

Priority Area	Healthy Eating and Active Living
Goal	<i>Lower Hume communities support healthy eating and physical activity.</i>
Target population group/s	Families (with a focus on equity and vulnerability)
Objective	Increase the community's capacity to design and implement local solutions that create environments that support healthy eating and physical activity choices
Budget and resources	Alexandra District Health 0.63 FTE; Nexus Primary Health 1.2 FTE; Seymour Health 0.2 FTE; Yea and District Memorial Hospital 0.2 FTE Other partners: Murrindindi Shire Council, Mitchell Shire Council, Valley Sport, Lower Hume Aboriginal Health and Wellbeing Program, LHPCP Smiles 4 Miles coordinator Facilitator – Lower Hume Primary Care Partnership (LHPCP) Prevention Coordinator
Key evaluation questions	What factors (both positive and negative) impacted on the implementation? How have barriers been addressed? What impact has the program had on populations facing greatest inequality? Have all strategies been appropriate and effective in achieving the impacts and outcomes? What opportunities have emerged? How have they been utilised? Have levels of partnership and collaboration increased? Based on the learnings of the last 12 months, what are the next steps?

Lower Hume Prevention Annual Action Plan 2020-2021

Endorsed by:

Debbie Rogers – CEO Alexandra District Health	Amanda Mullins – CEO Nexus Primary Health	Ward Steet – CEO Seymour Health
Lorina Grey – Director of Nursing/Management Yea & District Memorial Hospital	Lee Coller – Interim Executive Officer Lower Hume Primary Care Partnership	

IMPACTS		
Impact indicators	Evaluation methods and tools	Timelines and responsibilities
<ul style="list-style-type: none"> (1) Working as a Collaborative to implement and evaluate the Prevention Strategic Plan. (2) Improved workforce development in systems and health promotion. (3) Increased community engagement through planning and delivery of targeted communications. 	<ul style="list-style-type: none"> (1) Annual Collaborative review: focus group and questionnaire, with reflective process using results. Collaboration in quarterly and annual evaluation reporting and submitting on time to DHHS. (1) Meeting attendance and leadership, peer support, reflective practice for health promotion staff. (1) Collaborative minutes, action plans and annual review. 	Quarterly reporting Dec 2020, March 2021 and June 2021. DHHS annual report August 2021. Plan review October 2021. ALL PARTNERS July 2020 to June 2021 ALL PARTNERS

<ul style="list-style-type: none"> ● (4) Increased community awareness of a systems approach to influence healthy eating and physical activity. ● (5) Increased community participation and empowerment in community led solutions that target healthy eating and physical activity. ● (6) Increased cross sector partnerships for environments that support healthy eating and physical activity. ● (7) Encouraging community members from diverse backgrounds to engage in activities promoting healthy eating and physical activity. 	<ul style="list-style-type: none"> ● (2) Internal and external partner uptake of 5 systems approach and health promotion initiatives ● (6) Diverse and sustained community participation in developing and implementing community driven actions promoting healthy eating and physical activity. ● Quarterly reporting of: <ul style="list-style-type: none"> ○ (5, 6) Action tracker comparison of engaged community members and number of community led solutions 2019, 2020, and 2021 ○ (5, 6) Number of new and existing partnerships that support healthy eating and physical activity. ○ (7) Number of strategies used to engage people from diverse background ○ (7) Number of people from diverse backgrounds engaged ○ (3, 4, 7) Methods of engagement (i.e. social and print media, presentations, journals, and informal discussions) ○ (4) Story Bank to capture increase knowledge of how different factors relate to healthy eating and physical activity (systems thinking)- Quarterly Reporting 	<p>Quarterly reporting of initiatives and monthly check-ins via Prevention Collaborative. July 2020 to June 2021 ALL PARTNERS</p> <p>Quarterly reporting Dec 2020, March 2021 and June 2021 ALL PARTNERS</p>
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Strategies	Actions	Process indicators	Evaluation tools/timelines /responsibilities and scale of importance
<p>1.1: Facilitate a community-based systems approach to support community led solutions</p> <p><i>The RESPOND project reflects multi-level actions and cross-sector effort, partnering</i></p>	<p>1.1.1 LHPCP Prevention Collaborative members continue to build understanding and capacity to implement and sustain a systems process.</p>	<ul style="list-style-type: none"> ● Number of workers attending Systems Thinking training. ● Number of mentors supporting the group. ● Pre and post self-assessment of capacity. ● Number of other capacity building activities (including informal or incidental learning such as peer support or reflective practice). ● Reflective practices implemented and utilised. ● Use of systems mapping /process for other areas of work /issues. 	<p>Minutes, quarterly reports, capacity survey.</p> <p>Quarterly reporting Dec 2020, March 2021 and June 2021 ALL PARTNERS</p> <p>Self-Assessment of capacity ALL PARTNERS November 2020 (pre) to June 2021 (post)</p> <p>Scale: High (this intervention is High because of the level of understanding needed by the Collaborative to continue to create meaningful and sustainable ‘buy in’ from the community.)</p>

<p><i>with Deakin University, funded agencies, partners, and local communities. This is a whole of systems approach and component of the larger-scale implementation of the RESPOND program across both Goulburn and Ovens Murray Areas. RESPOND is based on systems science/thinking and part of each of the actions, but specifically 1.1.2 and 1.1.5.</i></p>	<p>1.1.2 Support and promote ‘Grow Well Dindi’ (local RESPOND) and systems thinking/processes to community, organisations and leaders (Murrindindi Shire only).</p> <p><i>NB: RESPOND Implementation for Step 2 communities (ie: Mitchell Shire) has been delayed by one year (to 2022) as a result of Covid.</i></p>	<ul style="list-style-type: none"> • ‘Grow Well Dindi’ marketing plan and materials designed and implemented, with regular review. • Adoption of ‘Grow Well Dindi’, logo and key messages, by 5 community organisations (i.e. sporting clubs, Achievement Program sites, neighbourhood /community hubs, food security sites). • Number of community partners/leaders and members informed of ‘Grow Well Dindi’ and systems thinking model. • Number of methodologies to engage (# flyers, Facebook, print media, posters, local radio). • Number of tools supporting promotion produced (e.g. action comms tracker). • Systems thinking incorporated in community meetings via tools. • Share stories of community led actions and innovations. 	<p>Timeline and task list (LHPCP - December 2020) with allocated activities for ‘Grow Well Dindi’ (RESPOND) implementation ALL PARTNERS - December 2020 to June 2021</p> <p>Attendance records and observation at community presentations/meetings. Verbal feedback from community members face-to-face, via email and phone to determine awareness and engagement levels. ALL PARTNERS - Quarterly reporting Dec 2020, March 2021 and June 2021</p> <p>“Story Bank” narrative data. ALL PARTNERS - July 2020 to June 2021</p> <p>Scale: High</p>
	<p>1.1.3 Engage with and support 2 LGAs in Recovery Plans and development of Municipal Public Health and Wellbeing plans 2021 - 2025 (MPHWP)</p>	<ul style="list-style-type: none"> • Contributions and participation in consultations to MPHWP and recovery plans • Number of integrated and shared actions between recovery plans/ MPHWPs and Prevention Collaborative initiatives • Number of shared methodologies to engage (# flyers, Facebook, print media, posters). • Number of engaged LGA/ community leaders • Broaden collaboration within 3 LGA teams through co-benefits of healthy eating and physical activity (i.e. environmental teams and verge gardens, recreation and outdoor spaces and physical activity etc.) 	<p>Quarterly report/review of Recovery Plan action items ALL PARTNERS Quarterly reporting Dec 2020, March 2021 and June 2021</p> <p>ALL PARTNERS Quarterly reporting Dec 2020, March 2021 and June 2021</p> <p>Community contacts collated utilising LHPCP Prevention Collaborative members’ networks/ contacts. ALL PARTNERS - June 2021</p> <p>Scale: Medium</p>
	<p>1.1.4 Engage groups from diverse backgrounds (i.e. Aboriginal people,</p>	<ul style="list-style-type: none"> • Broaden collaboration with 3 organisations that serve diverse populations (neighbourhood/ 	<p>Community contacts collated utilising LHPCP Prevention Collaborative members’ networks/ contacts. All PARTNERS - July 2020 to June 2021</p>

	LGBTQIA+, people with disabilities, CALD people) in community led solution generation and actions across Murrindindi and Mitchell Shire.	<p>community houses, LGBTQIA+ service/ support provider, Menzies and Goulburn Options)</p> <ul style="list-style-type: none"> • Number of internal diversity and inclusion actions and initiatives. • Number of representatives of groups from diverse backgrounds engaged. • Document feedback from community members of diverse backgrounds on needs and perspectives to strengthen relationships. 	<p>Attendance records at collaborative and other relevant meetings. ALL PARTNERS - July 2020 to June 2021</p> <p>Quarterly reporting. ALL PARTNERS - Quarterly reporting Dec 2020, March 2021 and June 2021</p> <p>“Story Bank” narrative data. ALL PARTNERS - July 2020 to June 2021</p> <p>Scale: High</p>
	1.1.5 Support community to adapt, create, implement and sustain community led solutions and actions relevant (Murrindindi only).	<ul style="list-style-type: none"> • Number of actions on register (status). • Number of communication/follow ups with individuals/groups/community meetings. • Number of community members engaged in health promotion initiatives. • Number of training/support (resources) offered to community e.g. facilitator / running meetings training. • Number of network opportunities • Share and celebrate stories of community led actions and innovations. 	<p>Action register and “Story Bank” narrative data reported quarterly All PARTNERS - July 2019 to June 2020</p> <p>Attendance from community meetings, trainings, and networking opportunities. ALL PARTNERS - July 2020 to June 2021</p> <p>Scale: High</p>
	1.1.6 Promote and implement food security initiatives including the development of food security resources, food security education and engaging community settings to increase availability of healthy, affordable food.	<ul style="list-style-type: none"> • Number of resources developed and disseminated that support food security • Minimum of 5 community and/or service settings provided with food security resources • Hold 3 food security education sessions (delivered in community and/or service settings) and number of participants in attendance • Number of community and/or service settings that have made changes to increase availability of healthy, affordable food • Number of towns and LGA’s implemented 	<p>Observations and data collection during initiatives. ALL PARTNERS – July 2020 to June 2021</p> <p>Quarterly reporting. ALL PARTNERS - Quarterly reporting December 2020, March 2021 and June 2021</p> <p>SCALE: High</p>

Strategies	Actions	Process indicators	Evaluation tools/timelines /responsibilities and scale of importance
1.2: Build, strengthen and maintain partnerships to create environments that support healthy food and physical activity choices across Murrindindi and Mitchell Shire	1.2.1 Continue to support Smiles 4 Miles (S4M) program.	<ul style="list-style-type: none"> • Drink Well Eat Well (DWEW) surveys evaluation (Jan 2020 to December 2020). • Number of services awarded for Smiles 4 Miles. • Number of educators trained for Smiles 4 Miles. • Number of services with menus approved by HEAS and number of children receiving the required dietary intake for long day care (as of December 2020). 	<p>Lower Hume Oral Health Plan July 2020-December 2020 Annual report and quarterly reporting LHPCP S4M Coordinator - July 2020 to June 2021</p> <p>Scale: High</p>
	1.2.2 Continue to support healthy eating and physical activity initiatives in all settings and partnering with groups from diverse backgrounds (i.e. Aboriginal people, LGBTQIA+, people with disabilities and CALD people)	<ul style="list-style-type: none"> • Number of holistic initiatives partnered with Aboriginal Health & Wellbeing Project • Number of initiatives partnered with Diversity and Access Project Workers. • Engage 3 community groups/ service providers who include people from diverse backgrounds involved in initiatives. 	<p>Observations and data collection during initiatives. ALL PARTNERS – July 2020 to June 2021</p> <p>Quarterly reporting. ALL PARTNERS - Quarterly reporting Dec 2020, March 2021 and June 2021</p> <p>Scale: High</p>