



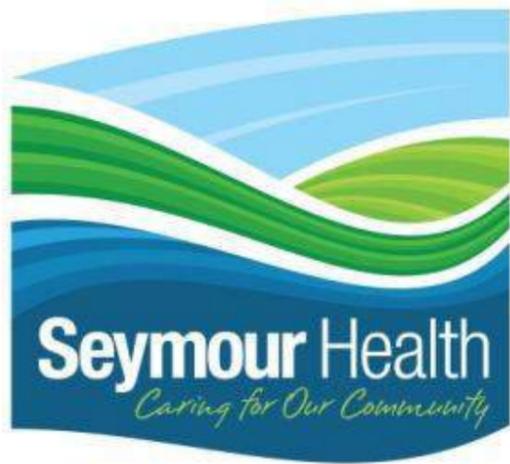
Integrated Health Promotion Report 2015-2016

Lower Hume Primary Care Partnership

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Chris McDonnell - Chief Executive Officer



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Jane Judd – Manager Community Health



A handwritten signature in black ink, appearing to read "Suzanne Miller".

Suzanne Miller - Chief Executive Officer



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Lorina Gray - Director of Nursing/Manager

Integrated Health Promotion Plan Report – Lower Hume 2016

Priority Area	Healthy Eating
Goal	'All people in the Hume Region are able to have access to food that is safe, nutritious and culturally valued'.
Target population group/s	Children aged 0-12 years of age
Budget and resources	Objective 1: 8 hours 0.2 EFT Alexandra District Health, 15.2 hours 0.4 EFT Nexus Primary Health, 8 hours 0.2 EFT Yea and District Memorial Hospital Objective 2: 8 hrs 0.2 EFT Alexandra District Health, 19 hrs 0.5 EFT Nexus Primary Health, 8hrs 0.2 EFT Seymour Health, 3.8hrs 0.1 Yea and District Memorial Hospital
Key evaluation question/s	What was the reach of the intervention? Did the intervention reach the intended audience? What unanticipated positive and negative impacts/outcomes have arisen from the intervention? How can the implementation of the plan be improved in the future?

From plan:		Your Report:	
Objective 1	Impact indicators	Evaluation methods/tools/timelines and responsibilities	Key results
<p><i>By 2017, 75% of primary schools and early childhood settings (inclusive of childcare and kindergartens) will be involved/ engaged with one or more Victorian Healthy Eating Enterprise (VHEE) initiatives.</i></p>	<p>Increased healthy eating knowledge and awareness throughout school community.</p> <p>Increase in fruit and vegetable consumption in children 0-12 years of age.</p> <p>Implementation of healthy eating policies and activities.</p>	<p>53% (30) primary schools and early childhood settings (ECS) registered with Achievement Program (AP) and Smiles 4 Miles (S4M) as recorded in excel spreadsheet that document registrations and monitors progress.</p> <p>Drink Well Eat Well surveys completed across 26 ECS demonstrate behaviour change as a result of the program. Analysis of pre and post surveys completed with a total of 320 kids with improvements in the content of lunchboxes.</p> <p>Media releases recorded through shared Dropbox folder along with estimated reach of publications to identify reach of healthy eating messages through the community.</p>	<p>As of July 2016, 42% (24) of primary schools and early childhood settings in the Lower Hume region are involved/engaged with the Achievement Program, a Victorian Healthy Eating Enterprise (VHEE) initiative.</p> <p>Achievement Program (AP) registrations as of July 2016;</p> <ul style="list-style-type: none"> 18 Early Childhood Services (ECS) (14 of these are Smiles 4 Miles ECS) of possible 30 ECS 12 Primary Schools of possible 27 schools Of the 12 registered schools, 6 would be considered as engaged in the AP process with the potential reach of 831 children and their families. <p>Drink Well Eat Well Surveys (ECS only) completed in 2015/16.</p> <ul style="list-style-type: none"> 26 pre surveys completed 23 post surveys completed <p>22 Print Media releases over the last 12 months have promoted the AP and healthy eating activities in local newspapers and ECS/Primary School Newsletters.</p> <p>1 ECS has achieved the AP's Healthy Eating and Oral Benchmark, while 13 S4M ECS are eligible to apply for advanced standing.</p> <p>In response to the barriers detailed below, an identified opportunity could be more formalised agreements between ECS/Schools/DEECD and IHP funded agencies may assist in ensuring evidenced based approaches to healthy eating are not only supported in principle, but are supported with ECS/School resources and supported within set time frames (eg. 2-5 years).</p>
Interventions/ Strategies	Process indicators	Evaluation methods/tools/timelines and responsibilities	Key results
<p>1.1 Promote the Achievement Program to schools and early childhood settings.</p>	<p>At least one contact per term with engaged schools and early childhood settings.</p> <p>At least one annual face to face meeting providing information on the AP per non-engaged school and early childhood settings (ECS).</p>	<p>Data recorded every second month through an excel spreadsheet. Recording contact with schools and ECS by Health Promotion Officers (HPO's), registrations and progress through AP and S4M cycles.</p> <p>AP Coordinators have made Email contact with 12 non-registered primary schools and all AP registered Schools, including information about AP and topics such as healthy lunch box resources and good website links for Healthy Eating Education.</p> <p>Qualitative data relating to the process of assisting settings to register to the AP and S4M is recorded in</p>	<p>Of those ECS registered, progress with the AP is;</p> <ul style="list-style-type: none"> 1 ECS has received Healthy Eating and Oral Health benchmark 1 ECS is in coordination phase 13 Smiles for Miles (S4M) ECS are eligible for advanced standing for Health Eating and Oral Health Benchmark <p>Contacts:</p> <p>During 2015-2016 assistance was given to all 13 ECS who are eligible to apply for AP advanced standing.</p> <p>There have been total of 40 face to face meetings in the last 12 months (8 of the 12 AP registered Primary Schools and 12 of the 15 non-registered Primary Schools). In addition there have been meetings to promote Connected Garden program attended by 9 schools, individual school meetings (15 schools), individual meetings with 2 Secondary Schools, and attendance at Health and Wellbeing Team meetings</p> <p>6 of the 12 AP registered schools would be classified as not engaged due to regular changes in Principals</p>

		Lower Hume Health Promotion Collaborative meetings and bimonthly reports. Successes and challenges throughout the year are discussed.	and lack of resources and readiness to invest time in the AP Other initiatives to engage schools in AP: 9 Healthy Cooking and Healthy Eating Sessions at 2 engaged schools reached 190 students. Schools Connected Garden Program funded \$14000 by Kinglake Ranges Foundations to engage 11 Schools and ECS in Healthy Eating / Eating more vegetables initiatives. 61 children and 9 staff from ECS attended Healthy Eating Information sessions. 80 Educators attended the annual Kids Matter Family Day Care Conference with presentation on AP and healthy eating, with focus on fussy eating. S4M program promotes AP to ECS via a section in S4M training session, during program registration and after S4M program awards achieved.
1.2 Assist schools and early childhood settings to implement Achievement Program through the utilisation of HTV resources.	90% schools engaged with AP participate in data collection. Progress of each school through the AP cycle. Number of Schools accredited against the healthy eating and oral health benchmark. Teachers /ECS satisfied with support provided. Information on Healthy Eating Advisory Service (HEAS) provided to Primary Schools. Community survey distributed. Promote and assist Smiles 4 Miles awarded services to obtain advanced standing for the AP programs healthy eating and oral health benchmark.	Bi-monthly reports and Excel Progress Chart show progress, contact/support and registrations. AP coordinators are available to all schools and contacted regularly to ensure ongoing commitment and progress through the AP, recorded via the excel spreadsheet. IHP monthly Collaborative meeting minutes where AP implementation successes and challenges are shared. Parent and student Nutrition surveys were completed in 2013/14 to establish baseline data of nutrition knowledge and behaviours across. Post data to be collected in 2017 to demonstrate impact. Survey distributed to all schools and ECS to determine satisfaction of AP coordinator support and areas to improve; undertaken by school and Early Learning teachers during July/August 2016 with low response rate.	Baseline Data Report Draft completed July 2016 This includes baseline survey result from 6 (22%) Primary Schools completed 2013/14. ECS AP Accreditation: All 13 ECS within Lower Hume who are eligible for AP advanced standing have been offered assistance with applying. 3 have commenced and 1 has received their healthy eating and oral health benchmark. 2 ECS (70 staff) have attended information training provided by HEAS, with both these services having previously received HEAS menu approval. One received HEAS menu approval in 2015/16. AP Coordinator has met with Seymour Kids Matter to work through the Benchmark self-assessment tool to identify what is currently being achieved and if they are capable of applying for accreditation. AP Primary School Accreditation: As of July 2016, none of the 12 registered programs have achieved their Healthy Eating and Oral Health Accreditation. Of the schools who have made the most progress; Of Primary Schools registered, AP progress is; <ul style="list-style-type: none">• Upper Plenty PS is up to Step 3 in Create Phase• Alexandra PS up to Step 2 in the Create Phase• Highlands PS is up to Step 2 in Coordinate Phase• Remaining Schools remain in early stages of Coordinate Phase Example of support include: Alexandra Primary School's AP Coordinator has assisted with Health and Wellbeing Team meetings, the establishment of student engagement strategy and development of Action Plan for Healthy Eating and Oral Health. School/ECS satisfaction: Satisfaction surveys were distributed to services to primary schools and ECS with a low response rate of 17 out of possible 54. All of those received were from ECS please refer to Strategy1.3 response below. The program has faced a number of barriers to implementation, key challenges across all services include frequent changes in senior managers in schools/ECS, competing time demands of schools, numerous other programs available, lack of mandate or strong recommendation from the Department of Education and Training (DETV) for schools to participate in AP. The positive factors supporting implementation are consistent school staff, existence of Health and Wellbeing team or equivalent, Senior School /ECS management support, 1-2 key drivers within the school (parent or staff member).
1.3 Implement Smiles 4 Miles in accordance with Lower Hume PCP work plan.	Training offered to registered services. Reach of training. Curriculum and parent engagement activities produce behaviour change in students and parents. Drink well and Eat well surveys	Excel spreadsheet provides: Number of trainings, evaluation of training, number of services awarded, number of services with healthy eating and oral health policies, Number of Services with menus approved by HEAS. Evaluation of ECS educator training through pre and post surveys.	The Smiles 4 Miles (S4M) program within Lower Hume involves collaboration from DHSV, Lower Hume PCP, Seymour Health, Achievement Program (AP), Mitchell & Murrindindi Shire, local public/private health services and registered ECS. In 2015 90% (47) ECS registered for the S4M program, 31 of which were working through the year 1 award cycle, reaching 1,647 children and their families. In 2016 93% (41) ECS registered for the S4M program, reaching 1,768 children and their families. Overall within Lower Hume as of June 2016 there was a 72% S4M award rate as, 40% (19) ECS received

	<p>completed.</p> <p>Healthy eating and oral health policies formulated and reviewed.</p> <p>Healthy Eating Advisory Service (HEAS) menu assessments.</p> <p>Coordinate the award application process.</p>	<p>Eat Well Drink Well Surveys compare pre and post lunchbox content to assess behaviour change as a result of the S4M program. 23 services completed both surveys in 2015. HEAS menu assessments have been supported in ECS that provide food.</p>	<p>awards in 2015-2016 and 32% (15) ECS had current awards.</p> <p>Lower Hume PCP delivered 8 S4M training sessions to 14 ECS educators across 7 ECS during 2015-2016. Post training evaluation confirmed that 100% of educators had an increase in oral health and S4M program knowledge, as well as increased confidence in implementing the program.</p> <p>42% (17 out of 41 ECS) responded to the Lower Hume PS & ECS survey, which showed:</p> <ul style="list-style-type: none"> - 71% were very satisfied with the support provided by Lower Hume PCP to implement S4M/AP, - changes suggested to improve healthy eating included implementation of policy, HEAS menu assessment, parent engagement information and learning experiences. - barriers to implementing the S4M/AP programs included staff's time capacity, cultural and language barriers, cluster management limiting policy and HEAS menu assessment changes, parent engagement difficult and ECS find AP too complicated, time consuming and document driven so only have time to apply for advanced standing benchmarks. <p>Additional challenges observed included; continual changes to the original S4M program since being aligned with AP, HEAS assessment complexity and approval times, technology issues, turnover of staff/ management and ownership</p> <p>68% (21) ECS engaged in the year 1 award cycle provided examples of completed learning experiences and family engagement activities. 71% (22) reviewed and finalised their nutrition, oral health and staff health and wellbeing policies.</p> <p>Lower Hume PCP worked with 5 ECS on HEAS menu assessments. 1 ECS had their menu approved, which resulted in 152 kids receiving the recommended daily intake for breakfast, lunch and snacks over the 2 week menu.</p> <p>During 2015 26 pre and 23 post Drink Well Eat Well (DWEW) surveys were completed by 92% (24) ECS in the year 1 award cycle. Results of the 23 pre (n= 320 kids) and post (n=311 kids) surveys included:</p> <ul style="list-style-type: none"> - 10% decrease in pre-packaged snacks from 43% pre (n=138) to 33% post (n=102). - 6% increase in healthy lunches from 83% pre (n=263) to 89% post (n=277). - 3% decrease in packaged sugar lunches from 13% pre (n=41) and 10% post (n=33).
<p>1.4 Promote achievements to the community where appropriate, utilising social media, newsletters and newspapers and request feedback.</p>	<p>2 media releases per year per agency.</p> <p>Reach of newspaper.</p> <p>Reach of social media.</p>	<p>LHPCP members and schools actively promote their achievements through local newspapers, school newsletters, social media and radio.</p> <p>Drop box utilised to store and record media articles.</p> <p>Newspaper reach (circulation run) total 43,690:</p> <ul style="list-style-type: none"> • North Central Review- 35,995 • Seymour Telegraph- 2,500 • Alexandra/Eildon/Marysville Standard Year Chronicle - 2,695 • Mountain Monthly- 2,500 	<p>22 media releases for 2015/2016, in addition to radio and social media promotions.</p> <p>Print media: Press releases – 2 on S4M, 3 on AP, 2 on Community Garden/Eating and 2 on AP and Healthy Eating related achievements. Primary school newsletters - 3 (n=2 schools, reach approx. 350 families). S4M – AP updates in 3 newsletters per term</p> <p>Social Media/Radio: 1 school related AP social media post, reach of approximately 495 and 26 likes/comments/ shares. 2 local radio items on school specific AP and healthy eating activities Local Garden blog</p>
<p>Objective 2</p>	<p>Impact indicators</p>	<p>Evaluation methods/tools/timelines and responsibilities</p>	<p>Key results</p>
<p><i>Strengthen partnerships with local councils and community groups to create supportive environments that promote culturally valued healthy food by 2017 through implementation of the Healthy Food Connect Model.</i></p>	<p>Reduction in fragmented and duplicated effort as organisations and community groups work together and pool their resources and skills.</p> <p>A more informed sector through broader access to knowledge and evidence based information.</p> <p>Policies and planning in Mitchell and Murrindindi local governments reflect and support healthy eating environments.</p> <p>Improved community capacity to take</p>	<p>Community surveys were distributed in May 2016 with 20 responses received from one area.</p> <p>Information sharing via meetings, dropbox, facebook, email and websites.</p> <p>MPHW Plans and reports record partnerships and ownership of Healthy Eating environments.</p> <p>'Breastfeeding Welcome Here' businesses</p> <p>Number of food networks supported and number of community gardens established recorded through bi-monthly reporting process.</p>	<p>Community survey results identified: Since being involved In food groups 75% of respondents had bought locally produced food, 42% had bought less processed food, 42% had preserved food, 75% shared produce, 42% thrown away less food, 59% had grown fruit or vegetables in their own garden and 42% had worked in a community.</p> <p>Community food group evaluation suggests almost 50% of respondents with involvement in the gardens were parent of children aged 0-12</p> <p>Mitchell & Murrindindi Shires have Healthy Eating outcomes that reflect the Lower Hume Integrated Health Plan in their 2015-2016 report against their Public Health & Wellbeing Plan.</p> <p>A total of 63 healthy eating activities throughout the year.</p> <p>17 community gardens across the catchment (5 new, 12 received on-going support).</p> <p>Within Mitchell Shire 43 businesses registered as Australian Breastfeeding Association 'Breastfeeding Welcome Here' businesses.</p>

	collective action on key local healthy eating issues.		
Interventions/ Strategies	Process indicators	Evaluation methods/tools/timelines and responsibilities	Key results
2.1 Undertake a local food access needs assessment and identify and prioritise actions	<p>Current record of food outlets maintained.</p> <p>Advocate for food security.</p> <p>Healthy Food Basket Survey completed and compared.</p>	<p>Increased knowledge of food security issues by regular communication with key stakeholders through meetings, newspaper articles and email updates.</p> <p>Healthy Food Basket survey completed and report completed with further recommendations to guide future actions.</p>	<p>No work required on GIS mapping this year.</p> <p>Food Security continually advocated through the various initiatives detailed below; Triangle Food Op Shop, Yea Food table etc</p> <p>Healthy Food Basket survey was repeated in Jan/Feb 2016 at all 14 previously surveyed local supermarkets in Mitchell and Murrindindi and results analysed. A comparison report will be finalised and distributed in 2016-2017, with recommendations considered in final year planning.</p>
2.2 Build upon existing food networks by supporting integration and sustainable governance structures.	<p>Number of local food networks linked and supported.</p> <p>Number and reach of healthy eating activities implemented.</p> <p>Resources and expertise shared.</p> <p>Progress and reach of community/edible gardens.</p> <p>Community action research progress.</p>	<p>The community group survey and the Triangle Food Op Shop Consumer Survey were used.</p> <p>Resources shared with community covering wide range of existing and proposed needs for community garden and food security projects.</p> <p>Bi-monthly reports records all activities of partners and achievements, including reach, progress and implementation.</p> <p>Minutes of meetings and reporting provide additional evidence of progress.</p>	<p>5 networks linked and supported;</p> <ul style="list-style-type: none"> • Consultations with groups in Mitchell around forming a connected garden network • 1 schools/early years network continued in Western Murrindindi • 3 community food access networks continued to be supported in Mitchell and Murrindindi <p>Number of healthy eating activities, with strong volunteer involvement or leadership;</p> <ul style="list-style-type: none"> • Wallan Home Harvest conducted “grow our own pumpkin mountain” • Kinglake Ranges Foundation (KRF) Connected Garden Harvest Picnic • FRRR Plant to Plate Project including 8 workshops and 5 community cooking vignettes • John Wallace Foundation School Food Table project 16 workshops • 6 food film nights • Re-Cycle Food Project weekly compost collection (Yea VCAL compost project) • 4 x community food share fresh produce tables supported • Community Engagement Consultations with Mitchell Shire Council • 2 x Breastfeeding & Introducing solids session to parents • supported the Nutrition Australia “Try for 5 challenge” 2015 advocating for healthy eating practices of staff during October 12-17 • Healthy Eating stand at Alexandra Show • Yea quarterly community garden workshops and monthly working bees • Yea installation of 2 x wicking beds outside Yea library <p>Resources and expertise shared</p> <ul style="list-style-type: none"> • 5 food access networks supplied governance assistance to improve sustainability including 2 x planning surveys, 1 x ToR, 2 x MOU’s, 21 registered volunteers, 1 x research data collection • Taggerty Food Opshop supported to apply for and be successful with “Highly Commended Vic Health Award” • 6 x successful funding applications supported/completed for healthy eating/food security projects totalling \$39,000 <p>Progress and reach of edible gardens</p> <ul style="list-style-type: none"> • 17 edible gardens supported this year (12 last year) with each garden promoting local community involvement at various levels of engagement. • Community food group evaluation suggests almost 50% of respondents with involvement in the gardens were parent of children aged 0-12 • 50% of survey respondents were food group committee members, 20% were general members and 75% were attendees/community members • 42% had taken part in community garden activities, 50% in food swap, 8% in cooking, 25% in food opshop, 42% had used produce markets, 83% attended food events and 8% had applied for grants • The average attendance rate at these events was monthly • Example of anecdotal response to question re. changing the way your community grows, shares, cooks, buys and eats food: “Yes, a lot more fresh, locally-grown produce available, more people connecting over these initiatives and learning about growing, sharing, utilising and eating a variety of different fruits and vegetables.” <p>Community action research progress:</p> <ul style="list-style-type: none"> • The Triangle Food Op-shop (TFO) further consolidated over July 2016-June 2017 with formalizing

			<p>of volunteer involvement (currently 12 volunteers) and development of MOU between ADH and Taggerty General Store</p> <ul style="list-style-type: none"> Continued support from local resident gardeners \$2,159 made over the 2015/16 financial year to cover rent and other expenses (eg. bags, till) Community grant for Community Garden to further supplement food supply commenced May 2016. Sustainability plan with CEACA (Alexandra Community House) to take governance of TFO in January 2017 TFO Facebook page has 155 members with 15-50 views per post. TFO was awarded a Highly Commended Vic Health award in November 2015. The TFO head volunteer coordinator was interviewed on ABC radio shortly afterward. TFO consumer surveys were anonymously completed by 10 respondents - 2 reporting food insecurity within the last 12 months and 3 having children between 0-12. <p>Community Group collaboration:</p> <ul style="list-style-type: none"> The TFO and the Yea Community Garden network gatherings (n=2), both groups providing advice on a food stand/op shop or starting a community garden. Yea Community Garden visited Puckapunyal to share knowledge and expertise
<p>2.3 Work collaboratively with sports clubs across Lower Hume to build healthy environments.</p>	<p>Number of clubs engaged with education sessions.</p> <p>Attendance at education sessions.</p> <p>Utilise social media to raise awareness of healthy eating and the health risks associated with poor nutrition.</p> <p>Number of clubs engaged with Valley Sports Programs/initiatives.</p>	<p>LHPCP member agencies have engaged sporting clubs to deliver healthy eating education.</p> <p>Nexus has worked in partnership with Valley Sport to engage local sporting clubs and will continue to work with Valley Sport and sporting clubs to build healthy sporting environments including H3O challenge.</p>	<p>4 sporting clubs engaged in Healthy 'Living' education sessions and or support;</p> <ul style="list-style-type: none"> Yea Water Tigers (5 exec members attended) Yea Football and Netball Club (2 x info sessions under 12 footballers , under 14 netballers total attendees 32, Broadford Junior Netball Club St Pat's netball club around H30 and water consumption <p>19 Nexus Facebook posts of healthy eating and H3O challenge reached 329 people with 17 likes, comments, shares</p>
<p>2.4 Partner with the Lower Hume Aboriginal Health and Wellbeing Plan to target the Aboriginal population.</p>	<p>Participation in the Local Aboriginal Network (LAN).</p> <p>Healthy eating initiatives implemented.</p>	<p>LAN events and the Lower Hume Aboriginal Health and Wellbeing Plan Report 2015-16 demonstrate partnerships with the Lower Hume Health Promotion Collaborative.</p>	<p>2 community garden workshops run in conjunction with Seymour Health and Lower Hume Aboriginal Health with 10 attendees. Evaluation as follows:</p> <ul style="list-style-type: none"> 4 males and 6 females attended the 2 workshops, all but 1 lived in Seymour 2 out of the 5 had established gardens at the beginning of the 1st workshop. Availability, price, being a fussy eater and not sure of foods taste and how to cook them were the main reasons that prevented attendees from eating fruit and vegetables. All 10 attendees found the workshops to be helpful. All 5 attendees in the 2nd workshop (4 of which attended both workshops) believed the workshops gave them the confidence and knowledge to grow and manage their own vegie patch at home. <p>1 sugar content in food and drink workshop at Seymour College with 20 Aboriginal and/or Torres Strait Islander students (4 secondary and 16 primary).</p> <p>Involved in Koorie Maternity Services Lower Hume Region Workshop to identify where the Mitchell Shire breastfeeding campaign and current services could link in.</p> <p>Agencies attended both the Seymour and Yea Aboriginal Meet and Greet Sessions, where Seymour Health assisted 2 families with referrals into the Dental Service, provided general oral health and healthy eating resources and built stronger partnership with the local KESO worker.</p> <p>Regular participation in LAN meetings, to share information on healthy eating. Numerous events with health and wellbeing information and resources displayed (Aboriginal and non-Aboriginal specific material).</p> <p>Nexus circulates emails received by the Lower Hume Aboriginal Health and Wellbeing Officer internally to staff to ensure information about initiatives or programs are passed on to clients.</p> <p>Nexus worked with LAN on the NAIDOC Week March in Seymour. Agency staff attended the march and Nexus had a stall at the end with information on health eating/healthy lifestyles with fresh fruit.</p> <p>Promoted Mens Gathering Event on Nexus social media page with a reach of 148.</p>

<p>2.5 Advocate for healthy eating to be included in local government policy and planning.</p>	<p>Number of healthy eating strategies in MPHWP action plans.</p> <p>Number of healthy eating initiatives implemented.</p> <p>Breastfeeding social marketing resource kit piloted in Mitchell.</p>	<p>Communicate regularly regarding annual Municipal Public Health and Wellbeing action plans and reports.</p> <p>Supported Mitchell Health & Wellbeing Expo with information and resources available on healthy eating.</p> <p>Breastfeeding resources distributed, launched “Communities Latching onto Breastfeeding” Campaign in Mitchell shire with initial needs assessment survey.</p>	<p>2 Municipal Health and Wellbeing Plans contributed to; Mitchell Shire and Murrindindi Shire</p> <ul style="list-style-type: none"> • Reported quarterly progress on annual action plans. • Breastfeeding resources distributed at 11 first mothers group nutrition and oral health workshops (total 39 parents and 39 babies) and 6 Smiles 4 Miles themed story time sessions (total 27 parents and 44 babies). • 8 Healthy Eating events supported in conjunction with Mitchell and Murrindindi Shire MH&W plans • 4 Healthy Eating strategies in Mitchell and Murrindindi Health & Wellbeing Plans 2015-16. • 6 Healthy Eating initiatives implemented in partnership with Mitchell & Murrindindi Shires, including a Healthy eating workshop at the Murrindindi Early Years Conference and healthy eating information provided at Mitchell Shire Health & Wellbeing Expo which reached approximately 200 people. <p>An evaluation survey of the Smiles 4 Miles themed story time sessions was completed by 3 of the 4 librarians that run story time sessions at the 7 libraries in Lower Hume. Results showed that:</p> <ul style="list-style-type: none"> - 100% found the stories for all 3 themed story time sessions were extremely adequate for the theme. - 100% found the information packs distributed to attendees as being valuable and engaged families regarding nutrition and oral health. - 67% believe the Smiles 4 Miles themed story time resource kit would be useful for libraries to sustain the sessions. - As a result of the resource kits 33% continue to use it to run themed activities each term, a further 33% hire out to community members and the remaining 33% use it to run a session once a year during either a nutrition or oral health week (mainly due to capacity). <p>Compiled resource kits for both Mitchell and Murrindindi Shire Maternal and Child Health (MCH) Centres and libraries to ensure the sustainability of these workshops and story time sessions.</p> <p>Within Mitchell Shire 43 businesses registered as Australian Breastfeeding Association ‘Breastfeeding Welcome Here’ businesses. All Mitchell Shire MCH centres display the World Health Organization Breastfeeding community awareness posters to engage the community around supporting mothers to breastfeed. The first community led breastfeeding support group session has commenced at Kilmore MCH centre as a result of the campaign.</p>
<p>2.6 Promote achievements to the community where appropriate utilising social media, newsletters and newspapers and request feedback.</p>	<p>Number of healthy eating media releases.</p> <p>Number of <i>hits and likes</i> of healthy eating messages on social media – Facebook Twitter and Blog.</p> <p>Reach of newspaper/newsletter.</p> <p>Reach of article (social media and website only).</p>	<p>Excel spreadsheet capturing media releases and Reach. Bi monthly reports recording social media and Reach.</p> <p>Health promotion noticeboards implemented and maintained.</p> <p>Newspaper reach (circulation run) total 43,690:</p> <ul style="list-style-type: none"> • North Central Review- 35,995 • Seymour Telegraph- 2,500 • Alexandra/Eildon/Marysville Standard Year Chronicle - 2,695 • Mountain Monthly- 2,500 	<p>12 media releases published showcasing healthy eating across 5 newspapers with reach of 43,690.</p> <p>3 Facebook sites with membership of 1,116 with an average post reach of 894.</p> <p>Monthly timeslot on local radio stations (OKR FM Kilmore and Seymour FM).</p> <p>Healthy Food Basket Data featured in state news with a focus on the price of healthy food compared to unhealthy food in regional areas.</p> <p>1 x weblog with membership of 43 including 11 schools and early years centres with average post reach of 29</p> <p>Breastfeeding awareness campaign promoted 5 businesses on Nexus social media pages. Promotion of campaign on OKRFM with details provided for any other businesses to sign up. Promotion of initial signups on Nexus social media reached 354 people.</p>

Priority Area	Alcohol Related Violence and Harm
Goal	“All young people in Lower Hume will experience supportive environments that promote responsible drinking”.
Target population group/s	Young people aged 12-25 years old throughout Lower Hume
Budget and resources	Nexus Primary Health 0.8FTE, Alexandra District Health 0.1FTE
Key evaluation question/s	<p>What factors (both positive and negative) impacted on the implementation?</p> <p>Have the interventions impacts and outcomes been achieved?</p> <p>Should all interventions be continued or developed further?</p>

From plan:		Your Report:	
Objective	Impact indicators	Evaluation methods/tools/timelines and responsibilities	Key results
<p><i>Reduce risk factors and increase protective factors in youth aged 12-25 throughout settings inclusive of youth groups, sporting clubs, schools and community services in relation to alcohol related violence and harm in Lower Hume by 2017</i></p>	<p>Maturing of partnerships from networking to collaboration.</p> <p>A more informed sector through broader access to knowledge and evidence-based resources.</p> <p>Health services have reoriented appropriately to become youth friendly.</p> <p>Better access to supportive relationships, and increased participation in community life, including social and physical activities.</p>	<p>Berms evaluation for 2015 program consisted of a brief group empowerment evaluation and coordinator reflection on partnerships through the VicHealth Partnership Analysis Tool.</p> <p>Number of resources distributed recorded to identify reach of information.</p> <p>Health information delivered through social media has demonstrated an effective method of reaching young people.</p> <p>Number of partnerships and collaborative projects identified ensuring all levels of young people are reached and at a variety of levels.</p>	<p>5 active partners involved in implementing the Berms Mountain Biking Program by ADH. 27 direct partners or collaborative groups identified by Nexus providing a diversity of reach and effectiveness.</p> <p>A sub-regional focus on alcohol related violence and harm has supported Nexus to obtain funding for the Don't Let it Get Ugly and social marketing campaign.</p> <p>Over 277 alcohol related resources distributed throughout the catchment, through show bags or #YOLO packs.</p> <p>Over 640 people have benefited from healthy lifestyle training delivered through sporting clubs.</p> <p>Social Media utilised to deliver health information to young people. Total reach of 3,972 people.</p> <p>Berms evaluation 2015 again demonstrated that participants benefited from specific protective factors including increased self-efficacy, increased learning and problem solving, improved peer relationships, and positive relationships with adults.</p>
Interventions/ Strategies	Process indicators	Evaluation methods/tools/timelines and responsibilities	Key results
<p>3.1 Promote appropriate alcohol prevention campaigns and resources</p>	<p>Number of resources distributed.</p> <p>Whenever You're Likely to Drink (WYLD) Evaluation.</p> <p>Local media promotion and record of promotion.</p> <p>Reach on social media and website.</p>	<p>Resources have been distributed across a variety of settings including sports clubs, youth groups, at youth and community events, and within alcohol retailers. All captured within the bi-monthly reporting.</p> <p>Use of online (social media and website) and radio platforms to promote relevant resources. Local media outlets utilised include (OKRFM, Seymour FM, Seymour Telegraph and North Central Review)</p>	<p>Nexus has a bi-monthly time slot on Seymour FM and Kilmore FM with Community Service Announcements to promote monthly initiatives such as Dry July. Nexus has promoted alcohol campaigns and resources 18 times via social media, like Australian Drug Foundation Grogwatch.</p> <p>3972 total reach and 87 likes, comments and shares on Nexus Facebook Page.</p> <p>2 articles promoted, 508 people reached, and 14 likes, comments and shares. A media release of Broadford Football Netball Club working with Nexus on #YOLO was released to social media and HWPCP Grapevine newsletter.</p> <p>2 media releases in local papers – Broadford Junior Netball Club (becoming Good Sports Accredited) and Seymour Junior Netball Club. As a result, Nexus have been contacted by another junior sporting club that have seen media release about in local paper. This is the second sporting club that have contacted Nexus due to local media promotion.</p> <p>The WYLD Project is promoted as a case study on Later Consulting's website, a company known for designing, delivering and evaluating national and state-level government primary care, population health, mental health and alcohol and other drugs programs.</p> <p>20 show bags distributed at the youth led event "Break the Chain" – a Health and Wellbeing Expo held in Seymour. Show bags included WYLD brochure, Redline breathalyser, Where's Your Head At? Pocket card, Cyber Tattoo, information on how to access Nexus Alcohol and Drug services.</p> <p>Nexus has attended Alexandra Men's Health Day and 'Hug your Neighbour Day' (Yea Junior Football Netball Club hold when they played Alexandra). Handed out 80 show bags overall, containing campaign materials</p> <p>80 show bags distributed at Kinglake community alcohol and drug education delivered by Nexus. Show bags contained information on; cannabis, alcohol, ice, amphetamine, WYLD Brochure, as well as information on how to access Nexus Alcohol and Drugs services.</p> <p>30 WYLD brochures have been distributed to the Seymour Flexible Learning Centre.</p> <p>15 show bags distributed at Don't Let It Get Ugly (DLIGU) campaign launch. Show bags contained information on: how to access Nexus alcohol and drug services, WYLD brochure, Redline Disposable Breathalysers, Where's Your Head At? Pocket card and Cyber Tattoo..</p> <p>Nexus had poster packs made up of the #YOLO social media posts. The poster packs consist of either A4 or A3 packs of 22 designs. 23 A4 packs and 7 A3 packs have been distributed to sports clubs, youth groups, libraries and schools.</p>

<p>3.2 Support the implementation of the Lower Hume Aboriginal Health and Wellbeing Plan</p>	<p>Participation in LAN. Number of alcohol initiatives.</p>	<p>LAN meeting minutes Project officer report Resource developed and distributed #YOLOLiveWell</p>	<p>Attendance at LAN meetings (60 members). Aboriginal Project worker conducted survey (n=12 respondents) to determine the health and wellbeing promotion needs of group and community to implement for the year.</p> <p>Stronger relationship with KESO worker resulted in greater engagement with younger people in schools and 2 'Meet and Greet' with Services (including youth services) in both LGA's , promoting available services and how to access them.</p> <p>Lower Hume Aboriginal Health & Wellbeing Project Collaborative Group met 6 times with an average of 10 participants, sharing and discussing local initiatives, youth related resources and approaches.</p> <p>Distributed 32 #YOLOLiveWell posters consisting of health promotion material surrounding sensitive health topics.</p> <p>Collaborative representatives attended NAIDOC week planning and march. Provided health promotion material on the day of the march.</p> <p>Currently working with Swan Hill Health to have posters re designed for Aboriginal and Torres Strait Islanders by the indigenous community.</p> <p>Nexus has promoted the partnership between VACCHO and the Australian Drug Foundations partnership in developing anti-drug and alcohol information on social media.</p>
<p>3.3 Develop the BERMS program to become sustainable in Alexandra Secondary College (ASC).</p>	<p>Participant and stakeholder feedback. Attendance at BERMS ride days, races and volunteering. Steering committee and governance model formed. Local champions engaged.</p>	<p>The 2015 BERMS program was evaluated using a brief version of the empowerment evaluation methodology. Number of rider engagement in the program. Promotion of the program. Steering committee minutes and transition planning details. Partnerships have continued to strengthen which is represented through a diverse representation on the steering committee (Alexandra Secondary College (ASC), Rubicon Outdoor Centre (ROC), Murrindindi Cycle Club (MCC), Victoria Police, rider parents and Outdoor Education Group Centre (OEG). MOU formed between ADH, ASC, ROC and MCC.</p>	<p>Evaluation findings identified positive outcomes from participation in the 2015, including the four tenets that foster resilience: learning and problem solving, mastery, improved relationships with peers and positive relationships with adults. Students were engaged in setting process goals for 2016.</p> <p>Participation for end 2015 had an average of 5.5 riders attend weekly sessions, 10 riders attend the Berms camp and 2 riders compete in a state level race. Low numbers of attendees in the winter months led to a revision of the program from 3 terms duration to two terms for 2016. The 2016 first half-program recorded an average of 8 students participating each week. Three organisations ran the program as a collaborative partnership with the highest program engagement from the participants to date. High numbers of at-risk participants demonstrated the efficacy of the partnerships in coordinating the program.</p> <p>Program promotion included rider photographs and a short video being posted on the school Facebook page. There was a lower focus on promotion this year with time resources being invested in the program business plan and partnerships.</p> <p>As a result of completing the CO-OPs Sustainability Matrix, the Berms Steering Committee was established in 2015 to support the sustainability of the program. In January 2016 new steering committee members were recruited with a focus of implementing a transition plan for program sustainability once Alexandra District Health (ADH) withdraws from its coordination role end June 2017. Five partners reviewed the MOU; a new draft was written up and is currently being finalised. Rubicon Outdoor Centre will become the lead agency in a collaborative partnership with Alex Secondary College (ASC).</p>
<p>3.4 Work collaboratively with young people across Lower Hume, to raise awareness of health risks, anti-social behaviours and other risky behaviours caused by binge drinking.</p>	<p>Number of sports clubs and alcohol retailers engaged. Number of education sessions delivered and number of participants. Number of hits on social media. Number of accredited clubs that maintain Good Sports and Healthy Sporting environments accreditation. Number of requests for education sessions. Consultation with the community regarding new resources.</p>	<p>Engagement in partnerships to work on initiatives and records of activities are in bi monthly reports and minutes. Nexus and Mitchell SC are working in partnership on a travelling exhibition known as 'Elly the Elephant' to raise awareness of Violence Against Women. It is a two year project, January 2015 to December 2016 Nexus has posted various times on their Facebook page to raise awareness of anti-social and other risky behaviours including alcohol, drugs and family violence. 3972 total reach and 87 likes, comments and shares on Nexus Facebook Page.</p>	<p>Nexus works in partnership with Valley Sport to engage local sporting clubs to build healthy sporting environments. This resulted in RSA training at Broadford football netball club to 23 people.</p> <p>Drug and Alcohol Education delivered with Broadford Junior Netball Club (12 participants), Seymour Football Netball Club, Yea Football Netball Club and VCAL Broadford. Nexus was present at 'Hug Your Neighbour Day', an event Yea Junior Football Netball Club hold when they play Alexandra.</p> <p>Nexus and Mitchell SC held the inaugural White Ribbon Day Cup between Broadford Cricket Club and Avenel Cricket Club to launch Elly the Elephant and increase community engagement. Event included an Ambassador from Melbourne Renegades and Mitchell Youth Council.</p> <p>Elly the Elephant has been promoted through local networks, several posts on social media and 5 x on local radio (Seymour FM and OKRFM). 20 show bags containing white ribbon campaign information, Elly the Elephant and Nexus Family Violence service information. Elly the elephant was present at Mitchell Shire Health and Well Being Expo with 200+ participants present with 44 other health focused stall.</p> <p>Nexus, with the support of Mitchell SC, Victoria Police, Koolin Balit, Valley Sport and Alco Cups, has obtained funding from Helen Macpherson Smith Trust to further engage young people on risky behaviours.</p>

			<p>Nexus, with the support of Victoria Police, have presented to St Marys College in Seymour on Respectful Relationships and Sexting and interactive education to Seymour College. 150+ students. Nexus completed interactive alcohol and drug education with Victoria Police to increase awareness about risky social behaviour reaching 60 people.</p> <p>Nexus has engaged 8 sports clubs (4 senior and 4 junior) and one youth group to work collaboratively with to create sustainable community settings that are inclusive, safe and raise awareness of risky behaviours. There has been policy development with all clubs and 2 x clubs have invited Nexus to league meetings. And as a result of information provided at league meetings by clubs to other clubs, new clubs have engaged.</p> <p>Nexus has completed 2 consultations with young people across different groups in the Lower Hume in regards to Don't Let It Get Ugly social marketing campaign to ensure the messages are conveyed effectively and are relevant to the target audience.</p> <p>Of the 10 students who have led the preparations for the DLIGU campaign launch, 5 have signed up as volunteers at Nexus. Throughout the month of October they have been delivering Meals on Wheels. It provides an opportunity for them to develop resilience, enhance their leadership skills, as well as the opportunity to positively engage in the wider community. 1 media release in North Central Review and on Nexus Website.</p> <p>Nexus presented at the Goulburn Valley and North East Victoria Sexual Health Network Meeting on Nexus, the Don't Let It Get Ugly (DLIGU) Project and sexual health initiatives with schools.</p> <p>Sexual Health education delivered to 100 Broadford Secondary College students aged 15-16 years.</p>
<p>3.5 Support incidental activities in relation to alcohol</p>	<p>Record of support provided.</p> <p>Bi monthly reports.</p> <p>Number of alcohol initiatives supported.</p> <p>Number of Secondary Schools engaged in implementing the Alcohol and Drug Benchmark of the Victoria Prevention and Health promotion Achievement Program.</p>	<p>Minutes of meetings attended are a record of activities and support provided</p> <p>Bi monthly reports captures activities involved in the various memberships and initiatives that Nexus are involved in</p> <p>Excel spreadsheets report on the progress of AP</p>	<p>Nexus is</p> <ul style="list-style-type: none"> - A key stakeholder of the Hume Crime Prevention Meeting and promotes relevant services/programs when required. Nexus and other stakeholders are developing an Alcohol Forum Plan - A member of the Seymour Liquor Accord. - A primary stakeholder of the Youth Drug and Alcohol Advice (YoDAA) service and is in regular contact - Working in partnership in with Wallan Secondary College with the a Young Person's Health Clinic running in the school with the aim to increase access to health services (information, testing and treatment) for young people. - Continually working in partnership with Yea High School to deliver to Party Safe and Creating Conversations – alcohol and drug programs that's are delivered annually to 15 – 16 year old students and their families. - Attendee at the Sexual Health Network Meeting - Goulburn Valley and Northeast Victoria and will continue to attend this network meeting held by Centre for Excellence in Rural Sexual Health. <p>Nexus has engaged all secondary schools in the Mitchell Shire in regards to the Achievement Program (Alcohol and Drug Benchmark).</p> <p>Nexus has provided condoms and alcohol information to Mitchell Shire Youth Drop in Centres and Youth Rooms as well as promoting and attending (Nexus Youth Alcohol and Other Drugs Worker) Mitchell SC Freeza event - Silent Disco.</p> <p>Nexus and Victoria Police delivered interactive education to 150+ Seymour College students.</p>
<p>3.6 Advocate for alcohol related violence and harm to be included in local government policy and planning.</p>	<p>Number of alcohol prevention actions and strategies in MPHWA action plans.</p> <p>Number and reach of strategies implemented.</p> <p>Participation in youth network and outcomes of network.</p>	<p>Actively involved in health planning across Mitchell and Murrindindi and regularly attend all local government strategy meetings.</p> <p>Municipal Public Health and Wellbeing annual action plans and reports.</p> <p>Meeting attendance and minutes. Nexus has provided feedback to Mitchell SC on the Youth Strategy action plan.</p>	<p>Nexus is:</p> <p>A member of the Mitchell SC Youth Strategy Steering Committee and Murrindindi Youth Partnership.</p> <p>A key stakeholder of both the Mitchell and Murrindindi Health and Wellbeing Plans, providing input and feedback, and is accountable to what's in the action plan, reporting regularly on the progress and delivery of actions.</p> <p>An active participant in the Mitchell Youth Strategy 2014-2017.</p> <p>A member of the 'Working together better: improving population health in the outer northern growth corridor' group facilitated by the Hume Whittlesea Primary Care Partnership on new and existing initiatives.</p>

Priority Area	Capacity Building		
Goal	All PCP members will work collaboratively on IHP for the benefit of local communities through the sharing of resources, knowledge, expertise and good will.		
Target population group/s	Lower Hume PCP member and partner agencies		
Budget and resources	Lower Hume PCP IHP Coordinator's time		
Key evaluation question/s	Has the program been implemented as intended? What unanticipated positive and negative impacts/outcomes have arisen from the intervention? How can the implementation of the plan be improved in the future?		
From plan:	Your Report:		
Objective	Impact indicators	Evaluation methods/tools/timelines and responsibilities	Key results
To build the capacity of Lower Hume IHP member agencies to work collaboratively to plan, implement and evaluate primary prevention at a catchment level on regional and sub-regional priorities.	<p>Planning, implementation and process of developing plan based on research and evidence of local need across catchment.</p> <p>Improved integration of HP planning process across LH funded IHP agencies.</p> <p>Enhanced organisational learning and improved practice through evaluation and dissemination of findings.</p> <p>More efficient and effective targeting of resources – through integrated planning, implementation and evaluation of the LH Regional and Sub-regional plans.</p> <p>Organisations take a leadership role in IHP planning implementation and evaluation.</p> <p>Partnerships between member agencies mature from networking to collaboration where applicable.</p> <p>Greater portion of planned HP initiatives delivered in partnership with the local community and other organisations.</p>	<p>Collaborative reports developed by agencies throughout the year demonstrates targeting of resources, maturing of partnerships and leadership. PCP facilitates joint initiatives by maintaining progress and editing work.</p> <p>VicHealth partnership analysis completed within Lower Hume Health Promotion Collaborative and results compared to previous years to evaluate partnerships.</p> <p>Formal evaluation of Hume Region health Promotion Strategy (HRHPS). Final report May 2016</p>	<p>All member agencies endorsed Lower Hume IHP Plan evaluation report for year 2 and year 3 plan update in October 2015</p> <p>Partnership analysis and report completed which was discussed to identify if/where actions were needed. Confirmed the many partnerships across local community and other organisations.</p> <p>Food surveys report being finalised. Agreed a useful baseline for second collection of data for this year.</p> <p>Facilitated the HFB process report and draft media release on findings.</p> <p>Annual review of Collaborative completed, with no changes to Terms of Reference and meeting and reporting suggestions implemented.</p> <p>Findings from the evaluation of Hume Region Integrated Health Promotion Strategy identified the following benefits:-</p> <ul style="list-style-type: none"> All agreed that health promotion activity is more efficient at a catchment level since the implementation of the regional strategy and agencies are working together – sharing resources and skills. Working towards shared goals over a longer term has enabled a strong focus, better use of resources and is supported more broadly across organisations. Organisations report developing partnerships with new and different organisations and have connected with key community leaders. Many reflected that partnerships have been strengthened through a more tightly articulated focus of action. Opportunities for professional development held within the region are much more affordable for agencies both in terms of registration fees and time required for staff to be away from organization. Development of communications systems and use of technology such as dropbox and videoconferencing was viewed by all as critical and has facilitated collaboration.
Interventions/ Strategies	Process indicators	Evaluation methods/tools/timelines and responsibilities	Key results
4.1 Facilitate the planning, implementation, evaluation and reporting of the LHPCP IHP plan 2012-2017	<p>Evaluation indicators collected to measure process and impact.</p> <p>Strategies implemented according to expected timeframes.</p> <p>Member agencies share reporting responsibilities fairly.</p> <p>Support provided to meet Department of Health reporting requirements.</p>	<p>Implementation of Lower Hume IHP Plan monitored through revised bi-monthly report spreadsheets that document process and impact measures. Spreadsheets modified from 2015 reporting template to facilitate collation of annual reports. An Excel spreadsheet used to monitor progress through the Achievement Program cycle.</p> <p>2015/16 Annual Evaluation Report developed collaboratively by member agencies, led by Seymour Health and supported by Lower Hume PCP IHP Coordinator. Support provided included development of a reporting process with timelines, and editing reports for consistency.</p> <p>Reviewed 2014-15 reporting process to inform 2015-16 processes.</p>	<p>The second collaborative annual report was compiled by agencies/coordinator, supported by previous IHP coordinator, and submitted to DHHS on time. Case Study submitted to DHHS on 'The success of collaborative Lower Hume Prevention work'</p> <p>Reviews of Collaborative excel spreadsheets for agencies completed to ensure effective measurement of progress and impact. Bi-monthly template reviewed and updated to suit agencies and ease of regular reporting for annual report and process communicated. Annual review of HP collaborative survey completed by 7 people. Summary report developed and distributed. Suggestions incorporated. Terms of Reference of Collaborative tabled no changes.</p> <p>Bimonthly reports and progress charts completed Oct, Dec, Feb, April and June</p> <p>HP Collaborative meetings attendance July (7), September (6), October Forum (15),</p>

	<p>Participation in PCP IHP State-wide network.</p> <p>Participation in monthly Hume IHP Coordinators meetings.</p> <p>Resources shared across Hume region.</p> <p>Joint capacity building activities implemented across Hume region.</p> <p>Agencies actively participate in Lower Hume Health Promotion Collaborative meetings to support implementation and evaluation of the IHP plan.</p>	<p>Minutes confirm 100% participation in PCP IHP State-wide network meetings by Lower Hume PCP. Information from meetings distributed back to LH HP Collaborative through meetings and emails.</p> <p>Minutes confirm 100% attendance at Hume IHP Coordinator meetings and agenda items identify joint capacity building initiatives. Sharing of resources and joint work occurs through Dropbox folder.</p> <p>Lower Hume HP Collaborative meeting minutes show attendance, participation and information sharing. Partnership Analysis and group discussions informed Terms of Reference review and a revised meeting schedule.</p>	<p>November (6), Feb (6), March (9), April workshop (22), May (5), June (6). Minutes distributed to 22 recipients.</p> <p>PCP state-wide meeting 100% attendance (2). Information disseminated. Building Socially Inclusive Rural Communities presentation replicated locally in Seymour for 22 participants.</p> <p>IHP Coordinator meeting 100% attendance (11). Hume region sharing of plans, reports, capacity building activities – mapping of mutually reinforcing activities of healthy eating evidence based practices and shared measurement identified 5 initiatives in at least 3 out of 4 PCP's – acknowledged opportunity and need for greater shared measurement tools.</p> <p>Hume prevention e-bulletin October (CHPCP 88 subscribers), December (GVPCP 91 subscribers), February (UHPCP 90 subscribers), May (LHPCP 86 subscribers), July (CHPCP 94 subscribers).</p> <p>Hume region strategy evaluation Reference Group: Worked with Consultant and DHHS to develop brief, stages, timelines and costs, key stakeholders, and relevant documentation -LHPCP 1 focus group held (n=4), 2 agency managers participated in key informant interviews and Regional IHP coordinator focus group (n=2 LHPCP). - Key enablers and barriers identified and 12 recommendations communicated in final report</p>
<p>4.2 Provide support and guidance on organisational approaches to IHP</p>	<p>Be informed of Hume Workforce and Quality Working Party Meetings.</p> <p>Resources developed and disseminated.</p>	<p>No meetings held. Health Promotion Managers toolkit still remains in draft form.</p>	<p>No meetings held. Kit dissemination on hold.</p>
<p>4.3 Support member agencies through training and workforce development opportunities</p>	<p>Circulate training opportunities via email, meetings, and prevention e-bulletin.</p> <p>Organise two forums a year with local training and networking opportunities.</p> <p>Include HP skills training in Hume community of practice.</p> <p>Audit HP skills amongst LHPCP IHP member agencies and Hume Region.</p>	<p>Upcoming Professional Development opportunities on Lower Hume HP Collaborative meeting agendas and minutes.</p> <p>Prevention e-bulletin also utilised to promote training opportunities. Number of training opportunities counted.</p> <p>Two Lower Hume Health Promotion Collaborative Forums/Workshops held through 2015/2016. November forum attended by 15 members (including funded and non-funded agencies, DHHS and community groups). April workshop attended by 22 people (partners, community groups, DEET, DHHS, LG) Focussed on Building Socially Inclusive Rural Communities.</p> <p>Hume region Health Promotion Community of Practice held in December 2015 based on Partnerships and Settings, with presentations from each PCP, the coordinators and reflection/discussion sessions.</p> <p>Evaluations and follow up actions were tabled at IHP coordinators meeting actioned and summarised to be incorporated into future events.</p>	<p>Prevention e-bulletin disseminated to an average of 89 subscribers and promoted a total of 14 training opportunities, collaborative mins/agenda disseminated to 22, with average of 3 training opportunities each month. Training opportunities also circulated via email.</p> <p>Local Health Promotion/Prevention forum (n=15 attendees) Community members and HP workers and presented on their local Healthy Eating work, as well as partner presentations. From the evaluation: 50% (n=5) said they 'Learned things that will inform my practice' and 61% said 'probably' or 'definitely' would apply what they learned from each of the presentations</p> <p>The April Building Socially Inclusive Rural Community Workshop (n=22 attendees) evaluation (n=15) showed 81% said the training would influence their practice with in their organisation. 33% said they would definitely embed the learning's from the training into their organisation, and 40% said somewhat.</p> <p>Hume Region Community of Practice (LHPCP attendees – 3 plus IHP Coordinator) evaluation showed that participants got the most out of: 'networking, sharing of work, future planning workshopping ideas' – a good summary of all the responses 50% (n=7) said they 'Learned things that will inform my practice'</p> <p>VicHealth presentation Dec (2 LHPCP attendees)</p> <p>Regional Forum Improving the health and wellbeing of communities in the Hume Region using collective impact. n=4 attendees from LH building skills around systems thinking and collective impact</p>
<p>4.4 Provide member agencies a platform and opportunity to network, share and learn from each other.</p>	<p>Agencies utilise the LH HP Collaborative Dropbox to record evaluation indicators, share resources and work on joint activities.</p> <p>Maintain Hume region HP contact list.</p> <p>Sharing of stories and evaluation reports occurs within and between Hume PCP catchments.</p>	<p>Lower Hume HP Collaborative Dropbox folder facilitates information sharing and efficiency in achieving joint capacity building activities. Dropbox also utilised to store resources for reporting.</p> <p>Hume region IHP contact list on Dropbox, updated in March, agencies are encouraged to update their details and contact their colleagues in other areas that are working on similar initiatives.</p> <p>Hume Community of Practice Evaluation Report highlights the networking benefits of the event.</p>	<p>All agencies using Dropbox to regularly to store share and work on joint pieces of work. Joint activities progressed through the Lower Hume Health Promotion Collaborative Dropbox folder include healthy food basket surveys, analysis of nutrition survey results and reporting. 894 files shared through Dropbox folder.</p> <p>Lower Hume Health Promotion Collaborative Forums are facilitating networking with broader partners.</p> <p>Annual PCP reports disseminated through e-bulletin.</p> <p>80% of those who attended the Hume Region Health Promotion Community of Practice</p>

	Hold one Community of Practice per year.		<p>identified that it had increased their networks. When asked what benefits they gained from the Community of Practice on follow up, 5 respondents highlighted networking.</p> <p>Prevention e-bulletin showcasing successes (Dec LHPCP and GVPCP) March (UHPCP), May (UHPCP, CHPCP, LHPCP and Regional)</p> <p>Dec Community of Practice (LHPCP attendees – 3 plus IHP Coordinator) was about partnerships and settings. Evaluation: 71% (n=10) benefited from increased networks, and 67% said they would 'share a particular resource with others (n=8).</p> <p>November forum (15) evaluation: 60% (n=6) benefited from increased networks, 78% (n=29) responded that the forum has been 'Quite useful' or 'Very useful' in expanding knowledge of HP.</p> <p>April Building Socially Inclusive Rural Community Workshop evaluation comments showed there was learning from each other. The 'good stuff' highlighted was 'Diversity of voices in the room', 'lots of opportunity for discussion' and made 'new contacts'.</p>
4.5 Disseminate findings from our work and ensure we are contributing back to the evidence base	<p>At least one training opportunity provided to develop skills in presenting, abstract writing and conference presentations.</p> <p>Conference presentations and journal articles.</p> <p>Hume Region Planning toolkit developed.</p>	<p>Abstract submissions and presentations by Hume IHP Coordinators recorded in Dropbox folder.</p> <p>Monitoring training promoted and resources developed through E-bulletin and Dropbox.</p> <p>Hume Region Planning Toolkit compiled by Hume IHP Coordinators is currently on hold. This resource may be finalised in readiness for the upcoming four year planning process.</p>	<p>Prevention e-bulletin promoted 7 conferences for agencies to submit abstracts to.</p> <p>Alexandra District Health was successful at the VicHealth Awards for their Community Action Research project.</p> <p>IHP Collaborative agenda promoted 3 opportunities for submitting abstracts.</p> <p>Presentations: Some member agencies took the opportunity to present at our local forum with their community partners (n=2) ADH presented at the Hume Region Partnerships and Settings Community of Practice on the TFO and Nexus presented at Bendigo youth conference.</p> <p>Hume Region IHP coordinators collaborated on a case study in booklet produced by Vic PCP's – "Collaboration for maximising reach: Hume Region Integrated Health Promotion Strategy" Dec 2015</p> <p>IHP Coordinator created AGM poster and presentation titled "Collaboration in Health Promotion and Prevention"</p> <p>Supported ADH to submit abstract for National Primary Health Care conference.</p> <p>Lower Hume PCP presented on the Street Harvest project at the 2015 Future of Local Food Forum.</p>
4.6 Support and continue to build the IHP workforce in the Hume region.	<p>Agencies informed of funding opportunities.</p> <p>Students recruited.</p>	<p>Funding opportunities disseminated through Prevention e-bulletin and emails.</p> <p>No university students engaged this year.</p> <p>Number of students contributing to the plan</p> <p>Student work</p>	<p>4 funding opportunities provided in emails and Hume Prevention E-bulletin.</p> <p>No students directly engaged this year except in the programs themselves; Berms, schools, ELC, sporting clubs etc.</p>