

Central Hume Prevention Plan 2020 – 2021
Prevention Annual Action Plan July 2020 to June 2021

Health Promotion and Prevention agencies in the Central Hume region are working collaboratively to address Healthier Eating and Active Living as a regional priority. This recognises the Healthy Eating and Active Living priorities identified in the Victorian Public Health and Wellbeing Plan 2019-2023, demonstrating a line of sight from state-wide directions through to local action.

We are committed to providing evidence based integrated health promotion and will do this by applying the place-based primary prevention principles. A focus will be on delivering outcomes for communities, particularly vulnerable people, with strengthened accountability and measures of progress.

The Central Hume Prevention Plans (strategic and annual action) work on primary prevention with a place-based approach as defined below.

Primary prevention: aims to prevent problems occurring in the first place by eliminating or reducing the underlying causes, controlling exposure to risk, and promoting factors that protect health and wellbeing, safety and social outcomes. This includes action on the determinants of health and wellbeing, safety and social outcomes.

Place-based approach: recognises that people and place are inter-related, and that where people spend their time plays an important role in shaping their health and wellbeing.

Catchment approach

The Annual Action Plan implements the Central Hume Prevention Strategic Plan 2017 – 2021. A catchment approach has been taken to develop the Central Hume Prevention Strategic Plan and Annual Action Plan.

Partner Agencies:

Alpine Health (non IHP funded partner)

Mansfield District Hospital (IHP funded partner)

Benalla Health (IHP funded partner)

Northeast Health Wangaratta (IHP funded partner)

Gateway Health (IHP funded partner)

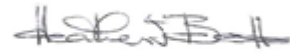
Through the planning process we have developed strategic partners and will work collaboratively with the four local governments in Central Hume, the two sport assemblies, local agencies and the community, to improve healthy eating and active living in the Alpine Shire, Benalla Rural City, Mansfield Shire and the Rural City of Wangaratta.

For the year 2020-2021, COVID-19 has created a number of changes in how we work, pivoting and adapting. This plan may adapt to accommodate pandemic restrictions.

Gateway Health has a 0.8 EFT role that will see the remaining 6 months of a maternity leave role not backfilled due to insufficient funds.



Emma Ghys – Community Manager



Heather Betts – Operational Director - Healthy Communities



Jacki Eckert - General Manager Population Health, Planning & Performance



Melanie Green –Director of Operations



David Kidd – Director Partnerships and Well Ageing



Interventions & Activity at a Glance - Central Hume Prevention Annual Action Plan 2020 – 2021			
	Objective 1: Improve healthy eating	Objective 2: Increase physical activity	Objective 3: Be accountable and work in partnership
Catchment wide across the 4 LGAs of Central Hume	<ul style="list-style-type: none"> RESPOND North East Local Food Strategy Network Promote healthy food and drink messages to raise awareness at events and campaigns Social marketing promotion of state wide Health Promotion initiatives 	<ul style="list-style-type: none"> RESPOND Workplace Wellbeing 	<p>Governance Structure</p> <ul style="list-style-type: none"> Integrated Care and Prevention Systems Planning Network – quarterly meetings Monitor Central Hume Prevention Strategic Plan and Central Hume Prevention Annual Action Plan implementation through Central Hume PCP's <u>four Local Partnerships</u> and the Integrated Care and Prevention Systems Planning Network <p>Partnership development</p> <ul style="list-style-type: none"> Ovens Murray Regional Partnership Local Governments (4) Sports Assemblies (2) <p>Capacity Building</p> <ul style="list-style-type: none"> Central Hume Prevention Working Group meetings Community of Practice – Prevention Network Workforce skills matrix <p>Accountability</p> <ul style="list-style-type: none"> Annual Prevention reporting to DHHS for Central Hume catchment Evaluation: annual and four years Central Hume work shared on DHHS Prevention website.
Alpine LGA	<ul style="list-style-type: none"> Healthy Workplaces Healthy Food Connect 	<ul style="list-style-type: none"> Healthy Workplaces Active Alpine Initiative 	
Benalla LGA	<ul style="list-style-type: none"> Benalla Grow Your Own Food Cents INFANT Program Breastfeeding SMS Project Healthy Food Connect Schools & Early Childhood Pregnancy Journey Maps Communities Latching On to Breastfeeding Campaign 	<ul style="list-style-type: none"> Benalla Park Run Benalla Lakeside Equipment Benalla Grow Your Own INFANT Program Active Living Mapping Project 	
Mansfield LGA	<ul style="list-style-type: none"> Healthy Workplaces Schools & Early Childhood-RESPOND Project Breastfeeding working group and support INFANT Program planning 	<ul style="list-style-type: none"> Volunteer Training for Affordable Exercise Program RESPOND Project INFANT Program Planning 	
Wangaratta LGA	<ul style="list-style-type: none"> INFANT Program Breastfeeding SMS Project Wangaratta Community Food Hub Healthy Choices Guidelines (food outlets & schools) Breastfeeding App Pregnancy Journey Maps Healthy Start to Pregnancy Smiles 4 Miles Healthy Workplaces (Workplace Achievement Program) Healthy Food Connect Schools & Early Childhood Communities Latching on to Breastfeeding Campaign 	<ul style="list-style-type: none"> INFANT Program Schools & Early Childhood RCoW Active Living Mapping Project RCoW Active Living Network Healthy Workplaces (Workplace Achievement Program) 	



Interventions & Activity at a Glance - Central Hume Prevention Annual Action Plan 2020 – 2021			
	Objective 1: Improve healthy eating	Objective 2: Increase physical activity	Objective 3: Be accountable and work in partnership



Priority: Healthy Eating in the Central Hume Catchment

Strategic Goal 1: Improve healthy eating

Budget/EFT:

Benalla Health (BH) – 0.5 EFT
 Gateway Health (GH) - 1.1 EFT
 Northeast Health Wangaratta (NHW) - 0.3 EFT
 Alpine Health (AH)- 0.5 EFT (not IHP funding)
 Mansfield District Hospital (MDH)- 0.2EFT

Objective, Timeframe and Scale <ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30 % What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	Progress measure/s (Effect/Outcome) <i>What will measure whether or not we are achieving this change? E.g. changes in knowledge, behaviour, environments, policies</i>	Evaluation Method/Tool <i>How we will obtain that data? e.g. existing data sources, focus groups, observation</i>	Baseline Position and Expected Change/Target <i>What is our starting point and how much do we expect it to change?</i>	Contributing Agencies	Key Results (Qualitative and Quantitative) <ul style="list-style-type: none"> What has been the effect of the work? What has changed? What could we have done better?
	<ul style="list-style-type: none"> Increase consumption of fruit and vegetables Increase breastfeeding rates Decrease consumption of sugar sweetened drinks Increased use of water as a beverage of choice Reduce the consumption of discretionary food and drink Reduce the number of people presenting with oral health issues Reduce obesity & overweight rates 	<p>Victorian (adult) Population Health Survey measures.</p> <p>Child & Adolescent Health Survey measures?</p> <p>RESPOND data</p>	<p>Baseline (reference data source):</p> <p>3.9% of the Hume population meet the sufficient vegetable and fruit intake.</p> <p>51.9 of the Hume population are pre obese or obese</p> <p><i>Obese/pre obese</i></p> <p>-Mansfield 16.3% / 27.8</p> <p>-Benalla 26.9% / 28%</p> <p>-Wangaratta 16.9% / 33.1%</p> <p>-Alpine 13.5% / 30.2%</p> <p>Proportion of children presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending a public dental service 2014-16 (current data not yet publicly available)</p> <p>Wang: 20% 0-5years, 49% 6-8 years</p> <p>Benalla: 29% 0-5 years, 66% 6-8 years</p> <p>Mansfield: 65% 6-8 years</p>	<p>Contributing Agencies:</p> <p>Central Hume Primary Care Partnership</p> <p>Benalla Health</p> <p>Northeast Health Wangaratta</p> <p>Mansfield District Hospital</p> <p>Gateway Health</p> <p>Alpine Health</p>	

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



			(screening data at a service level is available from NHW dental clinic on request) Breastfeeding rates: Wangaratta- Expected Change:		
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Strategy 1.1 Deliver a range of initiatives to increase access to healthy food and drink in multiple settings.

Intervention, Timeframe and Scale <ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	Process Measure/s (Effect) <i>What will measure what we did and how well we did it? E.g. reach, timeframes</i>	Evaluation Method/Tool How we will obtain the data? E.g. #people contacted, attendance rates	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency/ Locality	Key Results (Qualitative and Quantitative) <ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons Any other external resources (Grants, in-kind, additional resources) 	Reflection
Implement Benalla Grow Your Own Project, supporting local families to grow their own food	Support n=74 families with garden boxes Remaining funding to build/repair 3x garden beds Complete Spring and Autumn Planting with families in partnership with St Vincents and the school	Ethics approval granted to repeat evaluations with all participants in 2020 (n=74). Forward evaluations to Sidney Myer Foundation (Grant Acquittals)	Baseline: Nil baseline Expected Change: Self-reported change in above outcome measures. Reduced food insecurity (# times accessing emergency food relief)	Lead Agency: Benalla Health Locality: Benalla Contributing Agencies: St Vincent De Paul Society of Benalla, BRC, Beechworth Corrections, Benalla Men's Shed, Waminda Community House. Benalla P12 School		
Work with Rural City of Wangaratta to implement the Healthy Choices Guidelines at the Indoor Sports & Aquatic Centre café by June 2021	# or % of Green, Amber and Red options available in relation to the Healthy Choices Guidelines Resources provided are being used (e.g. marketing materials, menu items classified)	Menu assessments are conducted to measure green, amber and red Records of Alfred Health marketing materials, FoodChecker assessments, resources being used	Baseline: previous café menu did not meet healthy choices guidelines Expected Change: New café menu meets the Healthy Choices Guidelines	Lead Agency: Gateway Health Locality: Wangaratta LGA Contributing Agencies: Rural City of Wangaratta, Victorian Healthy Eating Advisory Service, Alfred Health, NHW		
Work with secondary schools in the Rural City of Wangaratta to implement Healthy Choices Guidelines in school canteens by June 2021	#schools, students & staff # or % of Green, Amber and Red options available in relation to the Healthy Choices Guidelines	Menu assessments are conducted to measure green, amber and red Feedback from students & staff (e.g. online survey with participating schools)	Baseline: only one school canteen meeting the healthy choices guidelines Expected Change: Increase in healthy food & drink options (green &	Lead Agencies: Gateway Health Northeast Health Wangaratta Locality: Wangaratta LGA		

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



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<p>Provide healthy eating and active living information (including grants, resources, support available, including Achievement Program resources) to all schools in the Rural City of Wangaratta</p>	<p>Resources provided (e.g. marketing materials, menu items classified)</p>	<p>Records of marketing materials, FoodChecker assessments, resources being used</p>	<p>amber) and sales at school canteens</p> <p>Increased marketing of healthy (green & amber) options</p>	<p>Contributing Agencies: schools, Victorian Healthy Eating Advisory Service, Achievement Program</p>		
<p>Implement the INFANT Program for new parents in partnership with Deakin University (focus on healthy eating and active living)</p> <p>Continue to deliver the InFANT project in Benalla LGA (third year)</p> <p>Coordinate the training and first stage implementation of the InFANT program in Wangaratta & Indigo LGAs as per Deakin University's project plan by June 2021</p> <p>Mansfield planning to partner with MSC MCH in 2021, and join Research</p>	<p>Scoping: # explore feasibility, minimum requirements available personnel</p> <p># agencies involved</p> <p># of new LGAs implementing InFANT</p> <p>Delivery: # parents engaged # sessions attended # of parents engaged on a low-income card</p> <p>Impact outcomes (healthy eating and active living in parents and children)</p>	<p>InFANT Evaluation survey after 12-month session</p> <p>Feedback from services involved</p> <p>Deakin University evaluations</p>	<p>Baseline: Nil- N/A as babies (<3 months old)</p> <p>Expected Change: Self-reported change in impact/outcome measures</p> <p>Infant program implemented across the whole CHPCP area and into UHPCP</p> <p>Better service delivery for young families in the CHPCP and consistency in what's been delivered across all of catchment</p> <p>Increase in number of facilitators trained across CHPCP</p>	<p>Lead Agencies: Benalla Health, Gateway Health</p> <p>Locality: UH and CH PCP catchments</p> <p>Contributing Agencies: Northeast Health Wangaratta, Mansfield District Hospital, Alpine Health, RCoW- MCH, Indigo Shire, Beechworth Health</p>		



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project hosted by Deakin University						
<p>Wangaratta Community Food Hub</p> <p>Work with partners and community to establish pilot co-design kitchen gardening program for people on low incomes by June 2021</p> <p>Continue to support the cooking program as needed.</p>	<p>Funding applications submitted</p> <p>Pilot co-design kitchen garden program is established</p> <p># attending participants and demographics</p> <p>Increased participant skills/knowledge in food gardening</p> <p>Increased participant social connection</p> <p>Amount of food grown in garden used by the community</p> <p>Cooking program evaluation data.</p>	<p>Pilot co-design kitchen garden program: -</p> <ul style="list-style-type: none"> Pre/post program: weekly feedback, tutor/staff feedback <p>Kitchen Garden: -</p> <ul style="list-style-type: none"> Keep record of garden produce going to Emergency Food Relief (EFR) and cooking program and other community initiatives <p>Cooking program evaluation tools.</p>	<p>Baseline: No existing garden program, currently an established garden</p> <p>Expected Change: Increased skills/knowledge in growing food</p> <p>Increased fresh produce in EFR & cooking program and other community initiatives</p> <p>Increase in social connection opportunities for people on low incomes</p>	<p>Lead Agency: Gateway Health</p> <p>Locality: Wangaratta LGA</p> <p>Contributing Agencies: Pangerang Community House, Anglicare Victoria, Holy Trinity Cathedral</p>		
<p>Implement and promote the Breastfeeding SMS System through various mediums</p> <p>NHW SMS system suspended due to limited</p>	# parents on SMS system	Evaluation survey (via phone) after 8 weeks of SMS (after 2 months old)	<p>Baseline: NHW-currently does not have the system in place</p> <p>Expected Change: Self-reported breastfeeding rates, self-reported confidence etc</p>	<p>Lead Agency: Benalla Health, Northeast Health Wangaratta,</p> <p>Locality:</p>		



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staff capacity and COVID-19				Benalla, Wangaratta LGA Contributing Agencies: Gateway Health		
Mansfield Breastfeeding working group Maintain and support breastfeeding rates for Mansfield families by developing and monitoring systems and initiatives to provide seamless service	#Partnerships with Primary Care agencies Partnership with ABA	Bi-monthly meetings planning, implementing and evaluating strategies to support breastfeeding families in Mansfield	Baseline: Current working group established over 5 years ago, supporting research, surveying families, contributing to breastfeeding friendly mapping in Mansfield Expected change: Ongoing improvements in breastfeeding awareness and support services in Mansfield	Lead Agency: MDH Locality: Mansfield LGA Contributing Agencies: ABA MMC MSC		
Increase support for and awareness of breastfeeding via the update and promotion of the new Breastfeeding App for pregnant women, parents of infants for the Ovens Murray catchment by June 2021	# of downloads # links clicked # media events and articles # User friendliness	Feedback received via Focus Group App Analytics Collected records of media events Facebook analytics Website analytics	Baseline: Nil baseline Expected Change: Improvements achieved in the app to meet needs Increased promotion of the app to health professionals and new parents Increased downloads	Lead Agencies: Gateway Health, Northeast Health Wangaratta Locality: Central Hume Catchment wide Contributing Agencies: Benalla Health MDH Alpine Health		
Promote and evaluate antenatal and postnatal	Distribution points of maps	Feedback from: <ul style="list-style-type: none"> Practitioners 	Baseline: Nil	Lead Agencies:		

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



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resources to service providers and the community by June 2021	Reach of maps across the catchment # of Health Services involved #print outs #of different types of maps now available for distribution	<ul style="list-style-type: none"> New mums Health services Hume Region Maternity Services Network Pregnancy Journey Maps Project Plan Google analytics Facebook analytics	Expected Change: All maternity services in the Hume Region to be providing consistent resources to health professionals and pregnant women	Gateway Health Northeast Health Wangaratta Locality: Central & Upper Hume Catchments Contributing Agencies: Benalla Health Alpine Health Albury Wodonga Health Yackandandah Health Service Yarrawonga Health Mansfield District Hospital Tallangatta Health		
By June 2021, research and develop a project plan for the "First 1000 days" for pregnant women, parents of infants in Wangaratta Development of further maps such as the breastfeeding journey map, first 6 weeks postnatal for mum and baby	#Agencies involved #Action plan developed Community needs assessment with recommendations Partnerships established for creating an Early Years Network	<ul style="list-style-type: none"> RCoW Mapping project for existing support for young families Qualitative consultations with community and service providers 	Baseline: Nil Expected change: A clear project plan and brief developed with key partner agencies involved	Lead Agency: Gateway Health Locality: Rural City of Wangaratta Contributing Agencies: RCoW-MCH Kismet Health		

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



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	Resource development					
Adapt & Implement <i>Healthy Start to Pregnancy Program</i> <i>Suspended due to COVID-19 and limited staff capacity</i>	# of sessions # of participants # of evaluation forms completed Feedback from evaluation	Attendance records Session evaluations Feedback from health professionals	Baseline: Nil Expected Change: Program has been implemented as part of routine antenatal care	Lead Agency: Northeast Health Wangaratta Locality: Rural City of Wangaratta LGA Contributing Agencies: Gateway Health Mater Mothers Hospital Brisbane		
Implement the Smiles 4 Miles program, an Oral health promotion program for kindergartens and long day care centres focusing on 3 key messages – Eat Well, Drink Well, Clean Well	Lunchbox Surveys Dental screening data # of services participating # of children program is reaching	Number of lunch box surveys conducted Number of screenings conducted including if any follow up treatment was required (No screenings conducted in 2020 due to COVID-19) Number of services awarded	Baseline: As of January 2020, we have 21 services enrolled in the program covering Wangaratta, Benalla, Mansfield and Beechworth. This is capturing 1100 children. Expected Change:	Lead Agency: Northeast Health Wangaratta Locality: Wangaratta Benalla Mansfield Beechworth Contributing Agencies: NHW Dental Clinic Kindergartens and long day care centres in Wangaratta, Benalla, Mansfield and Beechworth		

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



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Resume implementation of Alpine Home Harvest Project, supporting local families & community members to grow their own food (currently postponed due to Covid-19)	# boxes installed (goal total 10 in Myrtleford by April 2021) Plan for extension of project (within Myrtleford and/or to other towns) Participant feedback, pre & post evaluation (Dec 2020 for existing) Support existing participants	Pre evaluation survey 6/12-month post installation survey	Baseline: pre survey Expected Change: Self-reported change in above outcome measures. Reduced food insecurity (# times running out of food)	Lead Agency: Alpine Health Locality: Alpine Contributing Agencies: DHHS, Beechworth Corrections, Myrtleford Men's Shed, Benalla Health, Alpine Shire		
Work with local and regional Emergency Food Relief agencies to improve access to fresh food for community members in need (ongoing)	# agencies involved / new partnerships Increase in fresh food access Increase in prepared meals	Agency data # emergency food provision # prepared meals # free food tables Monthly meeting minutes Collaborative action/projects	Baseline: Current emergency food relief system lacks coordination and equitable access Expected change: An emergency food relief system that is coordinated and provides equitable access across LGAs in the CHPCP catchment	Lead agencies: Alpine Health Gateway Health Benalla Health MDH Locality: Alpine Wangaratta LGA Benalla LGA Contributing agencies: Albury Wodonga Regional FoodShare, Anglicare Victoria, Neighbourhood Houses, transport businesses,		

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



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				<p>schools, community members, Alpine Food Security Working group, Local councils</p>		



Strategy 1.2 Support community initiatives that promotes fruit and vegetable intake, reduces sugary drink consumption and promotes water as the beverage of choice, through supportive policies, social, environmental & educational initiatives.						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency/Locality	Key Results (Qualitative and Quantitative)	Reflection
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<p>Support workplaces to build healthy environments for their employees (Workplace Achievement Program)</p>	<p>Resources developed and made available for workplaces</p> <p>Staff health and wellbeing feedback</p> <p>Number of workplaces engaged with regarding workplace health</p> <p>Number of workplaces registered with the Achievement Program</p> <p>Progression & completion of Achievement Program health priority areas</p> <p>Improvements in # green meals (Benalla Health)</p> <p>Workplace Achievement Program training delivered by Cancer Council in CHPCP catchment</p>	<p>Staff health and wellbeing surveys</p> <p>Record of activities supported</p> <p>Documentation of number of workplaces engaged with and outcomes of engagement process</p> <p>Documentation of number of workplaces registered with the Achievement Program</p> <p>Achievement Program tools including; Snapshot (baseline) Survey, staff health and wellbeing surveys, health priority area benchmarks (measures) such as policy development</p> <p>Establishment of Staff Health and Wellbeing Committee and actions (MDH)</p> <p>Results from evaluation of Workplace Achievement Program training</p>	<p>Baseline:</p> <p>Expected Change: Development of connections with new workplaces and increased awareness of importance of workplace health, the Achievement Program and local support available</p> <p>Increase in number of workplaces registered with the Achievement Program</p> <p>Progression and completion of Achievement Program healthy priority areas</p> <p>Improve Health & Wellbeing of staff</p> <p>Baseline Menu (% green, Amber, red choices) vs post menu</p> <p>Workplace Achievement Program training evaluation tools</p>	<p>Lead Agency:</p> <p>Mansfield District Hospital, Gateway Health, Alpine Health, Benalla Health</p> <p>Locality:</p> <p>Wangaratta LGA</p> <p>Alpine Shire</p> <p>Benalla LGA</p> <p>Mansfield LGA</p> <p>Contributing Agencies:</p> <p>Cancer Council Victoria</p> <p>Healthy Eating Advisory Service</p>		



Strategy 1.2 Support community initiatives that promotes fruit and vegetable intake, reduces sugary drink consumption and promotes water as the beverage of choice, through supportive policies, social, environmental & educational initiatives.						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency/Locality	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	
<p>Collaboratively deliver the RESPOND project in conjunction with Deakin University</p> <p>Note: Step 2 of the project and 2021 data collection and monitoring has been delayed until 2022</p> <p>Mansfield is currently the only LGA participating in Step 1 of the RESPOND Project</p>	<p>Number of GMB events</p> <p>Number of attendees</p> <p>Number and type of organisations engaged</p> <p>The Mansfield RESPOND Project specifically:</p> <p>Number of community members engaged in each working group</p> <p>Number of initiatives planned and delivered</p>	<p>Participant knowledge of childhood obesity (Deakin Survey)</p> <p>Deakin Health Behaviour Summary Reports</p> <p>The Mansfield RESPOND Project specifically:</p> <p>Meeting minutes and attendance rates for each working group</p> <p>Tracking actions and implementation of initiatives on existing map using STICK-E software</p>	<p>Baseline:</p> <p>The Mansfield RESPOND Project:</p> <p>The proportion of combined overweight and obesity for participating Grades 2, 4, 6 children in Mansfield =21% for boys,24.5% for girls</p> <p>The percentage of participating students in Grades 4,6 meeting recommended vegetable consumption guidelines was 11.3% for boys, and 12.1% for girls</p> <p>Fruit consumption for the same cohort was 80.3% boys, 82.8% girls</p> <p>67.7% of boys and 79.3% girls indicated they ate takeaway meals once a fortnight or less</p> <p>Recommended water consumption per day of 5-6 glasses was reported at 50.7% boys and 34.5% girls</p> <p>91.3% of boys and 91.4% of girls reported drinking less than 1 sugar sweetened drink per day</p>	<p>Lead Agency:</p> <p>Deakin University</p> <p>Locality: Cross Catchment</p> <p>Contributing Agencies: Benalla Health, Northeast Health Wangaratta, Mansfield District Hospital, Gateway Health</p>		



Strategy 1.2 Support community initiatives that promotes fruit and vegetable intake, reduces sugary drink consumption and promotes water as the beverage of choice, through supportive policies, social, environmental & educational initiatives.						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency/Locality	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	
			<p>31% of boys and 20.7% of girls met the PA guidelines for every day of the week preceding measurement</p> <p>50.7% of boys and 75.4 % of girls met the screen time recommendations every day over the previous week</p> <p>23.9% of boys and 25.9% of girls reported using active transport to get to and from school</p> <p>Expected Change: Improvement in results when Deakin re-measure health data in 2022 (delayed by 1 year)</p>			
<p>Implement DHHS Healthy Food Connect Framework via Local Food Networks</p>	<p># partners</p> <p># collaborative initiatives, reach</p> <p># partnerships with Local Councils on food system initiatives</p> <p>Document progress against 2014 Food Security Reports</p> <p>Evaluations of collaborative initiatives</p>	<p>To be undertaken again in 2021 (4 yearly): -</p> <ul style="list-style-type: none"> GIS mapping - including food desert and food outlet mapping (Deakin Uni) Healthy Food Basket Survey (HFBS) – depending on student availability Local Food Network mapping pre and post (2012 vs 2017 vs 2021) 	<p>Baseline: GIS mapping from 2012 and 2017</p> <p>Visual Local Food Network mapping 2012 vs 2017 vs 2021</p> <p>Healthy Food Basket Survey (HFBS) data from 2012 and 2017</p> <p>Expected Change: GIS maps – increased access to healthy food in food desert areas</p>	<p>Lead Agency: Benalla Health, Alpine Health, Gateway Health</p> <p>Locality: Benalla LGA Alpine LGA Wangaratta LGA</p> <p>Contributing Agencies: Rural City of Wangaratta, Wangaratta Sustainability Network, Neighbourhood Houses, community groups and community members, farmers</p>		

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



Strategy 1.2 Support community initiatives that promotes fruit and vegetable intake, reduces sugary drink consumption and promotes water as the beverage of choice, through supportive policies, social, environmental & educational initiatives.

Intervention, Timeframe and Scale <ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	Process Measure/s (Effect) What will measure what we did and how well we did it? E.g. reach, timeframes	Evaluation Method/Tool How we will obtain the data? E.g. #people contacted, attendance rates	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency/Locality	Key Results (Qualitative and Quantitative) <ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	Reflection
	Partnerships with local councils to strengthen local food systems	Partnership surveys- partner feedback - Adapted partnership tool evaluation	Local Food Networks - more collaborative, community-driven initiatives HFBS – changes in food affordability (may show changes due to bushfires and COVID-19) Better partnerships with Local Councils to strengthen local food systems	markets, community gardens, schools, Benalla Rural City Council, Alpine Shire Council, Benalla Sustainable Future Group. Deakin University		
Participate in the implementation of the North East Local Food Strategy (NELFS) across the Ovens Murray Region (ongoing)	#partners & projects Evaluation of partnership #grant submissions Progress against the NELFS identified priorities	Records kept of partnerships & projects, grant submissions Adapted partnership tool evaluation	Baseline: Monthly meetings Informal network, cross sector, no lead agency Expected Change: Funding sought for Local Food initiatives and a Local Food Activator role Action on the priorities identified in the NELFS	Lead Agency: Alpine Health, Benalla Health, Gateway Health Locality: Ovens Murray Region Contributing Agencies: see NELFS partnership list		

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



Strategy 1.3 Promote healthy food and drink messages to raise awareness at events and campaigns (Social Marketing)						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	
<p>Advocate parenting spaces in Benalla (Promote Communities Latching on to Breastfeeding Campaign)</p>	<p>Advocate to council for parenting/breastfeeding paces in the Benalla CBD</p>	<p>Parenting Needs Survey</p>	<p>Baseline: Parenting Needs survey completed in previous plan and in 2018</p> <p>Expected Change: Changes compared to Parenting Needs Survey recommendations</p>	<p>Lead Agency: Benalla Health,</p> <p>Contributing Agencies: BRCC, MDH Gateway Health, Northeast Health Wangaratta</p>		



Priority: Physical Activity in the Central Hume Catchment

Strategic Goal 2: Increase Physical Activity

Budget/EFT:

Benalla Health (BH) – 0.1 EFT
 Gateway Health (GH) - 1.0 EFT
 Northeast Health Wangaratta (NHW) - 0.1 EFT
 Alpine Health (AH) - 0.5EFT
 Mansfield District Hospital (MDH) -0.2 EFT

Objective, Timeframe and Scale <ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	Progress measure/s (Effect/Outcome) What will measure whether or not we are achieving this change? E.g. changes in knowledge, behaviour, environments, policies	Evaluation Method/Tool How we will obtain that data? e.g. existing data sources, focus groups, observation	Baseline Position and Expected Change/Target What is our starting point and how much do we expect it to change?	Contributing Agencies	Key Results (Qualitative and Quantitative) <ul style="list-style-type: none"> What has been the effect of the work? What has changed?
	<ul style="list-style-type: none"> Increase physical activity rates Decrease sedentary behaviour Increase participation in sport, active recreation & physical activity Increase in journeys which are by active transport Reduce overweight and obesity rates 		Baseline: VPHS 2016 Hume Region: 49.9% of adults met the sufficient physical activity levels in the Hume region 26.9% of adults indicated they sat for more than 8hrs+ per weekday 17.3% Adults were recorded as being obese 34.6% Adults were recorded as being pre obese 29.7% Recorded as healthy weight range NPH: 68.3% Victorian adults were overweight or obese Expected Change:	Contributing Agencies: Central Hume Primary Care Partnership North East Health Wangaratta Gateway Health Benalla Health Mansfield District Hospital Alpine Health	

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



Strategy 2.1 Deliver a range of initiatives to increase engagement in sport, active recreation, and physical activity that are aimed at the different life stages.

Intervention, Timeframe and Scale <ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	Process Measure/s (Effect) <i>What will measure what we did and how well we did it? E.g. reach, timeframes</i>	Evaluation Method/Tool How we will obtain the data? E.g. #people contacted, attendance rates	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency/Locality	Key Results (Qualitative and Quantitative) <ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	Reflection
Design and produce the Active Living Mapping Reports for Benalla and Wangaratta LGAs including local recommendations Promote and disseminate the Report with stakeholders and community by June 2021	Number of reports disseminated to stakeholders and community groups Number of media articles promoting the report, social media posts etc. Number of recommendations included in the LGA MPHWS plans Number of grant submissions submitted using mapping report data	# emails Google website analytics Facebook analytics MPHWS plans Grant submissions	Baseline: State wide and National data. Local data from the mapping project Expected Change: Scope of environment Understanding of what is happening Identify key objectives/focus areas for change Recommendations added to the LGA MPHWS plans Community advocacy for built environment improvements	Lead Agency: Benalla Health, Gateway Health Locality: Benalla, Wangaratta LGA Contributing Agencies: Sport North East Local councils Neighbourhood Houses Goulburn Valley Sport		
Increase and promote opportunities to be active in the Alpine Shire through the delivery of the Active Alpine Group 2020-2021 annual action plan 1. Support the establishment of a	Number of meetings & attendance with community group Number of articles in media, social media post etc. Number of Parkrun events held, weekly attendance rates etc.	Meeting minutes Facebook analytics Media articles Parkrun data Grant applications MPHWS plan Audit report Case study Qualitative data from participant interviews Survey data	Baseline: Alpine Active Living Mapping Project data including community consultation, survey results and GIS mapping information Expected Change: Increase in the number of Alpine Shire community	Lead Agency: Alpine Health Gateway Health Locality: Alpine Shire Contributing Agencies: Alpine Health Gateway Health Alpine Shire Council		

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



Strategy 2.1 Deliver a range of initiatives to increase engagement in sport, active recreation, and physical activity that are aimed at the different life stages.

Intervention, Timeframe and Scale <ul style="list-style-type: none"> • When will this work start and finish e.g. 2018-2020? • What percentage of the work is completed e.g. 30% • What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	Process Measure/s (Effect) <i>What will measure what we did and how well we did it? E.g. reach, timeframes</i>	Evaluation Method/Tool How we will obtain the data? E.g. #people contacted, attendance rates	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency/Locality	Key Results (Qualitative and Quantitative) <ul style="list-style-type: none"> • How did we go? • Who did we reach? • What was the demand for the work? • Interventions not achieving expected results and the reasons • Interventions that are stalled or discontinued and the reasons 	Reflection
community led parkrun in Myrtleford 2. Facilitate, in partnership, the installation of OFE in one township of the Alpine Shire (successful installation dependent on funding) 3. Advocate to improve walking and cycling path connection and conditions 4. Promote free, family activities, events and facilities; <ul style="list-style-type: none"> • Get Active Victoria Campaign • Support Alpine walking and pole walking group with establishment and promotion 	Case study on the journey to establish Parkrun Number of meetings held Number of people wanting to reengage Number of grants applications submitted Engagement with ASC Inclusion in the MHWP Audit report of existing paths Number of registrations with Premier's Active April of businesses/individuals/schools Number of class discounts Number of newspaper articles, social media post etc. Case studies showcasing how people have been active during April		members aware of and accessing opportunities and resources available regarding physical activity	Sport North East		



Strategy 2.1 Deliver a range of initiatives to increase engagement in sport, active recreation, and physical activity that are aimed at the different life stages.

Intervention, Timeframe and Scale <ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	Process Measure/s (Effect) <i>What will measure what we did and how well we did it? E.g. reach, timeframes</i>	Evaluation Method/Tool How we will obtain the data? E.g. #people contacted, attendance rates	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency/Locality	Key Results (Qualitative and Quantitative) <ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	Reflection
	Number of walking and pole walking sessions held and number of attendances					
By December 2021, grow the Wangaratta & Surrounds Active Living Network, increasing membership to work collaboratively to address mapping project recommendations	Number of meetings/forums held Number of attendances Number of collaborative initiatives	Adapted partnership tool evaluation Number of articles published on joint initiatives	Baseline: Five agencies regularly attending network Expected Change: Partnership Tool will help shape the network to make sure it is meeting agency's needs to allow us to better work in partnership together By December, the network will have increased membership and new partnerships	Lead Agency: Gateway Health Locality: Wangaratta LGA Contributing Agencies: RCoW, Sport North East, Wangaratta, Northeast Health Wangaratta		
Implement the INFANT Program for new parents in partnership with Deakin University (focus on healthy eating and active living)	See 1.1 re: evaluation	See 1.1 re: evaluation	Baseline: See above Expected Change: See above	Lead Agency: Benalla Health Gateway Health Locality: Benalla, Wangaratta, Mansfield LGA		

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



Strategy 2.1 Deliver a range of initiatives to increase engagement in sport, active recreation, and physical activity that are aimed at the different life stages.

Intervention, Timeframe and Scale <ul style="list-style-type: none"> • When will this work start and finish e.g. 2018-2020? • What percentage of the work is completed e.g. 30% • What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	Process Measure/s (Effect) <i>What will measure what we did and how well we did it? E.g. reach, timeframes</i>	Evaluation Method/Tool How we will obtain the data? E.g. #people contacted, attendance rates	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency/Locality	Key Results (Qualitative and Quantitative) <ul style="list-style-type: none"> • How did we go? • Who did we reach? • What was the demand for the work? • Interventions not achieving expected results and the reasons • Interventions that are stalled or discontinued and the reasons 	Reflection
(Deakin University)- see Strategy 1.1 / 2.1				Contributing Agencies: Northeast Health Wangaratta Mansfield District Hospital Alpine Health RCoW- MCH		
Deliver the Benalla Grow Your Own Project	See 1.1 re: evaluation	See 1.1 re: Evaluation	Baseline: See above Expected Change: See above	Lead Agency: Benalla Health Locality: Contributing Agencies:		

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



Strategy 2.2 Support community initiatives that promote participation in sport, active recreation, and physical activity (e.g. local governments, community groups, schools etc.)

Intervention, Timeframe and Scale <ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	Process Measure/s (Effect) What will measure what we did and how well we did it? E.g. reach, timeframes	Evaluation Method/Tool How we will obtain the data? E.g. #people contacted, attendance rates	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency/Locality	Key Results (Qualitative and Quantitative) <ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	Reflection
Promote Benalla Lakeside Equipment	# videos created and shared on website/social media Aim for 3 x exercise stations to be completed by 2020	# visits on website/social media hits	Baseline: No equipment installed Expected Change: Benalla residents have access to equipment and have the resources to use safely	Lead Agency: Benalla Health Locality: Benalla Contributing Agencies:		
Support workplaces to build healthy environments for their employees (Workplace Achievement Program)	See strategy 1.2	See strategy 1.2	Baseline: Expected Change: See strategy 1.2	Lead Agency: Mansfield District Hospital, Gateway Health, Alpine Health, Benalla Health Locality: Alpine Shire Benalla LGA Mansfield Shire Wangaratta LGA Contributing Agencies: Cancer Council Victoria		
Support the establishment of Benalla parkrun All parkrun events are currently on hold due to COVID-19 – could include online initiatives	Park Run established in 2020	Number of community leaders Number/ages of participants in parkrun Number people doing/practising course on non-parkrun days	Baseline: Expected Change: Increase in number of people participating in parkrun	Lead Agency: Benalla Health Locality: Benalla LGA Contributing Agencies: parkrun Australia		



Strategy 2.2 Support community initiatives that promote participation in sport, active recreation, and physical activity (e.g. local governments, community groups, schools etc.)

Intervention, Timeframe and Scale <ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	Process Measure/s (Effect) <i>What will measure what we did and how well we did it? E.g. reach, timeframes</i>	Evaluation Method/Tool How we will obtain the data? E.g. #people contacted, attendance rates	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency/Locality	Key Results (Qualitative and Quantitative) <ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	Reflection
Support Mansfield Positive Ageing Working Groups to implement training for volunteers to deliver exercise programs in the Shire	# of volunteers trained # Groups being offered Timeframe-training provided by the end of June 2021, subject to post COVID-19 recovery	Mansfield Positive Ageing Project is an initiative of Mansfield Shire Council, with funding from DHHS. Reporting to be finalised by Project Officer. Interrupted by COVID-19 Coronavirus. Possible ending in December 2020	Baseline: Access to affordable and local exercise programs and groups Expected Change: Groups offered in range of settings	Lead Agency: Mansfield District Hospital Locality: Mansfield LGA Contributing Agencies: Partnerships identified through Mansfield Positive Ageing Project, Mansfield LGA		
Collaboratively deliver the RESPOND project in conjunction with Deakin University Note: Step 2 of the project and 2021 data collection and monitoring has been delayed until 2022 Mansfield is currently the only LGA participating in Step 1 of the RESPOND Project	Refer to 1.2	Refer to 1.2	Baseline: Refer to 1.2 Expected Change: Refer to 1.2	Lead Agency: Deakin University Locality: Mansfield LGA Contributing Agencies: Mansfield District Hospital Mansfield Shire Gateway Health		



Priority: To be accountable and work in partnership in the Central Hume Catchment					
Strategic Goal 3: Be Accountable and Work in Partnership					
Budget/EFT: Benalla Health (BH) – 0.3 EFT Gateway Health (GH) - 0.25 EFT Northeast Health Wangaratta (NHW) - 0.2 EFT Alpine Health (AH) - 0.3 EFT Mansfield District Hospital (MDH) -.05 EFT Central Hume PCP-0.3 EFT					
Objective, Timeframe and Scale	Progress measure/s (Effect/Outcome)	Evaluation Method/Tool	Baseline Position and Expected Change/Target	Lead Agency/Contributing Agencies	Key Results (Qualitative and Quantitative)
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure whether or not we are achieving this change? E.g. changes in knowledge, behaviour, environments, policies</p>	<p>How we will obtain that data? E.g. existing data sources, focus groups, observation</p>	<p>What is our starting point and how much do we expect it to change?</p>		<ul style="list-style-type: none"> What has been the effect of the work? What has changed?
<ul style="list-style-type: none"> Improve workforce collaboration Promote and enable partnership work and collaboration between a wide range of community stakeholders Information sharing 	<p>Work undertaken fits within a collaborative framework</p> <p>Central Hume PCP continues to support the collaboration between stakeholders to support the Prevention Working Group</p> <p>Clearer understanding across catchment of IHP actions.</p>	<p>Framework established and clearly defined</p> <p>Undertake Vic Health Partnership Analysis Tool</p>	<p>Baseline:</p> <p>The collaborative cross catchment approach in the Central Hume PCP has been productive in implementing preventative health changes across various stakeholders</p> <p>Expected Change:</p> <p>Expected outcome is the continuation of a productive collaborative approach to delivering preventative health strategies.</p>	<p>Contributing Agencies:</p> <p>Benalla Health</p> <p>Mansfield District Hospital</p> <p>Gateway Health</p> <p>Alpine Health</p> <p>Northeast Health Wangaratta</p> <p>Central Hume PCP</p>	



Strategy 3.1 Improve workforce capacity through

- **Community of Practice**
- **Professional Development Training**
- **Sharing of information / Networks**

Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> • <i>When will this work start and finish e.g. 2018-2020?</i> • <i>What percentage of the work is completed e.g. 30%</i> • <i>What is the scale of this work relative to other Plan objectives (e.g. low, medium, high)</i> 	<p><i>What will measure what we did and how well we did it? E.g. reach, timeframes</i></p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> • <i>How did we go?</i> • <i>Who did we reach?</i> • <i>What was the demand for the work?</i> • <i>Interventions not achieving expected results and the reasons</i> • <i>Interventions that are stalled or discontinued and the reasons</i> 	
<p>Share resources, project findings, local outcomes, professional development opportunities across the catchment</p>	<p>Resources shared on appropriate databases</p> <p>Projects/outcomes shared across catchment</p> <p>Organisations distribute findings/outcomes through their communication platforms (Central Hume PCP e-bulletin)</p>	<p># of websites/databases information appears on</p> <p>Reach of audience in communication of findings and information</p> <p>Consumer understanding/engagement</p>	<p>Baseline: Resources are currently being shared</p> <p>Expected Change: Collaboration across catchment</p>	<p>Contributing Agencies: Benalla Health, Mansfield District Hospital, Gateway Health, Alpine Health, Northeast Health Wangaratta Central Hume PCP</p>		



Strategy 3.2 Promote and enable partnership and collaboration, e.g. integrated approaches/initiatives						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	
<p>Participate in the Central Hume Prevention Working Group monthly meetings and the quarterly Central Hume Strategic Implementation Network meetings</p>	<p>Group meetings are held monthly and attendance of each agency represented</p>	<p># of meetings held</p>	<p>Baseline: Meetings are held monthly, and location of meetings alternates between agency or via Zoom</p> <p>Expected Change: Meetings to continue and further collaboration is achieved cross catchment</p>	<p>Lead Agency: Central Hume PCP</p> <p>Contributing Agencies: Benalla Health Mansfield District Hospital Gateway Health Alpine Health Northeast Health Wangaratta</p>		
<p>Participate in the bi-monthly Local Health & Wellbeing Partnerships Meetings; share knowledge and resources and utilise opportunities for collaborations</p>	<p>Representation from Central Hume PCP at each Health & Wellbeing Partnership meeting across the catchment</p> <p>Central Hume PCP 'Update' shared to all resource officers to be distributed across networks prior to meetings</p> <p>Alpine LGA Benalla LGA Mansfield LGA Wangaratta LGA</p>	<p># of meetings attended</p> <p>Resources and information shared</p>	<p>Baseline: Currently representation from Central Hume PCP across all four Health & Wellbeing Partnership Meetings</p> <p>Expected Change: Cross LGA collaboration</p> <p>Shared understanding and knowledge</p>	<p>Lead Agency: Central Hume PCP</p> <p>Contributing Agencies: Alpine Health Benalla Health Gateway Health Mansfield District Hospital Northeast Health Wangaratta</p> <p>Local Governments</p>		
<p>Support and partner with agencies to deliver the RESPOND project</p>	<p>Regional communications plan implemented</p>	<p>Catchment support provided for Community Intervention sessions (GMB)</p>	<p>Baseline: Baseline data collected for each LGA as part of first monitoring collection in 2019.</p>	<p>Lead Agency: Deakin University</p> <p>Contributing Agencies: Central Hume PCP</p>		



Strategy 3.2 Promote and enable partnership and collaboration, e.g. integrated approaches/initiatives						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	
<p>Timeframe: 2019 – 2023 (5 years)</p> <p>-Support implementation of the regional communications plan</p> <p>Note: Step 2 of the project and 2021 data collection and monitoring has been delayed until 2022</p> <p>Mansfield is currently the only LGA participating in Step 1 of the RESPOND Project</p>	<p>Collective impact approach used for local initiatives</p> <p>Resources provided to Deakin to support the project</p>	<p>Interventions linked to prevention work plan</p>	<p>Expected Change:</p> <p>Improved coordination of interventions in stage 1 LGA (Mansfield), reflected in monitoring collection in 2021</p>	<p>Alpine Health Benalla Health Gateway Health Mansfield District Health Northeast Health Wangaratta Local Government Authorities Cross Agency, Cross Catchments, Cross Sectors Goulburn Valley PCP Lower Hume PCP Upper Hume PCP</p>		
<p>Alignment of Prevention work with Central Hume PCP Strategic Plan and Municipal Public Health and Wellbeing Plans, and UH IHP catchment plan</p>	<p>Limit the individual resources required to contribute to numerous plans</p>	<p>Alignment of plans matrix</p>	<p>Baseline:</p> <p>Catchment prevention plan retrospectively aligns with MPHWB priorities.</p> <p>Expected Change:</p> <p>Catchment wide approach to preventative health is achieved in a collaborative model.</p>	<p>Contributing Agencies:</p> <p>Central Hume PCP Benalla Health Mansfield District Hospital Gateway Health Alpine Health Northeast Health Wangaratta Alpine Shire Council Benalla Rural City Mansfield Shire Council</p>		

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



Strategy 3.2 Promote and enable partnership and collaboration, e.g. integrated approaches/initiatives						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	
				Rural City of Wangaratta		
Participate in Ovens Murray Goulburn PCPs and Vic PCP State-wide network prevention activity	Central Hume PCP to attend Vic PCP State-Wide prevention network meetings.	Feedback from meeting provided to Prevention Working Group	<p>Baseline: Central Hume PCP representatives attend state wide meetings</p> <p>Expected Change: Increased understanding of Victorian prevention initiative and state-wide government priorities.</p>	<p>Lead Agency: Central Hume PCP</p> <p>Contributing Agencies: Department of Health & Human Services Goulburn Valley PCP Lower Hume PCP Upper Hume PCP</p>		



Strategy 3.3 Develop Catchment Plan; monitor and submit to DHHS the annual report						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	
<p>Development of annual prevention Action Plan and both Evaluation Reports to DHHS, and the 2021-2025 Strategic Prevention Plan</p>	<p>Annual report is submitted in a timely and satisfactory manner (August 31st 2021)</p> <p>Central Hume PCP IHP 4 Year Evaluation Report to be coordinated in a timely manner</p> <p>2021-2025 Strategic Prevention Plan is developed</p>	<p>Evaluation report, 4-year evaluation report and annual action plan submitted</p>	<p>Baseline:</p> <p>Currently plans are not due until end of October, however they align with the financial year</p> <p>Expected Change:</p> <p>Development of reporting and action plan process is completed with ease</p>	<p>Lead Agency:</p> <p>Central Hume PCP</p> <p>Contributing Agencies:</p> <p>Benalla Health Mansfield District Hospital Gateway Health Alpine Health Northeast Health Wangaratta</p>		



Strategy 3.4 Evaluation of the Plan's implementation						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	
<p>Review the Central Hume Prevention Working Group and Terms of Reference annually</p>	<p>Reviewed annually</p>	<p>Prevention Working Group consulted and feedback received</p>	<p>Baseline: Terms of Reference is reviewed annually, and changes made accordingly</p> <p>Expected Change: No change expected, just the continuation of support</p>	<p>Lead Agency: Central Hume PCP</p> <p>Contributing Agencies: Benalla Health Mansfield District Hospital Gateway Health Alpine Health Northeast Health Wangaratta</p>		



Strategy 3.5 Build capacity in Prevention by information sharing (local data, evidence-based initiatives, frameworks, and resources)						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	
<p>Submit abstracts to present at conference/events</p> <p>Prepare case studies for the DHHS Prevention & Vic PCP website</p>	<p># abstracts submitted</p> <p># conference presentations</p> <p># follow ups from presentations/abstracts</p> <p># case studies submitted</p>	<p>Agency records</p> <p>Qualitative feedback on presentation</p>	<p>Baseline: Limited submissions occurring</p> <p>Expected Change: Increase in number of abstracts presented & case studies submitted</p>	<p>Contributing Agencies:</p> <p>Benalla Health Mansfield District Hospital Gateway Health Alpine Health Northeast Health Wangaratta</p>		
<p>Ensure agencies are aware of: National and state data sets, evidence-based research, best practice, national/international journal articles, professional development opportunities</p>	<p>Information and resources are shared with all networks of the prevention working group and Central Hume PCP</p>	<p>Information shared amongst networks via:</p> <p>Dropbox</p> <p>Monthly Prevention Working Group meetings</p> <p>Central Hume PCP weekly 'What's Happening' ebulletin</p> <p>Central Hume PCP Strategic Implementation Network quarterly meetings</p>	<p>Baseline: Various medians currently used</p> <p>Expected Change: Central Hume PCP networks are informed and resourced</p>	<p>Contributing Agencies:</p> <p>Benalla Health Mansfield District Hospital Gateway Health Alpine Health Northeast Health Wangaratta Central Hume PCP</p>		
<p>Respond to opportunities to advocate/input on issues that affect the health of our local communities</p>	<p>Records of advocacy/input activities; Feedback submitted /consultation occurred</p> <p>Key documents successfully updated with alterations from feedback</p>	<p>Review opportunities; were these opportunities used to advocate/input?</p> <p>Was the feedback heard?</p> <p>Was there change as a result of the feedback?</p>	<p>Baseline: Small number of submissions occurring, limited consultations happening</p> <p>Expected Change: Increased feedback submissions, consultations</p> <p>Change as a result of the feedback</p>	<p>Lead Agency: Gateway Health</p> <p>Contributing Agencies:</p>		
<p>Respond to identified community and organisational health issues as needed</p>	<p>Smoke Free NHW</p> <p># of staff trained in AAH brief intervention</p> <p># of referrals to Quitline</p>	<p>Policy and guideline</p> <p>File audits</p> <p>VNSHS audits</p> <p>Environmental audits</p>	<p>Baseline: First round of file audits was conducted in December 2019. 278 files</p>	<p>Lead Agency: Northeast Health Wangaratta</p>		



Strategy 3.5 Build capacity in Prevention by information sharing (local data, evidence-based initiatives, frameworks, and resources)						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	
	<p># of patients offered NRT support Discharge planning process</p>	<p>Rickman review's</p>	<p>were audited, looking for evidence of smoking cessation support.</p> <p>Policy and procedure have been updated and clinical pathway form introduced in July 2020.</p> <p>Currently in the implementation phase (8 months)</p> <p>Expected Change:</p>	<p>Contributing Agencies: Quit Victoria Alfred Health Victorian Network of Smoke Free Health Services</p>		



Strategy 3.6 Coordinate and provide governance structure (Central Hume Implementation Network) to ensure outcomes are achieved & on target						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	Evaluation Method/Tool	Baseline Position and/or Expected Change/Target	Lead Agency/Contributing Agency	Key Results (Qualitative and Quantitative)	Reflection
<ul style="list-style-type: none"> When will this work start and finish e.g. 2018-2020? What percentage of the work is completed e.g. 30% What is the scale of this work relative to other Plan objectives (e.g. low, medium, high) 	<p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>How we will obtain the data? E.g. #people contacted, attendance rates</p>			<ul style="list-style-type: none"> How did we go? Who did we reach? What was the demand for the work? Interventions not achieving expected results and the reasons Interventions that are stalled or discontinued and the reasons 	
<p>Ensure communication flow between the governance structure, Central Hume Prevention Working Group and Local Partnerships</p>	<p>Coordination of Central Hume Strategic Implementation Network Meetings</p> <p>Representation from Central Hume PCP at each Health & Wellbeing Partnership meeting across the catchment</p>	<p>Representation at meetings</p> <p>Communication methods used</p>	<p>Baseline:</p> <p>Meetings are held monthly and quarterly, communication is prioritised across all agencies</p> <p>Expected Change:</p> <p>Information is shared to all contributing agencies in order to achieve strategic outcomes</p>	<p>Lead Agency:</p> <p>Central Hume PCP</p> <p>Contributing Agencies:</p> <p>Benalla Health Mansfield District Hospital Gateway Health Alpine Health Northeast Health Wangaratta</p>		
<p>Using the IHP Skills Matrix, identify and prioritise professional development and training required</p> <p>Organise and attend training and development events across the catchment/s</p> <p>Share learnings with others to build capacity</p>	<p># training events # PD events # shared learnings</p> <p>Translation of application of learnings into practice to deliver the IHP action plan</p>	<p>Central training register captures training and development attended and learnings shared and application of learnings to practice</p>	<p>Baseline:</p> <p>Adhoc attendance and approach to training and shared learnings with limited recording of training attended and learnings shared</p> <p>Expected Change:</p> <p>Central training register developed to capture training and development attended, learnings shared and how these have been applied in the delivery of the action plan</p>	<p>Lead Agency:</p> <p>Central Hume PCP</p> <p>Locality:</p> <p>Cross catchments</p> <p>Contributing Agencies:</p> <p>Benalla Health Mansfield District Hospital Gateway Health Alpine Health Northeast Health Wangaratta</p>		





Appendix 1. Links to Municipal Public Health & Wellbeing Plans

Local Government Area	Partners, Strategic Partners, and other collaborating organisations	Priorities and objectives: Links to MPHWP	Settings and Target Groups
<p>Alpine Shire</p>	<p>Alpine Health, Gateway Health, Sport North East, Women’s Health GNE, Alpine Shire Council.</p> <p>Deakin University DHHS Alpine Fresh Food Network Schools Kindergartens Anglicare Neighbourhood Houses Food Action Network Tourism North East Regional Development Victoria North East Catchment Mgt. Authority Active Alpine Group Beechworth Corrections</p>	<p>-Improve healthy eating and physical activity; -Decrease consumption of sweet drinks and unhealthy food; -Promote opportunities for people to be physically active in the community; -Promote the benefits and availability of fresh fruit and vegetables; -Create socially connected and supported communities.</p>	<p>Primary schools Secondary school Neighbourhood Centres Community Garden Community Groups Community settings Social Media Radio Community Health facilities Partner workplaces Population wide CHPCP</p> <p><i>-All Residents with a particular focus on children; and families with young children -Mothers with 0 – 3 month olds -Breastfeeding mothers returning to work in partner organisations -All employees in partner organisations -All independent community groups where a partnership approach for collective impact is indicated -Population health system</i></p>
<p>Benalla Rural City</p>	<p>Benalla Health, Valley Sport, Benalla Rural City Council.</p> <p>Deakin University, Waminda Com. House Tomorrow Today Fdn, Benalla Flexible Learning Centre, Benalla P12, Benalla Food Network, Benalla Sustainable Future Group Salvation Army Benalla, St Vincent de Paul Society of Benalla, Beechworth Corrections, Benalla Men’s Shed</p>	<p><i>Encourage community members to be healthy, safe and active</i></p> <p>-Focus on healthier eating and active living -Partner to achieve the Vic Health & Wellbeing Plan -Work with key agencies to protect vulnerable people and families -Strengthen community capacity and participation</p>	<p>In vulnerable families' homes P-12 School Parent/child Playgroups e.g. PEEP Kindergartens Sport clubs and venues Hobby Clubs Social media Breastfeeding SMS System</p> <p><i>-Low SES families, living in food deserts -Children from Low SES families, not connected to recreation clubs -Mothers with 0 – 2 year olds -Parents with young children -All Residents, with a particular focus on children. -Population Health system</i></p>
<p>Mansfield Shire</p>	<p>Mansfield District Hospital, Mansfield Shire Council</p> <p>Deakin University Goulburn Valley Water Gateway Health Valley Sport</p>	<p><i>Healthy Lifestyles</i></p> <p>-Reduce overweight and obesity in children and adults -Increase physical activity of adults, adolescents and children -Increase healthy eating by adults, adolescents and children -Improvement in to reducing the access to junk food -Improving the affordability of physical activity</p>	<p>Community settings Primary Schools Local Newspaper Local Community Radio</p> <p><i>-Mothers with babies aged 0 – 3 months -All residents, with a particular focus on children, women, and older people</i></p>

Partners: Alpine Health; Benalla Health; Gateway Health Wangaratta; Mansfield District Hospital; Northeast Health Wangaratta



			-Population Health system
Rural City of Wangaratta	<p>Gateway Health, Northeast Health Wangaratta, Womens Health GNE, Rural City of Wangaratta, Sport North East</p> <p>Deakin University Anglicare, Neighbourhood Houses DHHS North East Water YMCA, Charlie's Cafe Wangaratta Community Food for All Network members Wangaratta Sustainability Network Wangaratta Men's Shed OM Ag Business Alliance Parks Victoria Hume Region Maternity Services Network RCoW M&CH Services Schools, Kindergartens, Early Childhood Services</p>	<p><i>Enabling Healthy Behaviours</i></p> <p>-In partnerships with local health services, organisations, encourage people to understand their own health needs and have increased health literacy levels</p> <p>-Work across all parts of the community to support the provision of dental services to ensure children meet oral health benchmarks</p> <p>-Encourage healthy choices within community spaces and at community events through the provision of accessible, safe drinking water and the availability of affordable, health food options</p> <p>-Support and advocate for the affordable access to healthy food within the municipality</p> <p>-Facilitate projects and provide information and resources that encourage people of all abilities and ages to grow their own food, and integrate sustainable, healthy food lifestyles into their daily lives.</p> <p><i>Building Active Communities</i></p> <p>-Continue to support programs and projects that encourage children to increase their daily physical activity such as the Walk to School Program</p>	<p>Community garden Neighbourhood House Kindergartens Clubs 4 x Secondary Schools Primary Schools Partner workplaces Maternity Services</p> <p><i>Young families with children 0–4 years</i> <i>All residents with a focus on the most vulnerable</i> <i>Mothers & Expecting Mothers with 0 – 12 month olds</i> <i>Schools</i> <i>Primary school age children</i></p>