



Prevention Annual Evaluation 2017-2018

Lower Hume Primary Care Partnership

AUTHORS:

Jaimie Poorter (Seymour Health, Yea & District Memorial Hospital and Lower Hume PCP)

Chris Wasley (Alexandra District Health)

Jennie Gao (Nexus Primary Health)

Lee Coller (Lower Hume PCP)





Chris McDonnell - Chief Executive Officer



Lorina Gray - Director of Nursing/Manager



Debbie Rogers - Chief Executive Officer/Director of Nursing



Suzanne Miller - Chief Executive Officer

Lower Hume Prevention Annual Evaluation Report 2017 - 2018

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 (ADH) 0.4FTE; Nexus Primary Health (Nexus) 1.6 FTE; Seymour Health (SH) 0.2FTE; Yea and District Memorial Hospital (Y&DMH) 0.2FTE Other partners: Murrindindi Shire Council, Mitchell Shire Council, Valley Sport, Aboriginal Project Worker, LHPCP Smiles 4 Miles (S4M) coordinator Facilitator – LHPCP Prevention Coordinator
Key evaluation question/s	What factors (both positive and negative) impacted on the implementation? What impact has the program had on populations facing greatest inequality? Have all strategies been appropriate and effective in achieving the impacts and outcomes? Have levels of partnership and collaboration increased? How will the program or the impacts of the program be sustained beyond the funding timeframe?

IMPACTS			
Impact indicators	Evaluation methods and tools	Timelines and responsibilities	Key Results
Working as a Collaborative to implement and evaluate the Prevention Strategic Plan.	Meeting attendance and leadership, peer support, reflective practice for health promotion staff. Quarterly reporting. Partnership analysis tool or similar. Collaboration in annual evaluation reporting and submitting on time to DHHS.	ALL AGENCIES June 2018.	Terms of Reference reviewed and finalised. Monthly Meeting regularly reviewed and changes adopted. 4 year Strategic Plan and Annual Action Planning meetings: Aug (11 attendees, 8 org represented), Sept#1 (9), Sept#2 (6), Oct & Nov. Prevention Strategic Plan collaboratively created and signed off by all members. Monthly Collaborative meeting attendance - average 7 - rotating chair. March and June 2018 quarterly reporting completed. Collaborative process created for annual report. Use of Slack and Google Docs (online collaboration tools) (and protocols) to communicate and share information and docs, reviewed and agreed to continue using both.
Improved workforce development in systems and health promotion.	Individual and organisational audit (OMG wide), including evaluation and dissemination. Collaborative minutes, action plans and annual review.	ALL AGENCIES baseline June 2018.	Regional audit postponed. Co-created pre and post Systems Capacity Evaluation showing perceived levels of knowledge and confidence in systems thinking and processes had improved. Slack, minutes and action plans reflect continued sharing, collaborating to improve workforce capacity in systems and health promotion. Reflective practice agenda item assisted in understanding 'systems'.
Measure shift in community capacity to design and implement localised solutions.	-	-	Due to delayed RESPOND* grant approval, Community capacity tool not finalised. *NB:RESPOND is a 5 year NHMRC grant, in partnership with 10 other organisations across the Ovens Murray Goulburn Region for shared community responsibility for the health of our children. Originally communication of grant outcome was scheduled for November/December 2017, and it was announced in May, impacting what work we could do.
Increased cross sector partnerships for environments that support healthy eating and physical activity.	-	-	Due to delayed RESPOND grant approval, Partnerships evaluation tool not finalised.
Community members with lived experience of disadvantage engaged in and are part of development of activities that promote healthy eating and physical activity.	Quarterly reporting of number of strategies used to engage people with lived experience of disadvantage and number of people engaged with lived experience of disadvantage.	ALL AGENCIES annually for all communities.	Prevention Collaborative have increased knowledge and capacity for engaging vulnerable families, through workshops and training, however not implemented due to delay in RESPOND grant.

Strategies	Actions	Process indicators/evaluation methods and tools	Timelines and responsibilities	Key Results
1.1: Facilitate a community based systems approach to support community led solutions.	LHPCP IHP Collaborative member's complete systems thinking training. Build understanding and capacity to implement a systems process.	<ul style="list-style-type: none"> Number of workers attending Systems Thinking training. Pre and post training evaluation. Number of mentors supporting the group. Pre and post self-assessment of capacity. Number of other capacity building activities (including informal or incidental learning like peer support, reflective practice). 	SH YDMH ADH Nexus LHPCP Training by March 2018 and ongoing. March 2018 and June 2018.	<p>Training attendance and feedback provided to LHPCP and Prevention collaborative included a total of 11 different training programs, including:</p> <ul style="list-style-type: none"> 2 types of training on systems thinking attended by 2 members. 1 type of collective impact training attended by 1 member. 2 presentations on systems thinking and RESPOND project attended by 10 members. 1 story sharing and evaluation of systems training attended by 1 member. 2 online courses in systems thinking attended by 2 members. 2 systems thinking software downloaded and trained in by 2 members. 5 undertook self-training for Slack (online collaboration tool), self-directed study. <p>Peer learning occurred through Slack, emails and meetings with sharing of information/documents as well as reflective practice during meetings. Systems Community of Practice sessions facilitated by The Australian Prevention Partnership attended by 2 members across a total of 6 sessions. The number of mentors engaged across the collaborative is 3, 2 presented at our Collaborative meeting.</p> <p>Capacity building evaluation:</p> <ul style="list-style-type: none"> Co-created pre and post systems thinking capacity surveys evaluated understanding and confidence in systems thinking, 88% (n=7) members responded. Results indicate: <ul style="list-style-type: none"> 'Good understanding of systems knowledge' increased from 29% to 57% participants, 'poor understanding' declined from 14% to 0%, 'Not at all confident to implement systems thinking approach' decreased from 14% to 0%, 'not confident' decreased from 57% to 29%
	Discuss and promote systems thinking process with all relevant community partners and stakeholders required to create community based system solutions.	<ul style="list-style-type: none"> Number of community partners/stakeholders and members informed regarding systems thinking model. Number of community partners and stakeholders engaged. Number of stakeholders engaged. Number of methodologies to engage (# flyers, media, posters). 	SH YDMH ADH Nexus LHPCP By 30 June 2018. March 2018 and June 2018.	<p>Communication strategies commenced:</p> <ul style="list-style-type: none"> Communication strategy for standardisation of communication. Research on best online engagement methods/platforms. Slack selected, use reviewed and changes implemented. Developing communications package and community surveys. Mapping of potential partners/stakeholders and contacts Draft Stakeholder list mapped for each community with people/organisations/groups who need to be communicated with and engaged in training – ongoing One page summary of RESPOND project drafted for regional partners to endorse. <p>Communication and engagement with community has included (delayed due to late grant approval):</p> <ul style="list-style-type: none"> 23 community partners/stakeholders informed of systems thinking approach. Organised to present at the Murrindindi Services Network Group.
	Support Deakin University's measurement of baseline childhood obesity and obesity related lifestyle behaviours in Lower Hume (If NHMRC funding 2017 submission for RESPOND project successful).	<ul style="list-style-type: none"> External support for LHPCP to implement RESPOND model secured. Baseline and follow up childhood obesity rates and lifestyle behaviours in Lower Hume measured. Results fed back to community Number of schools and children participating in data collection. Number of reports disseminated to community/stakeholders. 	LHPCP Notification of funding success Feb 2018. Planning for measurement rollout March/April 2018.	<p>Attended meetings with Deakin and DHHS for support and approval of interim activities. RESPOND grant approved May 2018, funds to be released in second 6 months of 2018, when other actions will begin. Both Mitchell and Murrindindi children will have monitoring data collected early 2019.</p>
	Assess community partners and stakeholders readiness to act and engage. (NB: Will determine first community/s to participate in System process).	<ul style="list-style-type: none"> Results of Community group and stakeholder readiness to act survey (Community Readiness to Change Survey or similar). Asset mapping of community resources (including financial) 	SH YDMH ADH Nexus	<p>Development of Community Readiness:</p> <ul style="list-style-type: none"> Researched 6 community models and developed community readiness online survey. Deakin University indicated Tri-Ethnic Centre Approach to be used. Community Readiness on hold as part of RESPOND funding Deakin to develop this process. <p>Murrindindi Shire was identified by Deakin as the initial LGA for community intervention, and Mitchell will receive community interventions in phase 2 in 2020/21.</p>

		<ul style="list-style-type: none"> Number of community partners and stakeholders ready to engage and create community based system solutions. First community and Lead agency determined for Systems thinking process. 	LHPCP March 2018.	
Other actions deferred to 2018-2019 action plan, as RESPOND project funding approval not announced until May 2018.				
1.2: Engage vulnerable families in community led solution generation.	Explore, build understanding and determine best practice measurement of engaging vulnerable families.	<ul style="list-style-type: none"> Clear methodology identified to measure engagement of vulnerable families. Number of strategies used to engage vulnerable families. 	SH YDMH ADH Nexus LHPCP June 2018 (Ongoing).	<p>Research and sharing of information regarding methodology and best practice for engaging vulnerable families included:</p> <ul style="list-style-type: none"> 8 Workshops/trainings around strategies for engaging vulnerable families attended by Preventative Collaborative members, including one delivered by member of Prevention Collaborative. Engaging Vulnerable families workshop presented at March Collaborative forum. 15 attendees, 11 organisations. Evaluation (n=8) of the question "how useful the presentation was in expanding their knowledge" received the following results - 7 (88%) people rated it 'Quite or Very useful', with 1 'Somewhat useful'. Learnings shared from workshops attended at Prevention Collaborative Meetings. <p>Bridges out of poverty training held in December 12/13 in Collaboration with Upper Hume PCP (UHPCP), Central Hume PCP (CHPCP) and Goulburn Valley PCP (GVPCP), with 139 participants, including 8 sponsored positions. Evaluation completed and feedback given to venue and caterers. 87% evaluation response rate. On average course received a rating of 9/10 overall and 84% would recommend to their colleagues.</p> <p>Strategies used to engage vulnerable families</p> <ul style="list-style-type: none"> Valley Sport targeting low SES participation via Benalla project, awaiting learnings to inform other initiatives Murrindindi Shire Council piloting Community Engagement framework (draft to be finalised) Mitchell Shire Council offer community bus for purpose of transporting vulnerable families/individuals to future workshops
	Partner with the Lower Hume Aboriginal Health and Wellbeing Plan to support the Aboriginal population.	<ul style="list-style-type: none"> Number of 2 way conversations about healthy eating and physical activity to inform the process. Number of Aboriginal representatives engaged in planning process and workshops. 	LHPCP June 2018 (Ongoing).	<p>LH Aboriginal Health and Wellbeing Plan supported/partnered:</p> <ul style="list-style-type: none"> LH Aboriginal Health and Wellbeing Program Officer presented at Prevention Collaborative meeting - "An Aboriginal Person Carries with them" resource to increase awareness of cultural burdens and considerations.
Other actions deferred to 2018-2019 action plan, as RESPOND project funding approval not received until May 2018.				
1.3: Build, strengthen and maintain partnerships to create environments that support healthy food and physical activity choices.	Continue with Smiles 4 Miles program and support Early Years Services with Achievement Program.	<ul style="list-style-type: none"> Eat well drink well surveys evaluation. Number of services awarded for Smiles 4 Miles. Number of educators trained for Smiles 4 Miles. Number of services awarded for Achievement program advanced standing. 	LHPCP (S4M) June 2018 (ongoing).	<p>In 2017 88% (37) of Early Childhood Services (ECS) registered for the Smiles 4 Miles (S4M) program, 23 worked through the year 1 award cycle, reaching 1,752 children and their families. In 2018 89% (41) of ECS registered for the S4M program, reaching 2,046 children and their families.</p> <p>As of June 2018 there was a 83% (29) S4M award rate, with 57% (20) ECS receiving awards in 2017-2018 and 26% (9) ECS had current awards. An award article ran in 3 local newspapers, reaching 38,690 community members.</p> <p>Delivered 7 face to face S4M training sessions with 36 educators from 6 ECS. Also 11 educators from 3 ECS completed online refresher S4M training.</p> <p>Assisted 4 ECS with their Healthy Eating Advisory Service (HEAS) menu assessments and all were approved, ensuring 526 children received the recommended dietary requirements for long day care sessions.</p> <p>During 2017 100% (17) ECS in year 1 award cycle completed their pre and post DWEW surveys on kids lunch boxes. As the kids surveyed in the pre survey (n=320 kids) was significantly higher than the kids surveyed in the post survey (n=258 kids) so comparisons of statistical significance could not be made. However pre and post survey did show that kids:</p>

				<ul style="list-style-type: none"> - drank soft drink pre 2% (n=5) and post 2% (n=5). - drank water pre 98% (n=313) and post 95% (n=246). - consumed packaged snacks pre 56% (n=178) and post 52% (n=135). - consumed healthy snacks pre 94% (n=301) and post 87% (n=225). - consumed healthy lunches pre 73% (n=234) and post 99% (n=256). - consumed unhealthy lunches pre 22% (n=71) and post 11% (n=28). <p>None of the eligible ECS's took up the offer of support to apply for Achievement Program (AP) advanced standing for the healthy eating and oral health benchmark in 2017/18.</p>
Continue to support new and existing food security and healthy eating initiatives (inc physical activity initiatives).	<ul style="list-style-type: none"> • Numbers of initiatives supported and reach. • Number of people/community group involved in initiative. 	SH YDMH ADH Nexus LHPCP (S4M) June 2018 (Ongoing).		<p>Consulted with Mitchell Shire Council and Murrindindi Shire Council on their Municipal Public Health & Wellbeing 4 year implementation plans, annual action plans and evaluations.</p> <p>Partnered in 2 Health and Wellbeing Expos and 1 Information Session; with Mitchell Shire Council, Puckapunyal Army Corp, and Murrindindi Firefoxes. A total of 130 people were provided with healthy eating and oral health information, resources and referral pathways into relevant health services for two sessions, and the third to be held in August 2018.</p> <p>Collaborated with 4 neighbourhood/community houses to: organise and record 5 community member's experiences/outcomes regarding involvement in healthy eating initiatives; funding opportunities and solutions to Yea community garden relocation; relocation of Triangle Food Op-Shop and auspice agreement; and run 1 healthy eating accessible event with a focus on cooking demonstration with a disability.</p> <p>Supported 1 community group and 2 settings: to address poverty and food security issues by hosting collection points for food and other item drop off; assisted parents to increase healthy options at the weekly canteen and provided them with links to HEAS / NSW canteen websites; and Dietician ran 4 healthy eating activities that promote good nutrition for children, engaging with 15 mothers attending introduction to solids and 13 pre-schoolers attending practical healthy eating session.</p> <p>Promoted to our networks and communities the Premier's Active April Challenge, H30 Challenge, Walk to School, Dental Health Week and Try for 5.</p> <p>One member completed training to become local area coordinator for Heart Foundation Walking Group, to commence in Kinglake 2018-2019.</p> <p>A presentation on Dad's impact on Kid's health by Deakin PHD researcher, along with Engaging Vulnerable Families workshop, had 15 attendees, from 11 organisations at the March Prevention Collaborative Forum. Evaluation (n=8) The rating of the question how useful was the presentation in expanding their knowledge, 5 (63%) participants marked; 'Quite useful' or 'Very useful', 2 scored it 'Useful' and 1 'somewhat useful. 6 (75%) ticked overall for both sessions 'I will definitely apply what I learned' (to my work).</p> <p>In response, an article regarding the influence fathers have on the diet quality of their young children ran in 2 local newspapers in June 2018, with a circulation reach of 38,690 community members.</p> <p>Presented to Murrindindi Shire Councillors on the relatively high statistics of food insecurity for the area and the projects that have seen successes over the last four years to improve both the culture of healthy eating and access to affordable and healthy food. It included robust discussions, recommendations for Council and opportunities for continued partnership.</p> <p>2 sporting clubs involved in Healthy Fridges project in Lower Hume, reducing sugar sweetened beverages. 1 sporting club in Mitchell assisted with strategy to increase participation of women and youth.</p>
Support schools still involved in Achievement Program.	<ul style="list-style-type: none"> • Number of healthy eating / physical activity activities within schools. • Number of schools awarded for 	SH YDMH		<p>Currently 55% (15) of primary schools (PS) and 52% (15) of ECS within Lower Hume are registered for AP. In 2017-2018 1 registered PS has been supported to work through the achievement program and 14 registered ECS were offered support to apply for advanced standing, but weren't interested. The AP coordinator at Alexandra Primary School has commenced completing online recognition</p>

		<p>Achievement Program (AP).</p> <ul style="list-style-type: none"> Reach. 	<p>ADH Nexus LHPCP (S4M) June 2018 (Ongoing).</p>	<p>documentation, none have been awarded. However AP registered Primary Schools's and ECS's are implementing edible gardens (13), cooking programs (3), health rules student representative group (1), walk to school (4) activities, reaching 861 ECS and 258 Primary School kids and families.</p> <p>Poster on the outcomes of the Lower Hume Healthy Eating Surveys was presented at the 2017 Goulburn Valley Health Annual Research Fair in Shepparton, and was awarded Best Poster Presentation.</p> <p>The research article from our Healthy Eating Surveys was published in National Rural Health Alliance (NRHA) Partyline June Issue No. 63, reaching 12,000 email subscribers and viewed 94 times. "OK I'll eat more fruit. But veggies? Do I have to?" was written in collaboration with a University of Melbourne researcher.</p>
	<p>Continue to partner with the Lower Hume Aboriginal Health and Wellbeing Plan to support the Aboriginal population.</p>	<ul style="list-style-type: none"> Number of healthy eating and physical activities partnered with Aboriginal Project worker. Number of Aboriginal community groups / people involved in initiatives. 	<p>SH YDMH ADH LHPCP June 2018 (Ongoing).</p>	<p>Assisted with planning and promoting the Seymour NAIDOC event in July 2018 in collaboration with Lower Hume Aboriginal Health & Wellbeing Project Worker and Seymour Local Aboriginal Network (LAN).</p> <p>Partnered with Mitchell Shire Council Aboriginal Maternal & Child Health Initiative Worker to organise and resource healthy eating and oral health workshops with the aboriginal supported playgroups in August 2018.</p> <p>Collaborated with Lower Hume Aboriginal Health & Wellbeing Project Worker to plan and attend the Aboriginal Health Checks Day at ADH, with 12 staff from 7 services engaging, with a family of 6, regarding healthy eating and oral health information, benefits, resources and referral pathways into relevant health services.</p>