

Central Hume Prevention Plan 2019 – 2020
Prevention Annual Action Plan July 2019 to June 2020

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 priority identified in the Victorian Public Health and Wellbeing Plan 2015 – 2019, 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)

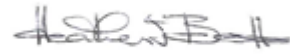
Northeast Health Wangaratta (IHP funded partner)

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.



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 Community Health, Partnerships, and Well Ageing



Interventions & Activity at a Glance – Central Hume Prevention Annual Action Plan 2019 – 2020			
	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 Walk to School Program 	<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
Alpine LGA	<ul style="list-style-type: none"> Healthy Workplaces Healthy Food Connect 	<ul style="list-style-type: none"> Healthy Workplaces Active Alpine Initiative 	<p>Partnership development</p> <ul style="list-style-type: none"> Ovens Murray Regional Partnership Local Governments (4) Sports Assemblies (2)
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"> Breastfeeding SMS Project Healthy Workplaces Schools & Early Childhood Baby Bundle Initiative 	<ul style="list-style-type: none"> Volunteer Training for Affordable Exercise Program North East Women Get Active Campaign 	<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.
Wangaratta LGA	<ul style="list-style-type: none"> INFANT Program Breastfeeding SMS Project Wangaratta Community Food Hub: garden & kitchen Breastfeeding App Pregnancy Journey Maps Healthy Start to Pregnancy Smiles 4 Miles Healthy Workplaces Healthy Choices Café Healthy Food Connect Schools & Early Childhood Communities Latching on to Breastfeeding Campaign Baby Bundle Initiative 	<ul style="list-style-type: none"> INFANT Program Schools & Early Childhood RCoW Active Living Mapping Project RCoW Active Living Network Healthy Workplaces 	

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



Interventions & Activity at a Glance - Central Hume Prevention Annual Action Plan 2019 - 2020			
	Objective 1: Improve healthy eating	Objective 2: Increase physical activity	Objective 3: Be accountable and work in partnership

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



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) - 1.3 EFT
Northeast Health Wangaratta (NHW) - 0.2 EFT
Alpine Health (AH) - 0.5 EFT (not IHP funding)
Mansfield District Hospital (MDH) - 0.15EFT

Objective, Timeframe and Scale	Progress measure/s (Effect/Outcome)	Evaluation Method/Tool	Baseline Position and Expected Change/Target	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? 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. Child & Adolescent Health Survey measures? RESPOND data</p>	<p>Baseline (reference data source): 3.9% of the Hume population meet the sufficient vegetable and fruit intake. 51.9 of the Hume population are pre obese or obese <i>Obese/pre obese</i> -Mansfield 16.3% / 27.8 -Benalla 26.9% / 28% -Wangaratta 16.9% / 33.1% -Alpine 13.5% / 30.2% 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) Wang: 20% 0-5years, 49% 6-8 years Benalla: 29% 0-5 years, 66% 6-8 years Mansfield: 65% 6-8 years</p>	<p>Contributing Agencies: Central Hume Primary Care Partnership Benalla Health Northeast Health Wangaratta Mansfield District Hospital Gateway Health 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	Process Measure/s (Effect)	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)	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>				<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) 	
Implement Benalla Grow Your Own Project, supporting local families to grow their own food.	# boxes installed (aim for remaining 10 by December 2019/Jan 2020)	3-month post installation survey Ethics approval granted to repeat evaluations with all participants in 2020. 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 Mens Shed, Waminda Community House		
Support the Healthy Choices Café at NHW	# or % of Green, Amber and Red options available	Menu Assessment Reports Vending Machine Assessment reports	Baseline: Menu assessment results October 2018 are: Green: 50% Amber: 32% Red: 18% Expected Change	Lead Agency: Northeast Health Wangaratta Locality: Wangaratta Contributing Agencies:		
Work with YMCA Cafe to provide healthy food & drink options	# or % of Green, Amber and Red options available Resources provided (e.g. marketing materials, menu items classified)	Record new/modified menu items Feedback from Café staff, customers and YMCA management Marketing materials used	Baseline: no set menu so could not do initial menu assessment Expected Change: Increase in healthy food & drink options (green & amber) and sales at YMCA Café	Lead Agency: Gateway Health Locality: Wangaratta LGA Contributing Agencies: YMCA, Charlie's Café, Victorian Healthy Eating Advisory Service, Alfred Health, NHW		



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			Increased marketing of healthy (green & amber) options			
Work with schools to provide healthy food & drink options in school canteens	#schools, students & staff # or % of Green, Amber and Red options available Resources provided (e.g. marketing materials, menu items classified)	Menu Assessments Sales records Feedback from students & staff Marketing materials used	Baseline: Expected Change: Increase in healthy food & drink options (green & amber) and sales at school canteens. Increased marketing of healthy (green & amber) options	Lead Agency: Gateway Health Northeast Health Wangaratta Locality: Wangaratta LGA Contributing Agencies: schools, Victorian Healthy Eating Advisory Service		
INFANT Program (Deakin University)- see Strategy 1.1/2.1 Implementation of InFANT program for Alpine, Mansfield & Wangaratta LGAs	# explore feasibility, minimum requirements available personnel # parents engaged # sessions attended # of parents engaged are on a low-income card. # of new LGAs implementing InFANT # of Health professionals trained	Evaluation survey at 12-15 months implemented at PEEP/sent online Same questions as BGYO survey Includes brand recall questions Feedback from services involved Deakin University evaluations	Baseline: Nil- N/A as babies (<3 months old) Expected Change: Self-reported change in outcome measures Infant program implemented across the whole CHPCP area and into UHPCP Better service delivery for young families in the CHPCP and consistency in what's been delivered across all of catchment	Lead Agency: Benalla Health, Gateway Health Locality: Catchment wide Contributing Agencies: Northeast Health Wangaratta Mansfield District Hospital Alpine Health RCoW- MCH		

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



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	<p>to deliver InFANT across the catchment</p> <p>Do parents remember the 6 key messages?</p>					
Continue to deliver Project Food Cents- delivering budget cooking information to groups in community settings	# people attending sessions	Pre and post (3-month post session survey)- Based on FOOD REDI evaluation Red Cross	<p>Baseline: Pre survey</p> <p>Expected Change: Post survey -self reported change in outcome measures</p>	<p>Lead Agency: Benalla Health</p> <p>Locality: Benalla</p> <p>Contributing Agencies: Flexible Learning, P12 School</p>		
Wangaratta Community Food Hub: establish pilot co-design cooking program and Anglicare Kitchen Garden	<p># participant attendance</p> <p># health care card holders</p> <p>Participant skills/knowledge in preparing healthy, affordable meals/snacks</p> <p>Participant consumption of fruit & vegetables, water</p> <p>Participant social connection</p> <p>Amount of food grown in garden</p>	<p>Pilot co-design cooking program: -</p> <ul style="list-style-type: none"> Pre/post program: Food Redi tool, weekly feedback, tutor/staff feedback 3-month post program participant survey <p>Kitchen Garden: -</p> <ul style="list-style-type: none"> Keep record of garden produce going to Emergency Food Relief (EFR) and cooking program. Participant survey (3-6 months) 	<p>Baseline:</p> <p>Expected Change: Increased skills/knowledge in preparing healthy, affordable meals/snacks and growing food</p> <p>Increased consumption of fruit & vegetables, water</p> <p>Increased fresh produce in EFR & cooking. Increase in social connection opportunities</p>	<p>Lead Agency: Gateway Health</p> <p>Locality: Wangaratta LGA</p> <p>Contributing Agencies: Pangerang Community House, Anglicare Victoria, Holy Trinity Cathedral</p>		



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Implement and promote the Breastfeeding SMS System through various mediums	# parents on SMS system	Evaluation survey (via phone) after 8 weeks of SMS (after 2 months old)	Baseline: MDH and NHW-currently does not have the system in place Expected Change: Self-reported breastfeeding rates, self-reported confidence etc Mansfield District Hospital to introduce software	Lead Agency: Benalla Health, Northeast Health Wangaratta, Mansfield District Hospital Locality: Benalla, Mansfield, Wangaratta LGA Contributing Agencies: Gateway Health		
Update and promote the Breastfeeding App	# of downloads # links clicked User friendliness # media events	Feedback received via Focus Group App Analytics Collected records of media events	Baseline: Nil baseline Expected Change: Improvements made in the app to meet need and increase promotion of the app to health professionals and new parents Increase in downloads	Lead Agency: Gateway Health, Northeast Health Wangaratta Locality: Central Hume Catchment wide Contributing Agencies: Benalla Health MDH Alpine Health		
Update and promote antenatal and postnatal resources	Distribution points of maps Reach of maps across the catchment	Feedback from: <ul style="list-style-type: none"> Practitioners New mums Health services 	Baseline: Nil Expected Change: All maternity services in the	Lead Agency: Gateway Health Northeast Health Wangaratta		

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	<p># of Health Services involved #print outs #of different types of maps now available for distribution</p> <p>Baby Bundle distribution #number of packs distributed</p>	<ul style="list-style-type: none"> Hume Region Maternity Services Network. <p>Pregnancy Journey Maps Project Plan</p>	<p>Hume Region to be providing consistent resources to health professionals and pregnant women</p> <p>Development of further maps such as Breastfeeding journey map, first 6 weeks postnatally for mum and bub</p>	<p>Locality: Central & Upper Hume Catchments</p> <p>Contributing Agencies: Benalla Health Alpine Health Albury Wodonga Health Yackandandah Health Service Yarrowonga Health Mansfield District Health Tallangatta Health</p>		
Adapt & Implement <i>Healthy Start to Pregnancy Program</i>	<p># of sessions # of participants # of evaluation forms completed Feedback from evaluation</p>	<p>Attendance records Session evaluations Feedback from health professionals</p>	<p>Baseline: Nil</p> <p>Expected Change: Program has been implemented as part of routine antenatal care</p>	<p>Lead Agency: Northeast Health Wangaratta</p> <p>Locality: Rural City of Wangaratta LGA</p> <p>Contributing Agencies: Gateway Health Mater Mothers Hospital Brisbane</p>		
Implement the Smiles 4 Miles program, an Oral health promotion	<p>Lunchbox Surveys Dental screening data</p>	<p>Number of lunch box surveys conducted</p>	<p>Baseline: in 2019 we had 16 services across Wang and Benalla participating.</p>	<p>Lead Agency:</p>		

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



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<p>program for kindergartens and long day care centres focusing on 3 key messages – Eat Well, Drink Well, Clean Well</p>	<p># of services participating</p> <p># of children program is reaching</p>	<p>Number of screenings conducted including if any follow up treatment was required</p> <p>Number of services awarded</p>	<p>This reached a total of 901 children</p> <p>Expected Change: Hope to engage services in the Mansfield area to increase the reach of the program.</p>	<p>Northeast Health Wangaratta</p> <p>Locality: Wangaratta Benalla Mansfield Beechworth</p> <p>Contributing Agencies: NHW Dental Clinic Kindergartens and long day care centres in Wangaratta, Benalla, Mansfield and Beechworth</p>		
<p>Implement Alpine Home Harvest Project, supporting local families & community members to grow their own food</p>	<p># boxes installed (goal 10 by end November/early December 2019)</p> <p>Participant feedback</p>	<p>Pre evaluation survey</p> <p>6-month post installation survey</p>	<p>Baseline: pre survey</p> <p>Expected Change: Self-reported change in above outcome measures. Reduced food insecurity (# times running out of food)</p>	<p>Lead Agency: Alpine Health</p> <p>Locality: Alpine</p> <p>Contributing Agencies: DHHS, Beechworth Corrections, Myrtleford Mens Shed, Benalla Health, Alpine Shire</p>		
<p>Scope Cooking for One/Two pilot project</p>	<p># of sessions</p> <p># of participants</p>	<p>Attendance records</p>	<p>Baseline: pre survey</p>	<p>Lead agency:</p>		

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



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	# of evaluation forms completed Feedback from evaluation	Session evaluations & feedback Food Ready Tool	Expected change: Self-reported change in outcome measures (increase skills & confidence)	Gateway Health (Rural Health) Locality: Alpine Contributing agencies: Alpine Health		



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 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)	Reflection
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Support workplaces to build healthy environments for their employees	<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>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>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>Lead Agency: Mansfield District Hospital, Gateway Health, Alpine Health</p> <p>Locality: Rural City of Wangaratta, Alpine Shire</p> <p>Contributing Agencies: Cancer Council Victoria Healthy Eating Advisory Service</p>		
Collaboratively deliver the RESPOND project in conjunction with Deakin University	<p>Number of GMB events</p> <p>Number of attendees</p>	Participant knowledge of childhood obesity (Deakin Survey)	<p>Baseline:</p> <p>The proportion of combined overweight</p>	Lead Agency: Deakin University		

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	Process Measure/s (Effect)	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)	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>Deakin Health Behaviour Summary Reports.</p>	<p>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>31% of boys and 20.7% of girls met the PA guidelines for every day</p>	<p>Locality: Cross Catchment</p> <p>Contributing Agencies: Benalla Health, Northeast Health Wangaratta, Mansfield District Hospital, Gateway Health</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 	

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.

<p>Intervention, Timeframe and Scale</p> <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>Process Measure/s (Effect)</p> <p><i>What will measure what we did and how well we did it? E.g. reach, timeframes</i></p>	<p>Evaluation Method/Tool</p> <p>How we will obtain the data? E.g. #people contacted, attendance rates</p>	<p>Baseline Position and/or Expected Change/Target</p>	<p>Lead Agency/Contributing Agency/Locality</p>	<p>Key Results (Qualitative and Quantitative)</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>Reflection</p>
			<p>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 schools in 2021</p> <p>Number of Community interventions resulting from GMB3</p>			
<p>Implement Healthy Food Connect via Local Food Networks</p>	<p># partners and initiatives, reach</p>	<p>To be done in 2021</p> <ul style="list-style-type: none"> • GIS mapping - including food desert and • GIS food outlet/food interventions mapping <p>Network mapping pre and post (2012 vs 2017 vs 2021)</p> <p>Partnership survey- partner feedback</p> <p>Workshop/Forum evaluations</p>	<p>Baseline: GIS mapping from 2012 and 2017</p> <p>Visual Network mapping 2012 vs 2017</p> <p>Expected Change: Workshops/Forums continue</p> <p>Food Networks have more collaborative initiatives</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 members, Farmers markets, Community Garden, Benalla Rural City</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	Process Measure/s (Effect)	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)	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>				<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 	
				Council, Alpine Shire Council, Benalla Sustainable Future Group		
Provide healthy eating and active living information (including grants, resources, support available) to primary schools via an email newsletter once per term	# of newsletters developed # of school it was sent to # of times they were opened # of clicks opened	Analytic data from mail chimp	Baseline: 4 newsletters distributed in 2018/2019 Expected Change:	Lead Agency: Northeast Health Wangaratta Gateway Health Locality: Wangaratta LGA Contributing Agencies: RCoW Primary Schools		
Support the implementation of the North East Local Food Strategy (NELFS)	#partners & projects #grant submissions Quarterly e-newsletter distributed Reach	Records kept of partnerships & projects, grant submissions E-Newsletter analytical data	Baseline: Monthly newsletters Monthly meetings Informal network, no lead agency Expected Change: An incorporated body is formed, or an existing agency assumes lead Funding sought for Local Food Activator role Action on the priorities identified in the NELFS	Lead Agency: Alpine Health, Benalla Health, Gateway Health Locality: CHPCP and UHPCP catchments Contributing Agencies: see NELFS document's list		

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	Process Measure/s (Effect)	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)	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> 	<i>What will measure what we did and how well we did it? E.g. reach, timeframes</i>				<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> 	



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 How we will obtain the data? E.g. #people contacted, attendance rates	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>				<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 	
Promote Communities Latching on to Breastfeeding Campaign	Brand recall	Parenting Needs Survey	<p>Baseline: Parenting Needs survey completed in previous plan</p> <p>Expected Change: Compared to repeat Parenting Needs Survey results. implementation of recommendations from Parenting Need Survey</p>	<p>Lead Agency: Benalla Health,</p> <p>Contributing Agencies: 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) - 1.4 EFT
Northeast Health Wangaratta (NHW) - 0.1 EFT
Alpine Health (AH) - 0.5EFT
Mansfield District Hospital (MDH) -0.15 EFT

Objective, Timeframe and Scale	Progress measure/s (Effect/Outcome)	Evaluation Method/Tool	Baseline Position and Expected Change/Target	Contributing Agencies	Key Results (Qualitative and Quantitative)
<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 whether or not we are achieving this change? E.g. changes in knowledge, behaviour, environments, policies</i></p>	<p><i>How we will obtain that data? e.g. existing data sources, focus groups, observation</i></p>	<p><i>What is our starting point and how much do we expect it to change?</i></p>		<ul style="list-style-type: none"> • <i>What has been the effect of the work?</i> • <i>What has changed?</i>
	<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 		<p>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:</p>	<p>Contributing Agencies: Central Hume Primary Care Partnership North East Health Wangaratta Gateway Health Benalla Health Mansfield District Hospital Alpine Health</p>	

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) 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
Support the implementation and evaluation of <i>Walk to School</i> and plan for next year's initiative accordingly	#schools participating # of activities held	Council records # media releases	Baseline: Numbers participating Expected Change: MDH- Active transport improved and promoted in the Mansfield Shire	Lead Agency: Councils WISAC Locality: Mansfield, Wangaratta Contributing Agencies: Gateway Health MDH		
Identify barriers and enablers to active living through the design and implementation of an Active Living Mapping Project	Number of Surveys completed Number of Focus Groups and number of people participated in Focus Groups Number of Services Interviewed	Survey RESPOND Summary Report GIS Maps Focus Group Active Living Report	Baseline: State wide and National data Expected Change: Scope of environment Understanding of what is happening Identify key objectives/focus areas for change	Lead Agency: Benalla Health, Gateway Health Locality: Benalla, Wangaratta LGA Contributing Agencies: Sport North East Council Neighbourhood Houses Goulburn Valley Sport		
Increase and promote opportunities to be active in the Alpine Shire	Delivery of the Active Alpine Group annual action plan	Effectiveness of working in partnership to deliver actions in annual action plan	Baseline: Alpine Active Living Mapping Project data including community consultation, survey	Lead Agency: Gateway Health, Alpine Health Locality:		

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.

<p>Intervention, Timeframe and Scale</p> <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>Process Measure/s (Effect)</p> <p>What will measure what we did and how well we did it? E.g. reach, timeframes</p>	<p>Evaluation Method/Tool</p> <p>How we will obtain the data? E.g. #people contacted, attendance rates</p>	<p>Baseline Position and/or Expected Change/Target</p>	<p>Lead Agency/Contributing Agency/Locality</p>	<p>Key Results (Qualitative and Quantitative)</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>Reflection</p>
		<p>Effectiveness of community consultation and connections regarding physical activity</p> <p>Mapping of, and updates to, local opportunities and resources available regarding physical activity (E.g., Community consultation and distribution of Walks and Trails Guide, mapping of physical activity groups, facilities etc.)</p> <p>Number of registrations with physical activity campaigns (E.g., Premier's Active April, Sport North East School Holiday Programs)</p> <p>Number of sports clubs and workplaces engaged with and implementing Achievement Program and Good Sports Program</p>	<p>results and GIS mapping information</p> <p>Expected Change:</p> <p>Increase in the number of Alpine Shire community members aware of and accessing opportunities and resources available regarding physical activity</p>	<p>Alpine Shire</p> <p>Contributing Agencies:</p> <p>Gateway Health</p> <p>Alpine Health</p> <p>Alpine Shire Council</p> <p>Sport North East</p>		
<p>Facilitate RCoW Active Living Network</p>	<p>Number of meetings held</p> <p>Number of attendances</p> <p>Number of joint initiatives worked on</p>	<p>Partnership Tool Evaluation</p> <p>Number of articles published on joint initiatives</p>	<p>Baseline:</p> <p>Five agencies regularly attending network</p> <p>Expected Change:</p> <p>Partnership Tool will help shape the network to make sure it is meeting</p>	<p>Lead Agency:</p> <p>Gateway Health</p> <p>Locality: Wangaratta LGA</p> <p>Contributing Agencies:</p> <p>RCoW, Sport North East, Wangaratta</p>		

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	Process Measure/s (Effect)	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)	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) 	What will measure what we did and how well we did it? E.g. reach, timeframes		agency's needs to allow us to better work in partnership together	YMCA, North East Health Wangaratta	<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 	
Continue to deliver the North East Women Get Active (NEWGA) campaign	Monthly articles supported by Mansfield Courier to encourage women to participate in active living in the Mansfield Shire	# of articles published # of women interviewed -Range of activities profiled -Distribution/reach	Baseline: State wide and national data Expected Change: Uptake of women participating in active living in the Mansfield LGA	Lead Agency: Mansfield District Hospital Locality: Mansfield LGA Contributing Agencies: Mansfield Courier (NE News)		
Deliver INFANT Program (Deakin University)- see Strategy 1.1/2.1	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 Contributing Agencies: Northeast Health Wangaratta Mansfield District Hospital Alpine Health RCoW- MCH		
Deliver Benalla Grow Your Own Project	See 1.1 re: evaluation	See 1.1 re: Evaluation	Baseline: See above	Lead Agency: Benalla 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	Process Measure/s (Effect)	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)	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>		Expected Change: See above	Locality: Contributing Agencies:	<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 	

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	Process Measure/s (Effect)	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)	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>				<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 	
Promote Benalla Lakeside Equipment	# videos created and shared on website/social media Aim for 3x 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: Park Run Australia		

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) <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 workplaces to build healthy environments for their employees	Number of workplaces engaged with regarding building healthy environments for their employees Number of workplaces registered with the Achievement Program Achievement Program healthy priority area progression and completion Resources developed and made available for workplaces Staff health and wellbeing feedback # of staff who currently ride to work Barriers and enablers of being able to ride to work Implementation of MDH Health &	Documentation of number of workplaces engaged with and outcomes of engagement process Documentation of number of workplaces registered and receiving support to implement the Achievement Program Achievement Program tools including; Snapshot (baseline) Survey, staff health and wellbeing surveys, health priority area benchmarks (measures) such as policy development Initiatives delivered to support implementation of the physical activity health priority area benchmarks (e.g., Mental Health Month Finska Sessions, Ride2Work Day events, workplace focus groups) Record of activities supported Staff health and wellbeing surveys Audit of staff who ride to work	Baseline: Expected Change: Development of connections with new workplaces and increased awareness of importance of workplace health, the Achievement Program and local support available Increase in number of workplaces registered with the Achievement Program Progression and completion of Achievement Program healthy priority areas	Lead Agency: Mansfield District Hospital, Gateway Health, Alpine Health Locality: Rural City of Wangaratta, Alpine Shire, Mansfield Shire Contributing Agencies: Cancer Council Victoria		

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	Process Measure/s (Effect)	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)	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> 	<i>What will measure what we did and how well we did it? E.g. reach, timeframes</i>				<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> 	
Provide healthy eating and active living information (including grants, resources, support available) to primary schools via an email newsletter once per term	See 2.1	See 2.1	Baseline: Expected Change:	Lead Agency: Northeast Health Wangaratta/Gateway Health Locality: Contributing Agencies:		
Support the establishment of Benalla parkrun	Was parkrun established in 2019?	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		
Support Mansfield Positive Ageing Working Groups to implement training	# of volunteers trained # Groups being offered Timeframe-training provided by the end of June 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		



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"> • <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> 	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"> • <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> 	Reflection
				Ageing Project, Mansfield LGA		
Collaboratively deliver the RESPOND project in conjunction with Deakin University	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) - 0.3 EFT Northeast Health Wangaratta (NHW) - 0.1 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>	

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



Strategy 3.1 Improve workforce capacity through						
<ul style="list-style-type: none"> 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"> 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 	
Support evaluation methods to be built in to the annual action plan	Evaluation workshop session provided to Prevention Working Group. October 2019	Feedback from Prevention Working Group	<p>Baseline: Evaluation in the action plan has previously been sporadic</p> <p>Expected Change: Improved understanding of applying evaluation methods specific to interventions identified</p>	<p>Lead Agency: Central Hume PCP</p> <p>Contributing Agencies: Benalla Health, Mansfield District Hospital, Gateway Health, Alpine Health, Northeast Health, Wangaratta</p>		
Conduct an audit of Health Promotion and Prevention and core competencies (survey) in 2020 and identify if any skills gap	Audit delivered to the prevention working group by June 2020	Skill gaps identified	<p>Baseline: Previous audit collected (last plan 2012-2017)</p> <p>Expected Change: Clearer understanding of skills gap and training / development opportunities.</p>	<p>Lead Agency: Central Hume PCP</p> <p>Contributing Agencies: Benalla Health, Mansfield District Hospital, Gateway Health, Alpine Health, Northeast Health, Wangaratta</p>		
Coordinate the development of a skills matrix	Matrix completed and shared with the prevention working group	Feedback received from the group	<p>Baseline: Matrix not previously been completed</p> <p>Expected Change: Better understanding of the skill set of the prevention working</p>	<p>Lead Agency: Central Hume PCP</p> <p>Contributing Agencies: Benalla Health, Mansfield District Hospital,</p>		

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



Strategy 3.1 Improve workforce capacity through						
<ul style="list-style-type: none"> 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"> 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 	
			group for peer support and collaboration	Gateway Health, Alpine Health, Northeast Health Wangaratta		
Share resources, project findings, local outcomes, professional development opportunities across the catchment	<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:</p> <p>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 How we will obtain the data? E.g. #people contacted, attendance rates	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>				<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 	
Participate in the Central Hume Prevention Working Group monthly meetings and the quarterly Central Hume Strategic Implementation Network meetings	Group meetings are held monthly and attendance of each agency represented.	# of meetings held	<p>Baseline: Meetings are held monthly, and location of meetings alternates between agency</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>		
Participate in the bi-monthly Local Health & Wellbeing Partnerships Meetings; share knowledge and resources and utilise opportunities for collaborations	<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: Benalla Health Mansfield District Hospital Gateway Health Alpine Health Northeast Health Wangaratta</p> <p>Local Governments</p>		
Support and partner with agencies to deliver the RESPOND project	Regional communications plan implemented	Catchment support provided for Community Intervention sessions (GMB)	<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:</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 How we will obtain the data? E.g. #people contacted, attendance rates	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>				<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>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>Central Hume PCP 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>Plans clearly align</p>	<p>Baseline:</p> <p>Catchment prevention plan retrospectively aligns with MPHWP 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 Rural City of Wangaratta</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 How we will obtain the data? E.g. #people contacted, attendance rates	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>				<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 	
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>		
Conduct Partnership evaluations with health promotion managers to monitor and improve partnerships	Partnership elements reviewed and scored by participating partners	Partnership Evaluation Tool (e.g. Vic Partnership Evaluation Tool) Survey Monkey	<p>Baseline: Partnership Evaluation Tool has not been conducted by this group.</p> <p>Expected Change: A gained better understanding of partnerships priorities and areas for improvement.</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 3.3 Develop Catchment Plan; monitor and submit to DHHS the annual report						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	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	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>				<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>Annual development of prevention Action Plan and Evaluation Reports to DHHS</p> <p>Action Plan (2020-2021) process to commence in May 2020</p>	<p>Drafting of plan to commence in May 2020 to ensure plan is adapted July 1st 2020.</p> <p>Annual report is submitted in a timely and satisfactory manner (August 31st 2020)</p>	<p>Report and Annual Action Plan completed by deadlines</p>	<p>Baseline: Currently plans aren't due until end of October, however they align with the financial year.</p> <p>Expected Change: Development of reporting and action plan process is completed with ease</p> <p>Action Plan is ready to be implemented July 2020</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 3.4 Evaluation of the Plan's implementation						
Intervention, Timeframe and Scale	Process Measure/s (Effect)	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	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>				<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 	
Review the Central Hume Prevention Working Group and Terms of Reference annually	Reviewed annually	Prevention Working Group consulted and feedback received	<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 How we will obtain the data? E.g. #people contacted, attendance rates	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>				<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</p> <p>Mansfield District Hospital</p> <p>Gateway Health</p> <p>Alpine Health</p> <p>Northeast Health</p> <p>Wangaratta</p>		
<p>Ensure agencies are aware of:</p> <p>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</p> <p>Mansfield District Hospital</p> <p>Gateway Health</p> <p>Alpine Health</p> <p>Northeast Health</p> <p>Wangaratta</p> <p>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? Was the feedback heard? 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 Change as a result of the feedback</p>	<p>Lead Agency: Gateway Health</p> <p>Contributing Agencies:</p>		
<p>Respond to identified community and</p>	<p><u>Smoke Free NHW</u></p> <p># of staff trained in AAH brief intervention</p>	<p>Policy and guideline</p> <p>File audits</p> <p>VNSHS audits</p>	<p>Baseline: To be completed</p>	<p>Lead Agency: Northeast Health</p> <p>Wangaratta</p>		

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



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 How we will obtain the data? E.g. #people contacted, attendance rates	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>				<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 	
organisational health issues as needed	# of referrals to Quitline # of patients offered NRT support Discharge planning process	Environmental audits Rickman review's	Expected Change:	Contributing Agencies: Quit Victoria Alfred Health Victorian Network of Smoke Free Health Services		

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 How we will obtain the data? E.g. #people contacted, attendance rates	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>				<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 	
Ensure communication flow between the governance structure.	Coordination of Central Hume Strategic	Representation at meetings Communication methods used	Baseline:	Lead Agency: Central Hume PCP		

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



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 How we will obtain the data? E.g. #people contacted, attendance rates	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>				<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 	
Central Hume Prevention Working Group and Local Partnerships	<p>Implementation Network Meetings.</p> <p>Representation from Central Hume PCP at each Health & Wellbeing Partnership meeting across the catchment.</p>		<p>Meetings are held monthly and quarterly, communication is prioritised across all agencies</p> <p>Expected Change: Information is shared to all contributing agencies in order to achieve strategic outcomes</p>	<p>Contributing Agencies:</p> <p>Benalla Health Mansfield District Hospital Gateway Health Alpine Health Northeast Health Wangaratta</p>		

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



Appendix 1. Links to Municipal Public Health & Wellbeing Plans

Local Government Area	Partners, <i>Strategic Partners</i> , and other collaborating organisations	Priorities and objectives: Links to MPHWP	Settings and <i>Target Groups</i>
Alpine Shire	Alpine Health, Gateway Health, <i>Sport North East</i> , <i>Women's Health GNE</i> , <i>Alpine Shire Council</i> . 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	-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.	Primary schools Secondary school Neighbourhood Centres Community Garden Community Groups Community settings Social Media Radio Community Health facilities Partner workplaces Population wide CHPCP <i>-All Residents with a particular focus on children; and families with young children</i> <i>-Mothers with 0 - 3 month olds</i> <i>-Breastfeeding mothers returning to work in partner organisations</i> <i>-All employees in partner organisations</i> <i>-All independent community groups where a partnership approach for collective impact is indicated</i> <i>-Population health system</i>
Benalla Rural City	Benalla Health, <i>Valley Sport</i> , <i>Benalla Rural City Council</i> . 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	<i>Encourage community members to be healthy, safe and active</i> -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	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 <i>-Low SES families, living in food deserts</i> <i>-Children from Low SES families, not connected to recreation clubs</i> <i>-Mothers with 0 - 2 year olds</i> <i>-Parents with young children</i> <i>-All Residents, with a particular focus on children.</i> <i>-Population Health system</i>
Mansfield Shire	Mansfield District Hospital, <i>Mansfield Shire Council</i> Deakin University Goulburn Valley Water Gateway Health Valley Sport	<i>Healthy Lifestyles</i> -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	Community settings Primary Schools Local Newspaper Local Community Radio <i>-Mothers with babies aged 0 - 3 months</i> <i>-All residents, with a particular focus on children, women, and older people</i> <i>-Population Health system</i>



<p>Rural City of Wangaratta</p>	<p>Gateway Health, Northeast Health Wangaratta, <i>Womens Health GNE, Rural City of Wangaratta, Sport North East</i></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>