

Although the prevalence of poor mental health is difficult to gauge due to its complex nature, recent studies have shown that it accounts for approximately one seventh of the total disease burden in Australia, due to its strong causal relationship with physical disease (Vichealth, 2005). People with poor mental health are more likely to develop complications during pregnancy, heart disease and more likely to commit suicide than people with good mental health (National Mental Health Plan 2003–2008). They are also more likely to report being physically inactive, as high levels of psychological stress have been shown to reduce the desire to be physically active (ABS, 2003; National Mental Health Plan 2003–2008).

The WHO recognises mental health as an area of concern, as they estimate mental health problems such as depression will constitute one of the largest health problems worldwide by the year 2020 (WHO, 2006).

The Victorian government has listed mental health and wellbeing as one of the health promotion priority areas for 2007 - 2012 as they recognise that “mental illness is responsible for about 12% of the total disease burden in Australia” (DHS, 2006).

Staff at NHW also recognise the importance of maintaining good mental health as they identified “mental health and wellbeing” as the most important priority for a staff workplace health promotion program.

According to Vichealth, there are three overarching social and economic determinants of mental health. These are social connectedness, freedom from violence and discrimination and access to economic resources and participation.

“Social connectedness” involves having someone to talk to, someone to trust, someone to depend on and someone who knows you well (Vichealth, Mental Health Promotion Plan 1999-2009). Therefore it refers to the levels of engagement and trust an individual has with others in their community and their community as a whole. Social connectedness is important as people can feel part of and valued by their community through the roles they take on, through friendships and through participation in activities (Women’s Health Association of Victoria, 2005; Keleher & Armstrong, 2005; Vichealth, 2002).

Individuals who are poorly socially connected are classified as socially isolated. People who are socially isolated have between two and five times the risk of dying prematurely from all causes compared to those who maintain strong social ties with their family, friends, people from their workplace, sporting clubs, religious and arts organisations (Berkman & Glass 2000; Vichealth, 2005).

This is due to social networks often acting as a buffer between individuals and their stressful environmental circumstances. People who lack supportive social networks are more likely to adopt alternative coping strategies for psychological stress such as smoking, drinking and eating unhealthy foods; all of which are detrimental to one's physical health (National Mental Health Plan 2003–2008)

Although the Hume Region is classified as a rural catchment and boasts some conditions that promote stronger social connections such as smaller towns and closer community ties than metropolitan regions, the region has greater challenges to achieving a socially connected community due to lack of public transport options, distance from and limited availability of social and recreational activities and the fact that people are increasingly required to access employment and education in other regions.

Due to these factors, member agencies of the Central Hume Primary Care Partnership (CHPCP) have targeted 'social connectedness' as a health priority area within the 2006-2009 community health plan.

## **OPERATIONAL COMPONENT**

### **Part 1.3 Flexible Component (15% of budget)**

The flexible component of the Health Promotion budget will be predominately spent on the preparation, promotion and evaluation of various health events (eg.National Nutrition week). It will also be used to strengthen our relationships with local health and non-health organisations with the aim of building the capacity of NHW to work effectively in partnership with these organisations. This will be done through sponsoring various initiatives that are being implemented by other organisations such as the Rural City of Wangaratta(RCoW), The Centre, Ovens and King Community Health Service(O&KCHS) and local schools.

### **2.1 Priority Area: Social Connectedness**

#### **Problem Definition**

**Goal:** To reduce the number of individuals within the Wangaratta community who are socially isolated through increasing their levels of engagement with others and participation in social activities.

#### **Target Population Group**

Vichealth suggest that the whole population should be targeted with interventions aimed at improving mental health in order to decrease discrimination and prevent further stigmatisation of certain sub-population groups. They do however; recognise that some interventions need to be targeted at specific population groups to be effective.

The target groups for the goal to improve social connectedness will be those members of the community who are most vulnerable to being socially excluded in terms of economic and social participation. These groups are people within the Wangaratta community with low socio-economic circumstances, women, older people and people from culturally and linguistically diverse Culturally and Linguistically Diverse (CALD) backgrounds.

## **Objectives to achieve goal and associated budget**

**Objective 1:** To enhance the profile of social connectedness within the Rural City of Wangaratta by 30<sup>th</sup> September 2007.

### **Strategies:**

- Publish two articles in the Chronicle promoting social connectedness.
- Obtain brochures and posters that promote social connectedness and disseminate into the four General Practitioner clinics within the RCoW and various health agencies.
- Ensure all health information displays in NHW contain information on social connectedness and local community groups offering the opportunity for participation.
- Publish one article emphasising the importance of social connectedness in the Base Bulletin.
- Publish one article emphasising the importance of social connectedness in the NHW community newsletter (“Health Focus”).

### **Estimated impacts of the objective**

- All four General Practitioner clinics within the RCoW to display posters and brochures promoting social connectedness.
- All health information displays within the hospital to contain information promoting social connectedness.
- Two articles published in the Chronicle increasing the awareness of the importance of social connectedness and promoting local community groups and activities.
- One article in the Base Bulletin and NHW community newsletter emphasising the importance of social connectedness.

**Objective 2:** To achieve two new functioning community kitchens groups within the Rural City of Wangaratta by 30<sup>th</sup> September 2007.

### **Strategies:**

- Develop and distribute a Community Kitchens flyer.
- Assist in the planning and implementation of two cooking demonstration lunches, promoting Community Kitchens, aiming at people with food security issues.
- Compose a press release to be published in the Chronicle.
- Organise forum on Community Kitchens for interested community groups to learn more about the concept.
- Hold facilitator training workshops on all aspects of running a Community Kitchen.
- Continue to support and facilitate Yarrunga Primary School Community Kitchens pilot group.
- Continue to chair the Wangaratta Community Kitchens steering committee.
- Offer support materials and advice to people interested in initiating the development of a Community Kitchen.

## **Estimated impacts of the objective**

- Increases in the number of community kitchens operating within the RCoW.
- Participants in Community Kitchens groups reporting improvements in their levels of social inclusion.
- Community Kitchens forum is organised and presented.

**Objective 3:** To extend the membership base of one existing organisation/club within the Rural City of Wangaratta, to incorporate a walking membership by 30th September 2007

### **Strategies:**

- Work with members of the CHPCP to identify potential clubs and organisations that have the capacity and interest in incorporating a walking group into their activities.
- Create a flyer to promote the new walking program, advertising the meeting location and walking times etc.
- Mail promotional flyer out to local residents. Conduct a letterbox drop in the area, pin flyer up on noticeboards, place in school newsletters, supermarkets and workplaces.
- Develop a press release to promote the program launch. Publish in local newspapers and service club newsletters.
- Recruit a group facilitator from within the club or alternatively from the community possibly from an existing walking group.
- Conduct health screenings of participants to gauge their progress and check for possible health problems.
- Members to plan and map the different walks that the group will be doing.
- Provide new groups with 'pathways' walking kits and pedometers.

## **Estimated impacts of the objective**

- One sporting club or agency to agree to participate in walking group program (Clubs Offering Walking (COW) program).
- Increases in feelings of social connectedness amongst members of the walking groups.
- Increases in the physical activity levels of participants over the duration of the program.

## 2.2 Solution Generation

*Please see Health promotion summary planning grid for objectives 1, 2 and 3.*

The strategies that will be undertaken over the next three years will consist of a mixture of upstream, population based approaches aiming to achieve sustainable changes in the environments where the community live, learn, work, and play and will also incorporate downstream approaches aimed at behaviour change at the individual level.

### **What were the sources of evidence we used to inform our selection of interventions?**

We selected the interventions based on recommendations from Vichealth's "Together we do better" evidence based resource, published evidence from the evaluations of similar programs and the World Health organisations "Ottawa charter for health promotion" (WHO, 1986).

Distance and lack of access to public and private transport was identified as a barrier to forming social connections in the "Together we do better", quantitative research project (Vichealth, 2003). Survey respondents, especially from Wangaratta, strongly agreed with the statement: "Unless you have a car, it is almost impossible to get to any activities or clubs where I live". Particular focus will be placed in working with the target group of interventions to increase their accessibility to the venues. Working with existing clubs to encourage new members and eliminate intimidating cultures/values has also been selected as a strategy to reduce barriers to participation as 41% of Vichealth survey respondents stated that they were "Put off by the very competitive nature of clubs".

The rationale for incorporating a large social marketing campaign as a strategy to increase participation was due to a recent study by Vichealth suggesting that 45% of Victorians have never been involved in any regular, planned activity with a group or club.

At the local level, 57% of people from Wangaratta who are not currently involved in regular planned activities with a club or group, do not have any interest in becoming involved.

These findings strongly suggest that a number of people within the region are not aware of the mental health benefits that result from being socially connected (Vichealth, 2003).

The social marketing strategy will seek to improve peoples understanding of the importance of social connections and encourage them to take personal responsibility for actions affecting their health. The social marketing component will be in the form of advertising on posters, flyers and brochures, NHW community newsletters, local radio, The Chronicle newspaper and community noticeboards.

Some of the strategies selected for implementation in the 2006 – 2009 plan were actually planned to be implemented during the 2004 – 2006 plan, however extensive time and resources were placed in strengthening the capacity building of NHW and its partners to implement the interventions and these strategies have not yet been implemented. These strategies are now at the implementation stage of the planning cycle and therefore will be included in the 2006 – 2009 IHP plan (CSAHS, 1994).

Based on the success in the Frankston community, and strong evidence from the “Vancouver Community Kitchens project”, the Community Kitchens strategy was selected as a method of providing direct participation programs for the community. A pilot program is still currently being implemented in Wangaratta by NHW and at this stage looks to be successful in increasing the social relationships of participants as well as improving their knowledge around food and nutrition.

A quantitative impact evaluation conducted by Frankston Community Health Service found that 93% of participants stated meeting new friends was the most valuable part of participating and 60% showed improved levels of self confidence. 40% of participants also stated that their physical and mental health had improved since joining the Community Kitchen.

This evidence suggests that this strategy has the ability to reach people who are experiencing social isolation and give them access to supportive relationships, whilst building their self esteem and cooking, budgeting and negotiating abilities. Community Kitchens are also a sustainable initiative, which are largely community owned and self funded (Frankston CHS, 2006).

As walking is an activity that can be performed by people of all ages, abilities and incomes, it is an appropriate activity to socially connect the elderly, as well as people with low socio-economic circumstances and people from CALD communities.

The success of the Wimmera PCP COW project is the basis for selecting this strategy. Many sustainable walking groups were established in the Wimmera Region as a result of the project because walking group members would become second tier members of organisations and clubs, benefiting both the clubs and the walkers (Wimmera regional sports assembly, 2006).

The concept of the COW is to take settings, supportive environment and organisational development approach to establishing groups within existing sport and recreational groups. This approach makes use of club facilities and the existing club structure to provide a social network plus an insurance coverage for potential walking members.

## **How will we monitor activities and contribute findings?**

Timelines will be created to clearly define the start and end dates for the implementation of all strategies and the components they consist of. Evaluation methods will be used to monitor the process and implementation issues of the strategies and this information will feed back into the planning cycle and guide future action to ensure continuous quality improvement (CSAHS, 1994).

## **2.3 Capacity Building**

### **Identify capacity building strategies required to enable the proposed program to be implemented**

Partnerships between NHW, The RCoW, The Centre, Yarrunga Primary School, O&KCHS and Anglicare have been established through the development of the Yarrunga Primary School Community Kitchens pilot group and the Community Kitchens steering committee, which will continue to meet once a month to guide the direction of this project.

Engagement of other key stakeholders that are beyond formal health services is also very important in order for this project's success. These include local schools, the neighbourhood house, the media, sporting clubs and service clubs. These partnerships will enhance coordination and cooperation between agencies as well as increase our access to resources such as venues, target groups and vehicles to disseminate social marketing materials.

The NWH health promotion officer will be planning, implementing and evaluating the interventions, whilst seeking the advice and expertise from NHW Dietitians and other health professionals within the PCP.

The NHW community advisory committee will also be consulted with to engage the community and obtain feedback and advice on the proposed strategies in the IHP.

Funding for the programs will primarily be extracted from the NHW Health Promotion budget, however we will also endeavour to obtain additional funding when various opportunities arise.

Facilitator training workshops will be conducted as a capacity building strategy which will ensure that there will be a member of each Community Kitchen group that will act as the facilitator/leader of that group, therefore ensuring that the group can be maintained beyond the involvement of NHW. Through holding the community forum, running the social marketing strategy and advocating to local opinion leaders about this issue, we seek to increase community involvement in the Community Kitchens Project.

NHW and the regional sports assembly (The Centre) have developed a well established partnership through working together on previous projects. The regional sports assembly program manager and NHW HP officer have committed to work in conjunction with local sporting clubs and activity groups to establish a walking group program within the RCoW.

## **2.4 Evaluation and Dissemination planning**

Evaluation methods and qualitative and quantitative impact indicators have been included as an integral component of the program plan.

The success of NHW in achieving all three objectives that have been identified for social connectedness will be measured through incorporating process and impact evaluation measures throughout the implementation of strategies.

We will seek to disseminate the evaluation results to all key stakeholders and the DHS regional office. Dissemination will be carried out through local, regional and state-wide networks and through the NHW and Central Hume PCP websites.

Each new community kitchen group operating within the Central Hume Sub-region will be documented on the Australian Community Kitchens database.

# Priority Area: Capacity Building & Organisational Development

## 2.1 Problem Definition

**Goal:** NHW's vision is to further imbed health promotion into the culture of the organisation and place a greater emphasis on disease prevention rather than on curative and diagnostic services.

### Target population groups

The target group this priority area will focus on will be the Staff, inpatients & outpatients at NHW as well as the wider community.

**Objective 1:** To create a framework for the organisations activities concerning health promotion as an integral part of the organisations quality management system by 30th September 2007.

### Strategies:

- To create a health promotion policy to be formally adopted by executive management which will identify and enhance opportunities to incorporate health promotion action and population health approaches into the core business of the organisation.
- Implement a system for quality assessment of the health promoting activities conducted by staff Quality Improvement Program Planning (QIPPS).
- Hold Information session for allied health staff on how to use quality assessment system (QIPPS).
- Specify organisational health promotion activities in the hospitals induction program.
- Present IHP plan 2006-2009 at staff forum in November.
- Ensure IHP 2006-2009 is available on shared drive.
- Develop a NHW Health promoting Health Service brochure.
- Develop a NHW Health "Health Promoting Hospitals" Steering committee with the participation of at least one member of senior management.

### Estimated impacts of the objective

- Participation of one member of senior management on HP steering committee.
- Health Promotion Policy is developed and adopted.
- Implementation of a quality assessment tool for organisational health promotion activities.

**Objective 2:** To improve the quality & location of health information displays throughout the hospital by 30th September 2007.

### **Strategies:**

- Conduct an audit of existing health information displays to establish an understanding of the quantity and locations of the displays.
- Conduct consultations with staff to obtain information on which factors they feel are important for clients to be aware of in terms of health outcomes. The target will be information that is considered important, that may not be being addressed by clinicians in consultations. Obtain information as to where the clinicians feel the displays should be placed.
- Use the information from consultations to develop a series of guidelines to suggest which information should be placed in each display throughout the hospital.
- Order the resources from organisations and additional display boards.
- Distribute the resources and boards.
- Allied health assistants to conduct fortnightly audit of displays and ensure the maintenance of quality.
- Consult and gain feedback from Community advisory group and unit managers on the content and location of the boards.

### **Estimated impacts of the objective**

- Information Audits carried out and information obtained on current state of all Health Information (HI) displays.
- Health information guidelines are produced by HP officer.
- Health information displays within the hospital to contain higher quality health information according to unit managers.

**Objective 3:** To address three of the health issues identified by staff in the 2006 Staff health and wellbeing survey by 30th September 2007.

### **Strategies**

- Research strategies to reduce stress in the workplace.
- Conduct a 10,000 steps workplace challenge to address staff physical activity levels.
- Conduct one smoking cessation (Quit) workshop for staff.
- Publish several health promotion articles in the Base Bulletin promoting the various health promotion programs, whilst at the same time integrating health promotion principles and language into the wording.
- Conduct an audit of the Staff café and Coffee shop to identify the level of, and promotion of healthy food options available for sale in comparison to unhealthy items.
- Develop recommendations for change and work with food services to act on these.

## **Estimated impacts of the objective**

- 70% of staff participating in 10,000 challenge achieving 10,000 steps per day.
- Increases in the promotion and amount of healthy food options in staff café and coffee shop.
- One smoking cessation workshop is conducted.
- Sources of workplace stress for staff at NHW are identified and strategies selected to target these issues.

## **2.2 Solution Generation**

*Please see health promotion summary planning grid for objective 1, 2 and 3.*

### **How were the interventions to achieve the HP objectives selected?**

In order to achieve our vision it is important to gain the support of senior management and members of staff; therefore those interventions which have been demonstrated to build the knowledge, awareness and commitment of these stakeholders have been selected.

Strategies were also selected if they are targeting factors within the environment that are amenable to intervention, and have been shown to be effective in achieving the objectives.

As a large rural health service, NHW has the capacity to engage a large portion of the community through our large employee and inpatient base, as well as outpatients and community members visiting the hospital. As a hospital, we have the staff and resource capacity to provide the community with good quality, reliable sources of health information.

A needs assessment has identified the health information displays throughout the hospital are currently not being managed and co-ordinated effectively, therefore members within the community are not getting enough access to health information through this setting.

Health information aims to improve peoples understanding about the causes of health and illness, the services and support available to help maintain or improve health, and encourage personal responsibility for actions affecting their health, it is vital that information is available within a prominent rural health service, therefore it has been selected as a strategy within the plan (DHS, 2003).

The 2006 NHW Staff health and wellbeing survey identified that mental health and wellbeing, physical activity and healthy eating were all identified by the survey as the health issues that staff at NHW would most prefer workplace health promotion programs to target.

Through implementing programs aimed at these health issues, we aspire to increase the incidental learning opportunities of staff around the principles, practice and language of health promotion. As the staff identified the health issues themselves and suggested that we implement certain strategies to target

them, they are more likely to participate in the program, and it will be more likely to have a far greater reach than if we were to run a health promotion short course.

Health promotion principles, concepts, languages and models will therefore be continually emphasised throughout the implementation of the 10,000 steps workplace challenge, the smoking cessation workshops and all articles written in the Base Bulletin. Staff health and wellbeing will also be improved through these strategies and NHW staff will be role modelling health promoting behaviour to the community.

Qualitative responses to the staff health and wellbeing survey also identified that staff were concerned about the nutritional quality and variety of food being offered in the staff cafeteria and the coffee shop.

To identify the quantity, quality and promotion of healthy food options in both the food venues, Dietitians will conduct a detailed audit. The Dietitians will then develop recommendations as to what changes they feel need to be made to make the venues more health promoting. These recommendations will be provided to food services with the support from senior management that they are required to be acted upon.

### **How will we monitor activities and contribute findings?**

Timelines will be created to clearly define the start and end dates for the implementation of all strategies and the components they consist of.

Evaluation methods will be used to monitor the process and implementation issues of the strategies and this information will feed back into the planning cycle and guide future action to ensure continuous quality improvement (CSAHS, 1994).

## **2.3 Capacity Building**

The commitment and dedication of senior management and members of the Board to achieving the goal of this priority area is imperative for the success of this plan. Due to this importance, several strategies have been selected to gain the commitment and enthusiasm of these stakeholders.

Capacity building strategies to enable the successful implementation of this plan have already been conducted in the previous year. These include employing a full time health promotion officer to co-ordinate the project, creating a health promotion budget and developing management positions with accountabilities for health promotion within the organisation.

Consultations have been made with all people who will be affected by the selected strategies to gain their feedback and enhance their commitment to the project. These stakeholders included members of staff, the director of community and aged care services, the managers of food services and the community advisory group.

The NHW Health Promotion steering committee will regularly liaise with the Community Advisory group and lead the development and implementation of the organisational capacity building component of this plan.

## **2.4 Evaluation and Dissemination planning**

*See evaluation planning process grid for objective 1, 2 & 3.*

Evaluation methods and indicators have been included above as an integral part of the program plan.

The success of NHW in achieving all three objectives of organisational capacity building will be measured through incorporating process and impact evaluation measures throughout the implementation of strategies.

We will seek to disseminate the results of the initiatives within the plan through local, regional and state-wide networks and through the NHW and Central Hume PCP website.

### Part 3: Health Promotion summary planning grid

<b>Organisational HP Goal:</b>	To reduce the number of individuals within the Wangaratta community who are socially isolated through increasing their levels of engagement with others and participation in social activities.			
<b>Population Target Group/s:</b>	Our specific target groups will be those who are most vulnerable to being social excluded in terms of economic and social participation. These groups are people with low socio-economic status, women and people from culturally and linguistically diverse backgrounds. RCoW Community.			
<b>Objective 1:</b>	To increase the promotion of social connectedness in health agencies and media sources within the RCoW by 30 <sup>th</sup> September 2007			
<b>Estimated Impacts<sup>1</sup> (Qualitative &amp;/or Quantitative) for Objective 1</b>	<ul style="list-style-type: none"> <li>• All four general Practitioner clinics within the RCoW to display posters and brochures promoting social connectedness.</li> <li>• All health information displays within the hospital to contain information promoting social connectedness.</li> <li>• Two articles published in the Chronicle increasing the awareness of the importance of social connectedness and promoting local community groups and activities.</li> <li>• One article in the Base Bulletin and NHW community newsletter emphasising the importance of social connectedness.</li> </ul>			
<b>Health Promotion Interventions &amp; Capacity Building strategies<sup>2</sup></b>	<b>Estimated Reach<sup>3</sup></b>	<b>Timelines and by whom<sup>4</sup></b>	<b>Estimated Budget from C&amp; WH program<sup>5</sup></b>	<b>OPTIONAL Estimated Other Funding sources<sup>6</sup></b>
<b>Social marketing and Health information</b>  1) Publish 2 articles in the Chronicle promoting social connectedness. 2) Ensure all health information displays in NHW contain information on social connectedness as well as community groups offering the opportunity for participation. 3) Publish one article in both the Base Bulletin and community newsletter "Health focus" emphasising the importance of social connectedness. 4) Disseminate brochures and posters that promote social connectedness into GP Clinics  <b>Resources</b> Publications	1) Whole Community  2) Inpatients, staff and community.  3) NHW staff and wider community  4) Four GP clinics	1) Nov 2006 - Sept 2007.  2) Feb 2007  3) 2006 - 2007.  4) Feb 2007		
<b>Total Budget per Objective</b>			<b>2,800</b>	
<b>Total Budget per Program Goal</b>			<b>28,000</b>	

## Evaluation Planning process grid

<b>HP priority goal</b>	To reduce the number of individuals within the Wangaratta community who are socially isolated through increasing their levels of engagement with others and participation in social activities.			
<b>Population target group/s</b>	People with low socio economic circumstances, older people, women and people from culturally and linguistically diverse backgrounds.			
<b>Objective 1:</b>	<b>Key questions (what do we need to know to decide if we have achieved this objective?)</b>	<b>What information do we need to answer these questions?</b>	<b>How will this information be collected, by whom and by when?</b>	<b>Budget</b>
<b>Objective:</b> To increase the promotion of social connectedness in health agencies and media sources within the RCoW by 30 <sup>th</sup> September 2007	<b>Process evaluation</b> <b>Reach:</b> 1) Did the brochures get distributed to all four GP's 2) Were two articles published in the Base Bulletin 3) Was one article published in the Chronicle? 4) Was one article published in Health Focus 5) How many brochures were distributed within the catchment?  <b>Quality and Appropriateness:</b> 6) Did the community think that the articles were useful?  7) Did GPs and health agencies display the social marketing materials?  <b>Impact evaluation:</b> 8) Was the promotion of social connectedness in health agencies and media sources within the RCoW increased?	1) Number of GPs within the region receiving resources. 2) Number of social connectedness articles published in the Base Bulletin. 3) Number of social connectedness articles published in the chronicle. 4) Number of social connectedness articles published in health focus. 5) Number of social connectedness brochures distributed.  6) Opinions of members of the community advisory committee.  7) Social marketing materials are displayed in participating GP clinics and various health agencies.	1)2)3)4) Records of social connectedness articles in the Base Bulletin, the Chronicle and Health Focus.  5) HP officer to record the distribution details of social connectedness brochures.  6) HP officer to conduct survey of community advisory group in Sept 2007.  7) HP officer to conduct audit in participating GPs and health agencies Sept 2007.	

## Part 3: Health Promotion Summary planning grid: Objective 2

<b>Organisational HP Goal:</b>	To reduce the number of individuals within the Wangaratta community who are socially isolated through increasing their levels of engagement with others and participation in social activities.			
<b>Population Target Group/s:</b>	People with low socio economic circumstances, older people, women and people from culturally and linguistically diverse backgrounds.			
<b>Objective 2:</b>	To achieve two new functioning Community Kitchens groups within the RCoW by 30th September 2007.			
<b>Estimated Impacts<sup>1</sup> (Qualitative &amp;/or Quantitative) for Objective 2</b>	<ul style="list-style-type: none"> <li>Increases in the number of Community Kitchens within the RCoW.</li> <li>Reporting improvements in the levels of social inclusion of participants.</li> <li>Community Kitchens forum is organised and presented.</li> </ul>			
<b>Health Promotion Interventions &amp; Capacity Building strategies<sup>2</sup></b>	<b>Estimated Reach<sup>3</sup></b>	<b>Timelines and by whom<sup>4</sup></b>	<b>Estimated Budget from C&amp;WH program<sup>5</sup></b>	<b>OPTIONAL Estimated Other Funding sources<sup>6</sup></b>
<p><b>Screening, individual risk assessment and immunisation</b></p> <p><b>Social marketing and Health information</b></p> <ol style="list-style-type: none"> <li>1) Development of Community Kitchens flyer</li> <li>2) Publish press release for "Cooking Demonstrations" in the Chronicle.</li> </ol> <p><b>Health education and skill development</b></p> <ol style="list-style-type: none"> <li>3) Hold forum on Community Kitchens</li> <li>4) Hold facilitator training workshops on all aspects of running a Community Kitchen.</li> <li>5) Assist in the planning and implementation of two cooking demonstration lunches, promoting community kitchens, aiming at people with food security issues.</li> <li>6) Continue to support and facilitate Yarrunga P.S Community Kitchens pilot group.</li> </ol> <p><b>Community action</b></p> <ol style="list-style-type: none"> <li>7) Continue NHW's involvement the Community Kitchens steering committee.</li> </ol>	<ol style="list-style-type: none"> <li>1)2) Wangaratta community</li> <li>3) 70 Wangaratta residents.</li> <li>4) 10 interested community members wishing to become facilitators</li> <li>5) 100 community members</li> <li>6) 24 Participants 8 people x 4 terms.</li> <li>7) 10 members of steering committee</li> </ol>	<ol style="list-style-type: none"> <li>1)2) October - November 2006</li> <li>3) Feb 2007 NHW, O&amp;KCHS and Anglicare</li> <li>4) April - May 2007</li> <li>5) NHW, O&amp;KCHS and Anglicare Nov 2006</li> <li>6) Oct 2006 – Sept 2007</li> <li>7) Nov 2006- Sept 2007</li> </ol>		Community Grants from RCoW \$2,500.

<p><b>Settings and Supportive Environments</b> 8) Offer support materials &amp; advice to groups interested in starting up a Community Kitchen.</p> <p><b>Organisational Development</b> 9) Ensure the target group are referred to relevant Community Kitchen groups by NHW allied health staff.</p> <p><b>Workforce Development</b></p> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Publishing of brochures</li> <li>• Venues</li> <li>• Catering</li> <li>• Publicity</li> <li>• Equipment</li> </ul>	<p>8) All Community Kitchen groups operating in the area.</p> <p>9) Community Allied Health clients</p>	<p>8) Nov 2006 – Sept 2007</p> <p>9) Oct 2006 – Sept 2007</p>		
<b>Total Budget per Objective 12,600</b>				
<b>Total Budget per Program Goal 28,000</b>				

## Evaluation Planning Process Grid

<b>HP priority goal</b>	To reduce the number of individuals within the wangaratta community who are socially isolated through increasing their levels of engagement with others and participation in social activities.			
<b>Population target group/s</b>	People with low socio-economic circumstances, older people, women and people from culturally and linguistically diverse CALD backgrounds.			
<b>Objective 2:</b>	<b>Key questions (what do we need to know to decide if we have achieved this objective?)</b>	<b>What information do we need to answer these questions?</b>	<b>How will this information be collected, by whom and by when?</b>	<b>Budget</b>
<b>Objective 2</b>  To achieve two new functioning Community Kitchens groups within the RCoW by 30th September 2007.	<b>Process evaluation</b>  Reach: 1) Did the Community Kitchens groups consist of members of the target group? 2) Did 70 members of the Wangaratta community attend the forum? 3) Did 10 people interested in being facilitators sign up for training? 4) How many agencies were involved in the steering committee meetings?  <b>Quality and Appropriateness:</b> 5) Were community members satisfied with the education, leadership and resources that was provided by NHW in relation to Community Kitchens?  <b>Impact:</b> 6) Did two new Community Kitchens groups commence during the stated period?  7) What new knowledge/skills did the participants in the Community Kitchen groups gain?	1) Membership of the target group within operating kitchens. 2) Number of people attending Forum. 3) Number of people signing up to attend facilitator training workshops. 4) Records of attendance at social correctness meetings. 5) Views of participants attending the workshops and forum.  6) Records of Community Kitchens groups operating in RCoW.  7) Views of Community Kitchens participants at the beginning and end of each term.	1)2)3) Registration and attendance lists   4) Chair of Steering committee to keep records.  5) HP officer to include open-ended question on the end of session evaluation sheet.  6) HP officer to document and record on Community Kitchens database Community Kitchen operating in the Central Hume region  7) Pre/Post Quantitative evaluation of all members in Community Kitchen groups.	

### Part 3: Health Promotion summary planning grid: Objective 3

<b>Organisational HP Goal:</b>	To reduce the number of individuals within the Wangaratta community who are socially isolated through increasing their levels of engagement with others and participation in social activities.			
<b>Population Target Group/s:</b>	People with low socio economic circumstances, older people, women and people from culturally and linguistically diverse CALD backgrounds.			
<b>Objective 3:</b>	To extend the membership base of an existing organisation/club within the RCoW, to incorporate a walking membership by 30th September 2007.			
<b>Estimated Impacts<sup>1</sup> (Qualitative &amp;/or Quantitative) for Objective 3</b>	<ul style="list-style-type: none"> <li>• One new walking group operating in the RCoW.</li> <li>• One sporting club or agency to agree to participate in walking group program (COW program).</li> <li>• Increases in feelings of social connectedness amongst members of the walking group.</li> <li>• Increases in the physical activity levels of participants over the duration of the program.</li> </ul>			
<b>Health Promotion Interventions &amp; Capacity Building strategies<sup>2</sup></b>	<b>Estimated Reach<sup>3</sup></b>	<b>Timelines and by whom<sup>4</sup></b>	<b>Estimated Budget from C&amp; WH program<sup>5</sup></b>	<b>OPTIONAL Estimated Other Funding sources<sup>6</sup></b>
<b>Screening, individual risk assessment and immunisation</b> <ol style="list-style-type: none"> <li>1) Conduct health screenings of participants to gauge their progress and check for possible health problems.</li> <li>2) Work with members of the CHPCP to identify potential clubs and organisations who have the capacity and interest in incorporating a walking group into their activities.</li> </ol>	<ol style="list-style-type: none"> <li>1) 20 Participants</li> <li>2) Members of CHPCP</li> </ol>	<ol style="list-style-type: none"> <li>1) January 2007</li> <li>2) November – Dec 2007</li> </ol>		

<p><b>Social marketing and Health information</b></p> <p>3) Create a flyer to promote the program advertising the meeting location and walking time.</p> <p>4) Mail promotional flyer out to local residents. conduct a letterbox drop in the area, pin flyer up on noticeboards, place in school newsletters, supermarkets and workplaces.</p> <p>5) Develop a press release to promote the program launch. Publish in local newspapers and service club newsletters.</p> <p><b>Health education and skill development</b></p> <p><b>Community action</b></p> <p>6) Members to plan and map the different walks that the group will be doing.</p> <p>7) Recruit a group facilitator from within the club or alternatively from the community possibly from an existing walking group.</p> <p><b>Settings and Supportive Environments</b></p> <p>8) Provide all members of the group with a go for your life “pathways” walking kit and pedometer.</p> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Publishing of flyer</li> <li>• Venues</li> <li>• Pedometers</li> <li>• Publicity</li> </ul>	<p>3, 4) Community within 5km radius from org. base</p> <p>5) Member agencies of CHPCP</p> <p>6) Members of walking group program</p> <p>7) One or two people</p> <p>8) Members of group</p>	<p>5) Feb 2007</p> <p>6) March 2007</p> <p>7) February 2007</p> <p>8) March 2007</p>		<p>\$30,000 VicHealth “active living” grant if successful</p>
<b>Total Budget per Objective 12,600</b>				
<b>Total Budget per Program Goal 28,000</b>				

## Evaluation Planning Process Grid

<b>HP priority goal</b>	To reduce the number of individuals within the Wangaratta community who are socially isolated through increasing their levels of engagement with others and participation in social activities.			
<b>Population target group/s</b>	People with low socio economic circumstances, older people, women and people from culturally and linguistically diverse backgrounds.			
<b>Objective 3:</b>	<b>Key questions (what do we need to know to decide if we have achieved this objective?)</b>	<b>What information do we need to answer these questions?</b>	<b>How will this information be collected, by whom and by when?</b>	<b>Budget</b>
<b>Objective</b> To extend the membership base of one existing organisation/club within the RCoW, to incorporate a walking membership by 30th September 2007.	<p><b>Process evaluation</b></p> <p>Reach:</p> <ol style="list-style-type: none"> <li>1) Were promotional articles published in local media?</li> <li>2) Were 20 participants recruited?</li> <li>3) Did they plan and map walks?</li> </ol> <p><b>Impact:</b></p> <ol style="list-style-type: none"> <li>4) Did one club/organisation extend their membership base to include a walking membership?</li> <li>5) Did members of the walking group report increased feelings of social connectedness?</li> <li>6) Did members of the walking groups report increased levels of physical activity levels?</li> </ol>	<ol style="list-style-type: none"> <li>1) Copy of published articles</li> <li>2) Copy of registration forms</li> <li>3) Copy of plan and maps</li> <li>4) Expressed commitment of club</li> <li>5)6) Views of group members</li> </ol>	<ol style="list-style-type: none"> <li>1) HP officer to document flyer and all media releases.</li> <li>2) HP officer to collect membership details from group facilitator.</li> <li>3) HP officer to document walking plans and maps.</li> <li>4) HP officer to collect letter of commitment from club.</li> <li>5,6) HP officer and PICSAR program manager to conduct pre and post intervention evaluation.</li> </ol>	

### Part 3: Health Promotion summary planning grid: Objective 1:

<b>Organisational HP Goal:</b>	To further imbed health promotion into the culture of NHW, and place a greater emphasis on disease prevention rather than on curative and diagnostic services.			
<b>Population Target Group/s:</b>	All Staff at NHW.			
<b>Objective 1:</b>	To create a framework for the organisations activities concerning health promotion as an integral part of the organisations quality management system by 30th September 2007.			
<b>Estimated Impacts<sup>1</sup> (Qualitative &amp;/or Quantitative) for Objective 1</b>	<ul style="list-style-type: none"> <li>• Participation of one member of senior management on HP steering committee.</li> <li>• Health Promotion Policy is developed and adopted.</li> <li>• Implementation of a quality assessment tool for organisational health promotion activities.</li> </ul>			
<b>Health Promotion Interventions &amp; Capacity Building strategies<sup>2</sup></b>	<b>Estimated Reach<sup>3</sup></b>	<b>Timelines and by whom<sup>4</sup></b>	<b>Estimated Budget from C&amp;WH program<sup>5</sup></b>	<b>OPTIONAL Estimated Other Funding sources<sup>6</sup></b>
<b>Screening, individual risk assessment and immunisation</b> <b>Social marketing and Health information</b> <ol style="list-style-type: none"> <li>1) Develop summary slide of organisation HP activity to be presented in hospital induction presentation.</li> <li>2) Develop a NHW Health promoting health service brochure.</li> </ol> <b>Health education and skill development</b> <ol style="list-style-type: none"> <li>3) Present IHP plan 2006-2009 at staff forum in November.</li> </ol> <b>Community action</b> <ol style="list-style-type: none"> <li>4) Develop a NHW Health “Health Promoting Hospitals” Steering Committee with at least one member of senior management.</li> <li>5) To create a HP policy to be formally adopted by executive management.</li> </ol>	<ol style="list-style-type: none"> <li>1) All new employees of NHW.</li> <li>2) General community.</li> <li>3) 100 staff attending forum in café.</li> <li>4) 10 Staff Members</li> <li>5) All Staff in NHW</li> </ol>	<ol style="list-style-type: none"> <li>1) March 2007</li> <li>2) Jan 2007</li> <li>3) November 2006</li> <li>4) Feb-March 2007</li> <li>5) March 2007</li> </ol>		



## Evaluation Planning Process Grid

<b>HP priority goal</b>	To further imbed health promotion into the culture of NHW, and place a greater emphasis on disease prevention rather than on curative and diagnostic services.			
<b>Population target group/s</b>	All Staff at NHW.			
<b>Objective 1:</b>	<b>Key questions (what do we need to know to decide if we have achieved this objective?)</b>	<b>What information do we need to answer these questions?</b>	<b>How will this information be collected, by whom and by when?</b>	<b>Budget</b>
<b>Objective 1</b> To create a framework for the organisations activities concerning health promotion as an integral part of the organisations quality management system by 30th September 2007.	<b>Process evaluation</b> <b>Reach:</b> <ol style="list-style-type: none"> <li>1) Was presentation made at staff forum?</li> <li>2) Did one member of senior management agree to be on HP steering committee?</li> <li>3) Was a component on HP included in staff induction?</li> <li>4) Was HP policy developed?</li> <li>5) Was HP policy adopted?</li> <li>6) Did NHW subscribe to HP quality assessment tool or similar?</li> </ol> <b>Impact evaluation:</b> <ol style="list-style-type: none"> <li>7) Was a framework created for the organisations activities, concerning health promotion as an integral part of the NHW's Quality management system?</li> </ol>	<ol style="list-style-type: none"> <li>1) Presentation made at forum</li> <li>2) HP steering committee membership list.</li> <li>3) The induction presentation having clear HP component.</li> <li>4) Policy submitted to quality department.</li> <li>5) Presence of policy on "Policy and Protocols.</li> <li>6) Access of Allied Health staff to HP quality Assessment tool (QIPPS)</li> <li>7) Actual measures against estimated impacts</li> </ol>	<ol style="list-style-type: none"> <li>1) Agenda for forum collected by HP officer - Nov 2006</li> <li>2) Committee member registration document – Sept 2007.</li> <li>3) Copy of presentation – Nov 2007.</li> <li>4) Confirmation email from Quality department re-affirming submission. April -2007</li> <li>5) HP officer to look at Policy and Protocols online and search for HP policy – Sept 2007.</li> <li>6) Key informant interviews with allied health staff to see if they can use QA tool. Sept 2007</li> <li>7) HP officer to compare actual results compared to estimated impacts September 2007</li> </ol>	

## Part 3: Health Promotion Summary planning grid: Objective 2

<b>Organisational HP Goal:</b>	To further imbed health promotion into the culture of NHW, and place a greater emphasis on disease prevention rather than on curative and diagnostic services.			
<b>Population Target Group/s:</b>	Inpatients, staff and the general community.			
<b>Objective 2:</b>	To improve the quality and location of health information displays throughout the hospital by 30 <sup>th</sup> September 2007.			
<b>Estimated Impacts<sup>1</sup> (Qualitative &amp;/or Quantitative) for Objective 1</b>	<ul style="list-style-type: none"> <li>• Audits carried out and information obtained on current state of all Health Information(HI) displays within NHW.</li> <li>• Health Information guidelines are produced by HP officer.</li> <li>• Health information displays within the hospital to contain higher quality health information according to unit managers.</li> </ul>			
<b>Health Promotion Interventions &amp; Capacity Building strategies<sup>2</sup></b>	<b>Estimated Reach<sup>3</sup></b>	<b>Timelines and by whom<sup>4</sup></b>	<b>Estimated Budget from C&amp;WH program<sup>5</sup></b>	<b>OPTIONAL Estimated Other Funding sources<sup>6</sup></b>
<p><b>Screening, individual risk assessment and immunisation</b></p> <p>1) Conduct an audit of existing health information displays to establish a understanding of the quantity and locations of the displays.</p> <p><b>Social marketing and Health information</b></p> <p>2) Order the resources from organisations and additional display boards.            3) Distribute the resources and boards.            4) Conduct fortnightly audit of displays and ensure the maintenance of quality.</p> <p><b>Health education and skill development Community action</b></p> <p>5) Conduct consultations with staff to obtain information on which factors they feel are important for clients to be aware of the terms of health outcomes.</p>	<p>1) HP officer</p> <p>2,3,4) Staff, Inpatients, Visitors</p> <p>5) Clinical leaders and HP Officer.</p>	<p>1) November – December 2006</p> <p>2) January – February 2007</p> <p>3) February 2007</p> <p>4) Fortnightly until Sept 2007</p> <p>5) December 2006</p>		

<p><b>Settings and Supportive Environments</b></p> <p><b>Organisational Development</b></p> <p>6) Develop a series of guidelines to suggest which information should be placed in each display throughout the hospital.</p> <p>7) Distribute and explain the guidelines to Clinical leaders and Nurse unit managers</p> <p><b>Workforce Development</b></p> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Subscription to QIPPS HP Quality assessment program</li> <li>• Publishing of brochure</li> </ul>	<p>6) Clinical leaders and Nurse unit managers.</p> <p>7) Clinical leaders and Nurse unit managers.</p>	<p>6) March – April 2007</p> <p>7) May 2007</p>		
<b>Total Budget per Objective 12,000</b>				
<b>Total Budget per Program Goal 40,000</b>				

## Evaluation Planning Process Grid

<b>HP priority goal</b>	To further imbed health promotion into the culture of NHW, and place a greater emphasis on disease prevention rather than on curative and diagnostic services.			
<b>Population target group/s</b>	Inpatients, staff and the general community			
<b>Objective 1:</b>	<b>Key questions (what do we need to know to decide if we have achieved this objective?)</b>	<b>What information do we need to answer these questions?</b>	<b>How will this information be collected, by whom and by when?</b>	<b>Budget</b>
<b>Objective</b> To improve the quality and location of health information displays throughout the hospital by 30th September 2007.	<b>Process evaluation</b> <b>Reach:</b> <ol style="list-style-type: none"> <li>1) Were audits carried out and information obtained on current state of all Health Information (HI) displays?</li> <li>2) Were consultations made with all unit managers and clinical leaders?</li> <li>3) Was information from unit managers used to develop HI guidelines?</li> <li>4) Were resources ordered?</li> </ol> <b>Impact evaluation:</b> <ol style="list-style-type: none"> <li>5) Did the quality and location of the health information displays throughout NHW improve?</li> </ol>	<ol style="list-style-type: none"> <li>1) How many displays were audited?</li> <li>2) Interviews with unit managers and clinical leaders.</li> <li>3) Did the guidelines reflect the recommendations of unit managers and clinical leaders?</li> <li>4) Were the resources written in the guidelines displayed on boards?</li> <li>5) Opinions of Nurse unit managers and clinical leaders.</li> </ol>	<ol style="list-style-type: none"> <li>1) HP officer and Allied Health Assistant to fill out dated audit record and action sheets each fortnight.</li> <li>2) HP officer to document key notes of consultations.</li> <li>3) HP officer to develop guidelines.</li> <li>5) HP officer to complete six monthly audits of one randomly selected display to identify discrepancies between the two.</li> <li>6) HP officer to Develop survey, distribute to unit managers and collect Sept 2007</li> </ol>	

### Part 3: Health Promotion summary planning grid: Objective 3

<b>Organisational HP Goal:</b>	Northeast Health Wangaratta's vision is to further imbed health promotion into the culture of the organisation and place a greater emphasis on disease prevention rather than on curative and diagnostic services.			
<b>Population Target Group/s:</b>	All staff members at NHW and the general community			
<b>Objective 3:</b>	To address three of the health issues identified by staff in the 2006 Staff health and wellbeing survey by 30th September 2007.			
<b>Estimated Impacts<sup>1</sup> (Qualitative &amp;/or Quantitative) for Objective 3</b>	<ul style="list-style-type: none"> <li>- 70% of staff participating in 10,000 challenge achieving 10,000 steps per day.</li> <li>- Increases in the promotion and amount of healthy food options in staff café and coffee shop.</li> <li>- One smoking cessation workshop is conducted.</li> <li>- Sources of workplace stress for staff at NHW are identified and strategies selected to target these issues.</li> </ul>			
<b>Health Promotion Interventions &amp; Capacity Building strategies<sup>2</sup></b>	<b>Estimated Reach<sup>3</sup></b>	<b>Timelines and by whom<sup>4</sup></b>	<b>Estimated Budget from C&amp; WH program<sup>5</sup></b>	<b>OPTIONAL Estimated Other Funding sources<sup>6</sup></b>
<b>Total Budget per Objective</b>			<b>16,000</b>	
<b>Total Budget per Program Goal</b>			<b>40,000</b>	

<p><b>Screening, individual risk assessment and immunisation</b></p> <ol style="list-style-type: none"> <li>1) Provide before and after health screening for participants in 10,000 steps program.</li> <li>2) Research strategies to reduce stress in the workplace.</li> </ol> <p><b>Social marketing and Health information</b></p> <ol style="list-style-type: none"> <li>3) Publish several health promotion articles in the Base Bulletin promoting the various health promotion programs, whilst at the same time integrating health promotion principles and language into the wording.</li> </ol> <p><b>Health education and skill development</b></p> <ol style="list-style-type: none"> <li>4) Conduct one smoking cessation (Quit) workshop for staff.</li> <li>5) To conduct a workplace 10,000 steps program, workplace challenge.</li> </ol> <p><b>Settings and Supportive Environments</b></p> <ol style="list-style-type: none"> <li>6) Dietitians to conduct an audit of the Staff café and Coffee shop to identify the level and promotion of healthy food options available for sale in comparison to unhealthy items.</li> <li>7) Develop recommendations for change and work with food services and management to act on these.</li> </ol> <p><b>Organisational Development Resources</b></p> <p>Smoking cessation resources</p> <p>Subscription to 10,000 Steps program</p> <p>Pedometers and log book packages for staff</p> <p>Promotional materials for cafes</p>	<ol style="list-style-type: none"> <li>1) 100 NHW staff members</li> <li>2) HP Officer Integrated Primary Mental Health team.</li> <li>3) All staff</li> <li>4) 30 Employees</li> <li>5) 100 staff (10 units of 10)</li> <li>6) Dieticians and food services management</li> <li>7) Dieticians, food services and senior management.</li> </ol>	<ol style="list-style-type: none"> <li>1) Jan - March 2007</li> <li>2) Feb – Sept 2007</li> <li>4) Feb 2007</li> <li>5)...Jan – March 2007</li> <li>6) Feb 2007</li> <li>7) April 2007</li> </ol>		
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

<b>Total Budget per Objective</b>	<b>16,000</b>
<b>Total Budget per Program Goal</b>	<b>40,000</b>

## Evaluation Planning Process Grid

<b>HP priority goal</b>	To further imbed health promotion into the culture of NHW, and place a greater emphasis on disease prevention rather than on curative and diagnostic services.			
<b>Population target group/s</b>	All members of staff at NHW.			
<b>Objective 3:</b>	<b>Key questions (what do we need to know to decide if we have achieved this objective?)</b>	<b>What information do we need to answer these questions?</b>	<b>How will this information be collected, by whom and by when?</b>	<b>Budget</b>
<b>Objective</b> <i>To address three of the health issues identified by staff in the 2006 Staff health and wellbeing survey by 30th September 2007.</i>	<b>Process evaluation</b> <b>Reach:</b> <ol style="list-style-type: none"> <li>1) Did 100 members of staff participate in the 10,000 steps program?</li> <li>2) Did 11 HP articles get published in the Base Bulletin?</li> <li>3) Did 20 employees attend the smoking cessation workshop?</li> <li>4) Did Dieticians write the recommendations for staff café?</li> </ol> <b>Impact evaluation:</b> <ol style="list-style-type: none"> <li>5) Was there an increase in the promotion and number of Healthy food options in the staff café and coffee shop?</li> <li>6) Did 70% of staff participating in workplace challenge achieve 10,000 steps per day?</li> <li>7) Were sources of workplace stress for staff at NHW identified and strategies selected to target these issues.</li> </ol>	<ol style="list-style-type: none"> <li>1) Membership and registration.</li> <li>2) Copy of Base Bulletin.</li> <li>3) Registration information.</li> <li>4) Key recommendations.</li> <li>5) Number of healthy food options and promotional materials in staff café and coffee shop.</li> <li>6) Number of steps walked by participants over the duration of the 10,000 steps workplace challenge.</li> <li>7) A list of underlying determinants of staff stress and strategies to improve these.</li> </ol>	<ol style="list-style-type: none"> <li>1) HP officer to record membership details.</li> <li>2) HP officer to collect and document all HP articles published in Base Bulletin.</li> <li>3) HP officer to collect and record Reg. information.</li> <li>4) HP officer to collect copy of recommendations</li> <li>5) Dieticians to conduct pre and post intervention audit.</li> <li>6) Team captains to measure baseline activity of members and monitor progress.</li> <li>7) HP officer to document in mental health folder Sept 2007</li> </ol>	

