Goulburn Valley Primary Care Partnership
Integrated Health Promotion Plan

2012-2017
Hume Region Priority: Healthy Eating
Sub Regional Priority: Social Connection

October 2016
Acknowledgements

Staff of the following agencies have been actively involved in the planning process, development and review of this document;

Cobram District Health
Department of Education and Training (formerly Department of Education and Early Childhood Development)
Goulburn Valley Health
Greater Shepparton City Council
Honeysuckle Regional Health (formerly Violet Town Bush Nursing)
Kildonan Uniting Care (formerly Uniting Care Cutting Edge)
Moira Shire
Nathalia Hospital
Numurkah District Health Service
Primary Care Connect
Rumbalara Aboriginal Cooperative
Strathbogie Shire
Vision Australia
Women’s Health Goulburn North East
Yarrawonga Health

The history, culture, diversity and value of all Aboriginal and Torres Strait Islander people are recognised, acknowledged and respected.

For further information contact:

Renata Spiller
Project Manager: Integrated Health Promotion
Goulburn Valley Primary Care Partnership
Phone: (03) 5814 5154
Email: hp2@gvpcp.org.au

This document is available at: www.gvpcp.org.au

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2nd Revision October 2013
3rd Revision October 2014
4th Revision October 2015
5th Revision October 2016
EXECUTIVE SUMMARY

The following strategic plan for Goulburn Valley Primary Care Partnership Integrated Health Promotion network, developed in partnership with key stakeholders, was facilitated through a number of working groups at a regional and sub-regional level.

Goulburn Valley Primary Care Partnership (GVPCP) members have a vision of *well communities, strong families and healthy individuals* within the Hume catchment, supported by a strong primary health care sector.

Together the Integrated Health Promotion (IHP) network has outlined current and future cross sector collaborations to improve the health and wellbeing of the community across local government areas of Greater Shepparton, Strathbogie and Moira (sub-regional area). This document notes key priority areas which continue to build upon the partnership work of service providers, clinicians and the community.

A focus across the Hume Region to have one *regional priority* (healthy eating) provided GVPCP members with an opportunity to strengthen existing local action in healthy eating initiatives, and build a coordinated, multi-strategy approach which could be sustainable for the community, rather than initiating new programs in isolation. A *sub-regional priority*, specific to GVPCP catchment identifies members building inclusive, resilient and safe communities which promote opportunities for social connection.

Local level population data was used to describe health determinants of communities and identified potential target groups for regional and sub-regional interventions. A range of stakeholders were engaged in the planning process, reviewing a suite of evidence based interventions and contributing to the development of an evaluation plan. Throughout the entire process, core health promotion frameworks and theories such as social determinants of health and social model of health, guided decision making.

During the next five years, GVPCP members will continue to review and refine strategies in response to process evaluation (what is working and what is not), reducing risk and noting new opportunities where feasible within the current climate of resource constraints. Sustainability of activities has been considered, whilst being aware of new evidence which may emerge to guide implementation to meet the regional and sub-regional objectives of healthy eating and social connection; determinants which address mental and physical health.

Dissemination of information will include progress reports created and shared by GVPCP members, Department of Health and Human Services and Human Services interim reports, case studies, as well as conference and workshop presentations were applicable.

I would like to acknowledge the considerable contributions of GVPCP members to ensure the development of the Goulburn Valley Primary Care Partnership Integrated Health Promotion Plan 2012-2017.

Leigh Rhode
Interim Chair- Executive Committee
Goulburn Valley Primary Care Partnership

The following agencies funded by the Department of Health and Human Services for Integrated Health Promotion activities have endorsed the 2012-2017 Integrated Health Promotion Plan.

Karen Harris
Cobram District Health

Leigh Rhode
Goulburn Valley Health

Robyn Sprunt
Numurkah District Health Service

Rebecca Lorains
Primary Care Connect

Elaine Mallows
Yarrawonga Health
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**CONTEXT**

In July 2011 the Regional Department (Hume) released an Integrated Health Promotion Strategy: Developing a Hume Region approach to Preventive Health 2012-2015. This report identified that a new approach to integrated health promotion (IHP) planning was necessary, in order to reduce duplication and fragmentation of health promotion programs delivered throughout the Hume Region, and in doing so, maximise the potential for success in health outcomes¹.

The Regional Health Promotion Strategy (RHPS) encourages agencies to work in partnership to plan, implement and evaluate evidence informed catchment strategies that address the identified priority areas². As a requirement of the IHP strategy, agencies in the Hume Region selected two health promotion priorities in which to focus activities over the next five years. ‘Healthy Eating’ was identified as the Hume Region priority. In addition, each Primary Care Partnership (PCP) catchment area selected a separate sub-regional priority; ‘Social Connection’ was chosen as the second priority for Goulburn Valley PCP. These priorities were chosen following a thorough review of evidence and data reflecting the health and wellbeing status of communities in the Hume Region.

**PRIORITY AREAS**

<table>
<thead>
<tr>
<th>Regional priority</th>
<th>Healthy Eating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong></td>
<td>All people in the Hume Region are able to have access to food that is safe, nutritious and culturally valued³.</td>
</tr>
</tbody>
</table>
| **Target group:** | Primary: Children 0-12 years of age  
|                   | Secondary: Parents and carers of children 0-12, and professionals who work with the target group.  
|                   | Specific population groups within the target age will be considered for focused interventions. |
| **Objective:**    | 1. By 2017, increase the number of serves of fruit and vegetables consumed by children aged 0-12 and their families in GVPCP catchment. |

<table>
<thead>
<tr>
<th>Sub-regional priority</th>
<th>Social Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong></td>
<td>All people in GVPCP catchment have opportunities for social connection.</td>
</tr>
<tr>
<td><strong>Target group:</strong></td>
<td>Community groups and services</td>
</tr>
<tr>
<td><strong>Objective:</strong></td>
<td>1. Build inclusive, safe and resilient communities that promote opportunities for social connection in GVPCP catchment.</td>
</tr>
<tr>
<td><strong>Working definition:</strong></td>
<td>Social connection comprises supportive relationships and environments, involvement in community and group activities and civic engagement, enabling each person to build resilience, be the best they can be and contribute to one’s community.</td>
</tr>
</tbody>
</table>

¹ Integrated Health Promotion Strategy: Developing a Hume Region approach to preventive health 2012-2015, Department of Health and Human Services Hume Region, 2011
² Community and Women’s Health Integrated Health Promotion ‘Bridging year’ 2012-2013 Guidelines – June 2012, Department of Health and Human Services, 2012
³ The term culturally valued in this document refers to a culture that supports the consumption of healthy food
GUIDING FRAMEWORKS

Goulburn Valley PCP (GVPCP) members are committed to providing evidence informed health promotion initiatives, based on core theories, as reflected in the:

1. Ottawa Charter
2. Social Determinants of Health
3. Social Model of Health
4. Sundsvall Statement
5. Melbourne Charter

Underpinning these frameworks is the accepted definition of health: ‘a complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity’4. These frameworks will support and guide members’ health promotion strategies to enable people to increase control over their health and its determinants, and thereby improve their health5.

In alignment with the Victorian State health and wellbeing priorities6, GVPCP strategies with a specific focus on primary prevention will align with healthier eating and improving mental health (social connection), two of the six identified priority areas. As shown in Figure 1, primary prevention activities are regarded as programs and initiatives that target whole populations and aim to prevent health problems before they occur. This focus is incorporated into the Hume Region planning process. A number of Commonwealth, State and Regional policies specific to healthy eating have been identified and considered in the planning process. Strategic alignment with Municipal Public Health and Wellbeing plans and Primary Health Network initiatives will enhance opportunities to build a coordinated, multi-strategy approach to increase sustainability for IHP initiatives delivered in our communities.

![Figure 1: Focus of the Integrated Health Promotion plan, adapted from the Victorian Public Health and Wellbeing Plan 2011-2015](image-url)

**Framework for Healthy Eating**

The term ‘healthy eating’ is used throughout this plan to encompass the concepts of nutritional value, food security and the sustainability of food consumed in Victoria. This plan acknowledges the three socioeconomic determinants of healthy eating which impact on our communities:

1. A sustainable supply of healthy foods
2. Access to healthy foods
3. A culture that supports the consumption of healthy foods

*See Appendix 3: Victorian Framework for Healthy Eating*

**Framework for Social Connection**

Social Connection is acknowledged as a key determinant of mental and physical health under the Participation for Health Framework developed by VicHealth. This framework guides the work of GVPCP members and clearly identifies three themes under Social Connection:

1. Supportive relationships
2. Involvement in community and group activities
3. Civic engagement

*See Appendix 4 for Participation for Health: a framework for action 2009-2013*

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5 World Health Organisation, 2005
**PRIORITY AREA: HEALTHY EATING**

**Hume Region: Key Factors**

To identify prevalence of healthy eating in *Hume Region*, fruit and vegetable consumption rates and rates of overweight and obesity were considered.

- Proportions of adults aged 18 years and over that do not meet fruit and vegetable guidelines is 50.2 % for the Hume Region, in comparison to the Victorian average of 48.2 %.
- Males were identified as a population group of concern in Hume Region and were ranked first out of the eight regions across Victoria, in regards to not meeting fruit and vegetable guidelines.
- Proportion of the population aged 18 years and over in Hume Region that is overweight or obese is 55.4 %, in comparison with the state average of 48.6 %.

Fruit and vegetable consumption is strongly linked to the prevention of chronic diseases and to better health. Adequate intake of fruit and vegetables has been linked to a decreased risk of obesity. In regards to burden of disease accounts for 3.3 % of the total Victorian disease burden. Poor nutrition is linked to non-communicable diseases, such as cardiovascular disease, type 2 diabetes, osteoporosis, and stroke. From a determinants perspective, it was acknowledged that a regional focus on healthy eating could have the potential to reduce an upward trend which could suggest a future of increasing prevalence.

Food security rates indicated that 6.9 % of the Hume region population reported running out of food in the previous 12 months, in comparison with the state average of 5.6 %. Hume region is ranked second out of the eight regions in this category.

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**Did you know ...**

City of Greater Shepparton, Strathbogie and Moira Shires are respectively ranked 13, 23, and 15 out of 79 Victorian local government areas in regards to relative socioeconomic disadvantage

Socio-Economic Indexes for Areas (SEIFA) scores:
- 952 for Greater Shepparton
- 970 for Strathbogie Shire
- 952 for Moira Shire

*Census of Population and Housing, Australian Bureau of Statistics (2011)*

Proportion of families with children who report a household income of less than $650 per week is:
- 23.4 % in Greater Shepparton,
- 25.4 % in Strathbogie Shire,
- 22.6 % in Moira Shire

Figures are higher than both the Hume Region average of 21% and the Victorian average of 17.9%.

*Victorian Local Government Areas Statistical Profiles, Department of Health and Human Services (2012)*

Low socioeconomic status and low education levels are key contributing factors that impact on selected health promotion priorities.

Proportion of persons that did not complete year 12:
- 61.9 % in Greater Shepparton
- 64.5 % in Strathbogie Shire
- 68.8 % in Moira Shire

Figures are all higher than the Victorian averages of 43.7%.

*Victorian Local Government Areas Statistical Profiles, Department of Health and Human Services (2012)*

Proportion of students identified as disengaged school leavers are:
- 24.6 % for Greater Shepparton
- 19.6 % for Strathbogie Shire
- 20.2 % for Moira Shire

With the exception of Strathbogie, these figures are all higher than both the Hume Region average of 19.8 % and the Victorian average of 15.4 %.

*Community Indicators Victoria (2006)*

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7 Victorian Population Health Survey 2008 – Selected Findings, Department of Health and Human Services, 2010
8 National Health and Research Medical Council, 2003
9 World Health Organisation, 2002
10 Victorian Burden of Disease Study, Mortality and morbidity in 2001, Victorian Department of Human Services, 2005
11 Australia’s Health 2010, Australian Institute of Health and Welfare, 2010
12 Victorian Population Health Survey 2008 – Selected Findings, Department of Health and Human Services, 2010
Sub-Regional Key Factors

It was identified that increasing household income acts as a predictor for increasing fruit and vegetable consumption. Additionally, skills acquired through educational opportunities impact on a person’s ability to read. Understanding food labels and how to prepare nutritious meals depends on the extent to which populations have the appropriate knowledge and skills. Individuals need to have access to financial resources to purchase fruit and vegetables, along with transport options to take goods to their home, and then have the equipment necessary to prepare and store food.

Data specific to GVPCP catchment was analysed to determine particular objectives which agencies would work towards in order to address the Healthy Eating priority. Similar to Hume Region statistics, fruit and vegetable consumption and prevalence of overweight and obesity were identified areas.

Weight of population

Proportions of the population aged 18 years and over that are overweight or obese is:

- 53.3% in Greater Shepparton
- 57.5% in Strathbogie Shire
- 59.2% in Moira Shire

Figures are all higher than the Victorian average of 48.6%.

Of the 79 local government areas in Victoria for this indicator Shire rankings were:
- Greater Shepparton ranked 12
- Strathbogie Shire ranked 30
- Moira Shire ranked 7

Proportion of adults aged 18 years and over that do not meet fruit and vegetable guidelines is:

- 53.9% in Greater Shepparton
- 50.7% in Strathbogie Shire
- 55% in Moira Shire

Figures are all higher than the Victorian average of 48.2%.

Of the 79 local government areas in Victoria for this indicator Shire rankings were:
- Greater Shepparton ranked 35
- Strathbogie Shire ranked 13
- Moira Shire ranked 3

Data available at the Hume Region level indicates that 66.9% of children aged 4-12 years do not meet fruit and vegetable guidelines. Nationally, the proportion of children aged 5-12 years that do not meet guidelines for fruit and vegetables has been shown to increase with age.

Early childhood education

Is an identified area of focus, whereby the percentage age of preps meeting the reading accuracy score of 90% or more was:

- 74.2% in Greater Shepparton
- 72.6% in Strathbogie
- 73.1% in Moira

These figures are all lower than the Hume Region average of 79.4% and the state average of 81.3%. Greater Shepparton, Strathbogie, and Moira are respectively ranked 68, 72, and 69 out of a total 79 Victorian local government areas for this particular indicator.

Early Childhood Profiles, Department of Early Childhood and Education (2010)

Breast Feeding Rates

For 2011/12 the proportion of infants fully breastfed at three months is:

- 42.5% in Greater Shepparton
- 59.1% in Strathbogie
- 42.2% in Moira

Rates for Greater Shepparton and Moira were lower than both the Hume Region average of 47.7% and the Victorian average of 51.7%. Strathbogie rates for breastfeeding were higher than both regional and state averages.

Maternal & Child Health Service Annual Report, Department of Education and Early Childhood Development (2011/12)

National data shows that children aged 4-6 months to 12 years are currently not meeting recommended dietary guidelines. Evidence suggests that approximately four out of five Australian children aged 2-3 have:

- inadequate vegetable intake
- inadequate cereal intake
- consume too much saturated fat and sugars.

Increasing Healthy Eating for Children Aged 4-6months to 4 years- An Evidence Summary (2010)

Breastfeeding and the development of healthy eating habits are critical for a child’s development and offers protective factors from developing chronic diseases later in life.

13 Hume Region Population Health Profile 2012, compiled by Hume Region PCPs 2012
**Food Security**

Food security rates indicated that 6.9% of the Hume region population reported ‘running out of food’ in the previous 12 months, in comparison with the state average of 5.6%. Hume region is ranked second out of the eight regions in this category\(^{14}\).

Barriers that individuals and families face in order to access and acquire fresh foods can be numerous and further impact on fruit and vegetable consumption, contributing to disease prevalence. In the Hume Region, population groups who may be particularly vulnerable to food insecurity have been identified as:

- households with low income
- experiencing housing stress or housing poverty
- poor access to transport, and
- people who identify as Aboriginal or Torres Strait Islander

The proportion of people who ran out of food in the previous 12 months and could not afford to buy more was:

- 8.1% in Greater Shepparton
- 4.5% in Strathbogie Shire
- 7% in Moira Shire

With the exception of Strathbogie, these figures are higher than the state average of 5.6%\(^{15}\).

**Target Population**

**Children 0-12 years**

A target population of children aged 0-12 years was chosen by all four Hume PCPs for the priority of healthy eating. GVPCP members acknowledge the importance of investment in the early years and further view this target group as an appropriate focus for health promotion activities that encompass primary prevention.

At this early age of development children undergo a period of rapid growth, whereby breast feeding and healthy eating play a critical role in optimal development. Additionally, the establishment of food preferences and healthy eating behaviours are developed and can be strongly embedded from as early as age 3\(^{16}\).

**Parents Carers and Families**

Whilst children aged 0-12 years was chosen as the primary target group for the regional priority, GVPCP members identified that parents, carers, families, and professionals who work with children are all important groups that should also be considered in a targeted approach to healthy eating.

Parents and carers play a critical role in the development of a child’s early dietary behaviours and food preferences, as adults make decisions regarding which foods to purchase and prepare for family meals, and act as role models through their own eating behaviours\(^{17}\).

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\(^{14}\) Victorian Population Health Survey 2008 – Selected Findings, Department of Health and Human Services, 2010

\(^{15}\) Victorian Population Health Survey 2008 – Selected Findings, Department of Health and Human Services, 2010

\(^{16}\) Increasing healthy eating for children aged 4-6 months to 4 years: An Evidence Summary, Department of Health and Human Services, 2010

\(^{17}\) Increasing healthy eating for children aged 4-6 months to 4 years: An Evidence Summary, Department of Health and Human Services, 2010
**PRIORITY AREA: SOCIAL CONNECTION**

Social Connection was chosen as GVPCP’s sub-regional health promotion priority, after a review of current data and local population health profiles. The term *social connection* comprises supportive relationships and environments, involvement in community and group activities and civic engagement; enabling each person to build resilience, be the best they can be, and contribute to one’s community.

**Key Factors**

In analysing indicators for social connection, it was identified that there were some areas in which the catchment produced positive results in comparison to Victorian averages. GVPCP members acknowledged that these were opportunities to build upon the existing strengths of communities in further encouraging social connection.

Proportion of people who helped out as a volunteer was:
- 19.7% in Greater Shepparton
- 28.6% in Strathbogie Shire
- 24.2% in Moira Shire

These figures are all higher than the state average of 17.7%.

Lessons learned from community strengths can be applied to other social connection indicators such as community participation.

Proportion of people who participated in arts and related activities in the last 3 months were:
- 55.0% in Greater Shepparton
- 53.2% in Strathbogie Shire
- 37.4% in Moira Shire

These figures are all lower than the state average of 63.6%.

The proportion of people that lived near public transport was:
- 37.3% in Greater Shepparton
- 20.7% in Strathbogie Shire
- 18.7% in Moira Shire

These figures are all significantly lower than the state average of 72.6%.

Of the 79 local government areas in Victoria for this indicator *Shire rankings* were:
- Greater Shepparton ranked 45
- Strathbogie Shire ranked 63
- Moira Shire ranked 65

Participation in community life can be limited when people do not have the financial means to purchase uniforms, equipment or pay registration fees when joining a club. Transport options and reduced internet access may further prevent people from connecting with others on both face-to-face and virtual levels.
**Target Population**
Community groups and services located across Greater Shepparton, Strathbogie and Moira Shires have been selected as the target group for social connection strategies. A whole of population approach has been applied for this priority area, given the variability in cultural groups and age cohorts across the three local government areas.

From an equity perspective, health promotion activities seek to reduce the gap between most advantaged and least advantaged individuals living in our communities. When considering those people who are most disengaged and disconnected across GVPCP catchment, member agencies identified the challenges in reaching people in the first instance to consult and explore social connection issues.

Great value was seen by GVPCP members in a liaison approach through community groups and services who were already regularly working with most disconnected groups in our communities. By supporting these groups and services to acknowledge and promote inclusive and safe environments, it was understood that this would lead to increased opportunities for people to participate and get involved.

Strategies identified in this plan will target low literacy and low socioeconomic population groups, to have an impact on health inequalities in the Hume catchment.
IDENTIFIED GOALS

HEALTHY EATING

Agreement across the Hume Region on the prevalence and impact of chronic disease and population health data, along with information on state and existing local programs, led to the development of the following goal:

“All people in the Hume Region are able to have access to food that is safe, nutritious and culturally valued”

Objectives

To support the regional goal and reflecting on the population health profile of GVPCP catchment, the evidence led to the development of two objectives, refined to one objective in 2015 review period:

Objective: By 2017, increase the number of serves of fruit and vegetables consumed by children aged 0-12 and their families in GVPCP catchment

Supportive Environments

GVPCP members acknowledge that the term ‘supportive environments’ originates from core health promotion theory, such as the Ottawa Charter (1986) and Sundsvall Statement (1991). These principles outline that:

- An individual does not exist independently to their surroundings
- Physical and social environments can have multiple impacts on the health of individuals and communities as a whole

Four dimensions have been identified in which action to create or strengthen supportive environments could be focused:

1. social dimension (including norms, customs, and processes)
2. political dimension
3. economic dimension
4. recognizing women’s knowledge and skills

As outlined in Figure 2, organisational development is a central component through which the four dimensions interact. Adopting an organisational approach ensures identified settings such as schools, early childhood centres, and sporting clubs are supportive environments; by reflecting these principles in structures and policies\(^\text{18}\).

In order to achieve an improvement in population health outcomes associated with healthy eating and increased fruit and vegetable consumption in children, it is necessary to focus efforts on supportive environments that promote healthy behaviours.

\(^{18}\) Integrated Health Promotion Resource Kit, Department of Health and Human Services, 2008
SOCIAL CONNECTION

GVPCP members considered population health data, along with information gained from local knowledge and existing programs, which led to the development of the following goal:

“All people in GVPCP catchment have opportunities for social connection”

Our Objective

In order to further support the goal, an objective was developed to guide GVPCP member activities:

Objective 1: Build inclusive, resilient and safe communities that promote opportunities for social connection in GVPCP catchment.

Working Definition

During the planning process, GVPCP members developed a working definition for Social Connection:

Social connection comprises supportive relationships and environments, involvement in community and group activities and civic engagement, enabling each person to build resilience, be the best they can be and contribute to one’s community

The working definition is for the use and reference of GVPCP members to ensure that a common understanding of social connection is developed and there is consistency in social connection activities across the catchment. Key ideas taken from the Melbourne Charter and Participation for Health framework have been incorporated into the definition.

In this context, civic engagement can be understood as it is outlined in Opportunities for social connection evidence summary: ‘Civic engagement refers to the ties people have to organisations and associations such as church organisations, volunteer associations and service clubs, as well as professional and political associations’19.

INTERVENTIONS

For health promotion interventions to be effective they are required to be multi-faceted, therefore they should include activities under a number of focus areas (Figure 3). Through the planning process, GVPCP members have reviewed a range of interventions to determine the appropriateness for implementation within the catchment. Strategies have been developed based on these reviews, and include activities themed:

- social marketing;
- health education and skill development;
- community action; and
- settings and supportive environments.

19 Opportunities for social connection: summary of learnings and implications, VicHealth, 2010
Figure 3: Health promotion interventions and capacity building strategies

The following five interventions have been identified as effective health promotion interventions:

1. **Act-Belong-Commit (social connection)**
   Is a comprehensive health promotion campaign that encourages individuals to take action to protect and promote their own mental wellbeing and encourages agencies that provide mentally healthy activities to promote participation in those activities. 

2. **Best Start (healthy eating)**
   A Victorian government early years initiative, Best Start supports families, caregivers and communities to provide the best possible environment, experiences and care for young children in the important years from pregnancy to school. Best Start aims to improve the health, development, learning and wellbeing of all Victorian children (0-8 years). Greater Shepparton is the only local government area in GVPCP catchment that is a Best Start project site.

3. **Smiles 4 Miles (healthy eating)**
   Smiles 4 Miles aims to improve the oral health of preschool aged children in Victoria by promoting three key messages – drink well, eat well, clean well. The program is based on the World Health Organisation’s Health Promoting Schools Framework and is delivered predominantly in kindergartens.

4. **Victorian Prevention and Health Promotion Achievement Program (healthy eating)**
   An initiative of the Victorian Government, Victorian Prevention and Health Promotion Achievement Program recognises achievements in promoting health and wellbeing and supports the development of safe, healthy and friendly environments for learning, working and living in:
   - schools and early childhood education and care services and
   - workplaces, workforces and local communities

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20 Integrated Health Promotion Resource Kit, Department of Health and Human Services, 2008
5. **Healthy Food Connect** *(healthy eating)*

Healthy Food Connect is a model to address local food system change. The model draws together knowledge from literature and projects to provide information and guidance on how to effectively influence, activate and create local food system change, and to facilitate healthier food access and availability within local communities.\(^25\)

**PARTNERS**

Agencies that are funded for Integrated Health Promotion\(^26\) (Department of Health and Human Services) in GVPCP catchment include:

- Cobram District Health
- Goulburn Valley Health
- Numurkah District Health Service
- Primary Care Connect
- Yarrawonga Health

To build a sustainable approach to health promotion in GVPCP catchment, further key partners (local government, youth services, not for profit agencies) were involved in the planning process\(^27\). Through the implementation of healthy eating and social connection activities, inter-sectoral partnerships will continue to be actively pursued by GVPCP members. This integrated approach is crucial to reach the described goals and will further promote healthy eating and social connection as areas in which all sectors can be involved in.

**Alignment with other initiatives**

- **Municipal Public Health and Wellbeing plans:** Local government planning in regards to public health and wellbeing initiatives takes place on a four yearly cycle, which is consistent with IHP plan period 2013-2017. This alignment will enable GVPCP members to liaise with local governments to identify common priorities and create opportunities for partnership. Local governments have been represented in IHP planning process and these relationships will continue to be built upon and supported over the life of the plan.

- **Aboriginal Health in Victoria:** *Koolin Balit* sets out the strategic directions for Aboriginal health over the next 10 years (2012-2022)\(^28\). A Victorian Government document, *Koolin Balit* identifies six key priorities with specific aims and actions. There are opportunities for alignment with priorities: ‘A healthy start to life’ and ‘A healthy childhood’; in which increased breastfeeding rates and improvement of oral and nutritional health have been identified as key actions. Partnerships with Aboriginal health services and workers are an integral part of this process and opportunities to build relationships and work in alignment will be sought.

- **Hume Region plan:** Women’s Health Goulburn North East (WHGNE) developed a Healthy Eating plan for the period 2012-2017. WHGNE will provide advice and capacity building in the areas of gender and equity to GVPCP members delivering healthy eating initiatives. GVPCP members will utilise opportunities to work in partnership and seek support from WHGNE to implement strategies, particularly in regards to breastfeeding and building supportive environments.

- **Children’s settings:** Early childhood centres and primary schools have been identified as settings for GVPCP members to target, engage and work with under Healthy Eating priority. A focus on children’s settings requires working in partnership with Department of Education and Training (DET) to further support and build upon health promotion programs already being implemented.

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\(^25\) [https://www2.health.vic.gov.au/getfile//?sc_itemid=%7BDB862F84-2C5B-486E-AB7A-8C82C44C293F%7D](https://www2.health.vic.gov.au/getfile//?sc_itemid=%7BDB862F84-2C5B-486E-AB7A-8C82C44C293F%7D)

\(^26\) Refer to Appendix 5 for resource allocation

\(^27\) Other agencies contributing to the plan are identified under ‘Partners’ column in the tables on pages 16-22

**PLAN SUMMARY: HEALTHY EATING PRIORITY**

**GOAL:** ‘All people in the Hume Region are able to have access to food that is safe, nutritious and culturally valued’

<table>
<thead>
<tr>
<th>Objective 1: By 2017, increase the number of serves of fruit and vegetables consumed by children aged 0-12 and their families in GVPCP catchment.</th>
<th>Target group: Children aged 0-12 and their families living in the local government areas of Greater Shepparton, Moira, and Strathbogie</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity Building</strong></td>
<td><strong>Key Impact Indicator/s</strong></td>
</tr>
<tr>
<td>5.1&lt;sup&gt;29&lt;/sup&gt; Partnerships</td>
<td>Greater proportion of planned HP initiatives are delivered in partnership with the local organisations and services</td>
</tr>
<tr>
<td><strong>IHP Interventions</strong></td>
<td><strong>Key Impact Indicator/s</strong></td>
</tr>
<tr>
<td><strong>Performance Measures (DHHS)</strong></td>
<td><strong>Key Impact Indicator/s</strong></td>
</tr>
<tr>
<td>1.2 Consumer participation and leadership</td>
<td>[To be determined by Healthy Food Connect local action plans]</td>
</tr>
<tr>
<td>2.1 Increased knowledge</td>
<td>Early years staff have increased knowledge of Smiles 4 Miles program and oral health</td>
</tr>
<tr>
<td>3.1 Change in health related behaviours</td>
<td>Lunch boxes provided to children in early learning settings have healthier food and drinks</td>
</tr>
<tr>
<td>4.2 Social action and influence</td>
<td>[To be determined by Healthy Food Connect local action plans]</td>
</tr>
<tr>
<td>4.3 Community capacity</td>
<td>[To be determined by Healthy Food Connect local action plans]</td>
</tr>
<tr>
<td>6.1 Regulatory and policy environment</td>
<td>Healthy eating policies are implemented and reviewed by early learning services</td>
</tr>
</tbody>
</table>

---

<sup>29</sup> Members have identified specific indicators to determine if health promotion activities achieve the intended outcomes. Numbers preceding each indicator correspond with Department of Health and Human Services framework (Appendix 6)
## Objective 1: Implementation Activity

<table>
<thead>
<tr>
<th>Strategies 2012 - 2017</th>
<th>Lead Agencies</th>
<th>Evaluation- process indicators</th>
<th>Tools/ methods/ resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct surveys to establish baseline data on fruit and vegetable consumption in children 0-12 years</td>
<td>Cobram DH, Goulburn Valley Health, Numurkah DHS, Primary Care Connect, Yarrawonga Health, Greater Shepparton City Council, Moira Shire, Strathbogie Shire</td>
<td>Identify best-practice methods for measuring fruit and vegetable serves</td>
<td>Standardised literature review, Pilot testing of survey, Completed surveys, Quantitative survey data, Qualitative survey data, Deakin monitoring doodle poll</td>
</tr>
<tr>
<td>2. Use Healthy Food Connect model to guide local food system change and create healthier food access and availability</td>
<td>Cobram DH, Goulburn Valley Health, Numurkah DHS, Primary Care Connect, Yarrawonga Health</td>
<td>N stakeholders represented at local meetings</td>
<td>Meeting minutes, Local action plans</td>
</tr>
<tr>
<td>3. Develop and implement a marketing strategy that delivers consistent healthy eating messages across GVPCP (using Food for all)</td>
<td>Goulburn Valley Health, Supporting agencies: Cobram DH, Numurkah DHS, Primary Care Connect, Yarrawonga Health, Greater Shepparton City Council</td>
<td>Audit of current programs – local; and social marketing – local, state, national</td>
<td>Audit, Record of expression of interest to use Food for all, Social marketing strategy</td>
</tr>
</tbody>
</table>

*Target audiences:*
- General community (with a focus on people with low literacy)
- Professionals who work with children 0-12
<table>
<thead>
<tr>
<th>Strategies 2012 - 2017</th>
<th>Lead Agencies</th>
<th>Evaluation- process indicators</th>
<th>Tools/ methods/ resources</th>
</tr>
</thead>
</table>
| 4. Continue to implement Smiles 4 Miles in early years settings to build supportive environments for healthy eating | • Cobram DH  
• Goulburn Valley Health  
• Numurkah DHS  
• Yarrawonga Health  
Nathalia DH | • N early learning services registered  
• N services awarded  
• N services that are sustainable  
• N children reached  
• N educators reached  
• N educators completed annual training/network event  
• Key worker attendance at Moira working group meeting  
• N key workers that attended annual forum/training  
• Attendance by Coordinators at Hume Region Coordinators Network meetings  
• N media releases about Smiles 4 Miles | • Ongoing 2012-2017  
• Service registration forms  
• DHSV Service tracker  
• Award criteria checklist  
• Meeting minutes  
• Activity log  
• Educator training pre- and post- survey  
• Lunch box survey |
| 5. Build capacity of organisations and services who seek assistance to create supportive environments for healthy eating | • Cobram DH  
• Goulburn Valley Health  
• Numurkah DHS  
• Primary Care Connect  
• Yarrawonga Health  
• Primary Care Connect  
• Yarrawonga Health  
• Goulburn Valley PCP | • Frequency and type of support provided  
• Tools, resources and policies developed  
• N early learning centres registered with AP  
• N Primary Schools registered with AP  
• N workplaces registered with AP | • Ongoing 2012-2017  
• Activity log  
• Achievement Program register |
| 6. Advocate, inform, and engage local governments in healthy eating and breastfeeding initiatives through collaborative partnerships | • Cobram DH  
• Goulburn Valley Health  
• Numurkah DHS  
• Primary Care Connect  
• Yarrawonga Health  
• Goulburn Valley PCP | • Local government participation in IHP Network (distribution list and meeting attendance)  
• Frequency and type of contact with local government to encourage involvement in initiatives  
• Local government represented on | • Ongoing 2013-2017  
• Meeting minutes  
• Activity log |
<table>
<thead>
<tr>
<th>Strategies 2012 - 2017</th>
<th>Lead Agencies</th>
<th>Evaluation- process indicators</th>
<th>Tools/ methods/ resources</th>
</tr>
</thead>
</table>
| 7. Implement Deakin systems thinking mapping to engage whole of community in place based initiatives that support healthy eating | (Strathbogie) Supporting agencies:  
  - Greater Shepparton City Council (Best Start)  
  - Moira Shire (breastfeeding committee)  
  - Women’s Health Goulburn North East | Healthy Food Connect network |  |
| Cobram DH  
  - Goulburn Valley Health  
  - Numurkah DHS  
  - Primary Care Connect  
  - Yarrawonga Health  
  - Greater Shepparton City Council  
  - Moira Shire | N staff/stakeholders receiving training from Deakin  
  N of stakeholders participating at each level of consultation/model building  
  N of community groups/organisations that receive monitoring data reports  
  N of community led initiatives that build supportive environments for healthy eating | Registrations  
  - Meeting minutes  
  - Monitoring data reports  
  - Activity log  
  - Spaghetti maps developed |  |
### PLAN SUMMARY: SOCIAL CONNECTION PRIORITY

**GOAL: ‘All people in GVPCP have opportunities for social connection’**

| Objective 1: | Build inclusive, resilient and safe communities that promote opportunities for social connection in the GVPCP catchment. |
| Target group: |
| Community groups and services in the local government areas of Greater Shepparton, Moira, and Strathbogie |

<table>
<thead>
<tr>
<th>Performance measures (DHHS)</th>
<th>Key Impact Indicator/s</th>
<th>Data Collection Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity Building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 Partnerships</td>
<td>Greater proportion of planned social connection initiatives are delivered in partnership with the local organisations and services. Greater proportion of local Act-Belong-Commit partners plan, deliver and evaluate the campaign in collaboration.</td>
<td>Activity log</td>
</tr>
<tr>
<td>IHP Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Increased knowledge</td>
<td>Community members exposed to Act-Belong-Commit campaign have increased knowledge about keeping mentally healthy and can recall key messages</td>
<td>Surveys and focus groups</td>
</tr>
<tr>
<td>4.1 Social capital</td>
<td>Increase in participation in community life, as people know what activities are available</td>
<td>Volunteering rates, Group/club membership data</td>
</tr>
</tbody>
</table>
### Objective 1: Implementation Activity

|------------------------|---------------|---------------------------------|---------------------------|
| 1. Undertake research to explore and understand Social Connection in local context | • Goulburn Valley Health  
• Primary Care Connect  
• Yarrawonga Health  
• Numurkah DHS | • N consultations conducted and location  
• N participants involved  
• N partners involved in recruiting participants  
• N surveys completed  
• N focus groups conducted  
• N attendees at focus groups | • Discussions groups  
• Consultation schedule  
• Attendance records  
• Activity log |
| 2. Support organisations who seek assistance to create inclusive, safe and supportive environments | • Goulburn Valley Health  
• Primary Care Connect  
• Yarrawonga Health  
• Numurkah DHS | • Frequency and type of support provided  
• Tools, resources and policies developed | • Activity log |
| 3. Engage local partners to implement Act-Belong-Commit campaign | • Goulburn Valley Health  
• Primary Care Connect  
• Yarrawonga Health  
• Numurkah DHS  
• Cobram DH  
• Moira Shire Council  
• Goulburn Valley PCP | • N partner invitations sent | • Partner invitation record |
| 4. Plan, implement and evaluate Act-Belong-Commit | • Goulburn Valley Health  
• Primary Care Connect  
• Yarrawonga Health  
• Numurkah DHS | • N signed partners that complete Act-Belong-Commit training  
• N steering committee meetings held  
• Attendance by partners at steering committee meetings  
• N events driven by Act-Belong-Commit | • Activity log  
• Meeting minutes  
• 6-monthly reports to Mentally Healthy WA  
• GVPCP website download records of reports  
• Partner survey/interviews |
<table>
<thead>
<tr>
<th>Cobram DH</th>
<th>Moira Shire Council</th>
<th>Greater Shepparton City Council</th>
<th>Strathbogie Shire Council</th>
<th>Other signed partners as appropriate</th>
<th>N events branded by Act-Belong-Commit</th>
<th>N Ongoing projects</th>
<th>N Published articles</th>
<th>N Paid advertisements</th>
<th>N resources developed</th>
<th>Campaign information distributed</th>
<th>Signage hire</th>
<th>External grant application submitted</th>
<th>External grants received</th>
</tr>
</thead>
</table>


**PLAN SUMMARY: CAPACITY BUILDING**

This section outlines the role of the staff of Hume Region Primary Care Partnerships in facilitating and supporting members to build capacity to deliver health promotion initiatives.

**Goal:** *All PCP members will work collaboratively on IHP for the benefit of local communities through the sharing of resources, knowledge, expertise and good will.*

**Objective:**
To build the capacity of member agencies to work collaboratively to plan, implement and evaluate primary prevention at a catchment level on regional priority Healthy Eating and sub-regional priority Social Connection, for the period 2012-2017.

<table>
<thead>
<tr>
<th>Performance measure (DHHS)</th>
<th>Capacity Building</th>
<th>Key Impact Indicator/s</th>
<th>Data Collection Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational Development</td>
<td></td>
<td>-Management support from funded agencies to develop one catchment plan</td>
<td>-Sign off from funded agencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Combining resources across catchment for more effective IHP investment</td>
<td>-Documentation of project processes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Planning, implementation and process of developing plan based on research and evidence of local need across catchment</td>
<td>-Participant evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Improved integration of health promotion planning process across funded IHP agencies</td>
<td>-Documentation of planning processes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Enhanced organisational learning and improved practice through evaluation and dissemination of findings - via improvements to practice in funded IHP agencies</td>
<td>-Workforce audit</td>
</tr>
<tr>
<td>Resources</td>
<td></td>
<td>-More efficient and effective targeting of resources - through integrated planning, program delivery and regional priorities</td>
<td>-Development and usage of centralised resources</td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td>-Agencies take leadership role in IHP within sub region or in relation to a particular priority area/ programs or target group</td>
<td>-Documentation of roles assigned and actioned</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Partnerships</td>
<td>-Agencies chair meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Maturing of partnerships from networking to collaboration</td>
<td>-Partnership Tools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Greater proportion of planned health promotion initiatives delivered in partnership with the local community and other agencies</td>
<td>-Reflective discussions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Reduction in fragmented and duplicated effort as agencies work together and pool resources and skills</td>
<td>-Supervision/support provided</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-Document of partnership activity</td>
</tr>
</tbody>
</table>
### Implementation Activity

|----------------------|-------------|---------------------------------|--------------------------|
| 1.1 Facilitate the coordinated planning, implementation, monitoring, evaluation and reporting of GVPCP IHP plan | • GVPCP Program Managers: IHP  
• Yarrawonga Health (chair of IHP WG) | • Meeting attendance  
• Videoconference usage  
• Gantt charts developed and reviewed  
• Risk matrix developed and reviewed  
• Bimonthly Agency Activity Logs/Progress Reports submitted  
• Reports submitted according to expected timeframes  
• Strategies implemented according to expected timeframes  
• Processes, templates and tools created | • Meeting minutes  
• Project management tools  
• Documentation records |
| 1.2 Lead the ongoing strategic alignment of IHP plans across Hume Region, in collaboration with other prevention platforms | • GVPCP Program Managers: IHP  
• Hume Region PCP IHP Coordinators  
• Member agencies | • Representation on local and regional committees  
• Briefing papers developed and presented  
• Identification of shared measures  
• Extent to which Hume Region IHP plans have common priorities, goals, objectives, strategies, or interventions  
• Regional Health Promotion Strategy evaluation aims, outcomes and recommendations  
• Strategic process developed for RHPS 2017 onwards | • Meeting Minutes  
• Documentation records  
• Hume Region IHP plans audit |
|----------------------|-------------|---------------------------------|---------------------------|
| **1.3 Support member agencies through training and workforce development opportunities and providing access to information and resources** | • GVPCP Program Managers: IHP  
• Hume Region PCP IHP Coordinators | • Information disseminated via Hume Region Prevention E-bulletin  
• Staff orientation provided to new members  
• Training opportunities provided  
• Attendance records  
• Record of contact/support and actions taken  
• Monitor changes in workforce health promotion competencies and identify training needs | • Ongoing 2012-2017  
• e-bulletin open rates (mailchimp)  
• Records of training provided  
• Participant evaluation (pre/post)  
• Workforce audit |
| **1.4 Provide member agencies a platform and opportunity to network, share and learn from each other** | • GVPCP Program Managers: IHP  
• Hume Region PCP IHP Coordinators  
• GV Health  
• Primary Care Connect  
• Cobram DH  
• Numurkah DHS  
• Yarrawonga Health | • GVPCP agency representation at regional events  
• Training/events held  
• GV PCP IHP Network meetings and topics  
• Number of GVPCP members that delivered presentations  
• Number of agency peer-led training delivered, by who, and topic  
• Satisfaction rates  
• Mentoring peer support group meetings | • Ongoing 2012-2017  
• Attendance records  
• Records of events delivered  
• Participant evaluation  
• Meeting minutes |
| **1.5 Disseminate findings from our work and ensure we are contributing back to the evidence base around both the regional and sub-regional priorities** | • GVPCP Program Managers: IHP  
• Hume Region PCP IHP Coordinators  
• Member agencies | • Number of abstracts submitted and conference presentations  
• Number of journal articles submitted and published  
• Reports disseminated  
• Planning package developed and disseminated | • Ongoing 2012-2017  
• Dissemination records  
• Website downloads |
### Strategies 2012-2017

<table>
<thead>
<tr>
<th>Lead Agency</th>
<th>Evaluation – Process indicators</th>
<th>Tools/ methods/ resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>GVPCP Program Managers: IHP Hume Region PCP IHP Coordinators Member agencies Agency managers</td>
<td>- Number of students engaged and supported - Frequency and type of support provided - Representation on Hume Region Workforce and Quality Practice Working Party</td>
<td>- Student placement register - Meeting minutes</td>
</tr>
</tbody>
</table>

#### 1.6 Pursue opportunities and continue to build the future IHP workforce in the Hume region

- Ongoing 2012-2017
10% DISCRETIONARY ACTIVITIES

This section accounts for the 10% discretionary funding available for agencies to use for health promotion activities specific to their community.

**Goal: Improve the health and wellbeing of the vulnerable groups in our communities.**

<table>
<thead>
<tr>
<th>Objective 1: Work with local communities (and other agencies) to identify priority areas and work with the community to improve those priority areas</th>
<th>Target group: Community groups and services in the local government areas of Greater Shepparton, Moira, and Strathbogie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Impact Indicator/s</td>
<td>Data Collection Methods</td>
</tr>
<tr>
<td>1.2 Consumer participation and leadership</td>
<td>Activity log Consultation records Evaluation reports</td>
</tr>
<tr>
<td>5.1 Partnerships</td>
<td>Activity log</td>
</tr>
</tbody>
</table>

Please note: individual organisation discretionary funding plans will include more detail on Impact measures.
**EVALUATION PLAN**

Evaluation indicators, data collection methods, timelines and resources have been outlined in the previous section. The following information provides an overview of the evaluation plan and will be used to continually monitor progress of the Integrated Health Promotion plan.

**Reviewing and monitoring of plan**
The plan is a living working document that will be reviewed annually by GVPCP members.

GVPCP members acknowledge a need to refine the objectives, to reflect the measurable outcome members are able to achieve based on capacity of agencies.

**Purpose of evaluation**
Ultimately, our evaluation plan seeks to identify whether the objectives have been achieved. For Healthy Eating priority area this includes:

- extent to which a measurable change in fruit and vegetable consumption can be observed in the target group (children 0-12)

**Situation analysis activities**
A greater understanding of the healthy eating habits, attitudes and knowledge of local communities needs to be developed. For social connection, further exploration of local communities is required to identify what it means to belong or be socially connected.

**Healthy eating:**
- Collect localised baseline data through survey (2013)
- Audit local, state and national social marketing programs (2012-13) – see 2012-2013 evaluation report for details
- Map settings across GVPCP that are involved in healthy eating activities (annually) – see evaluation reports for details
- Audit council plans for inclusion of healthy eating and/or breastfeeding priorities

**Social connection:**
- Explore and understand meaning of social connection in local context
  - Community consultations (2013-14)
  - Surveys and focus groups (2015)

**Workforce capacity**
Capacity building of the local workforce and community members is an important element in sustaining the impacts of health promotion activities. Sufficient time and resources allocated to capacity building activities is crucial, as these factors often increase the potential for success of programs.¹⁰

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¹⁰ Integrated Health Promotion Resource kit, Department of Human Services, 2003
### PROGRAM LOGIC MODELS

#### Healthy Eating Objective:
By 2017, increase the number of serves of fruit and vegetables consumed by children aged 0-12 and their families in GVPCP catchment.

<table>
<thead>
<tr>
<th>SITUATION ANALYSIS</th>
<th>INPUTS</th>
<th>INTERVENTIONS</th>
<th>OUTPUTS: Short-term (process indicators)</th>
<th>OUTPUTS: Long-term (intervention impact indicators)</th>
<th>DHHS IMPACTS:</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect localised baseline data through survey (2013)</td>
<td>Staff time, Capacity building opportunities – training in selected programs, Expertise, Evidence of best-practice methods for strategies, Resources – evaluation templates from other programs, In-kind support from key partners, Community members’ time</td>
<td>1. Use Healthy Food Connect model to guide local food system change and create healthier food access and availability</td>
<td>N stakeholders represented at local meetings, Local priority areas identified, Local action plans developed</td>
<td>[To be determined by local action plans]</td>
<td>[To be determined by local action plans]</td>
<td>By 2017, increase the number of serves of fruit and vegetables consumed by children aged 0-12 and their families in GVPCP catchment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Develop and implement a marketing strategy that delivers consistent healthy eating messages across GVPCP</td>
<td>N groups and settings reached using Food for all, Social marketing strategy developed</td>
<td>[To be determined by social marketing strategy]</td>
<td>[To be determined by social marketing strategy]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Continue to implement Smiles 4 Miles in early years settings to build supportive environments for healthy eating</td>
<td>N early learning services registered, N services awarded, N services that are sustainable, N children reached, N educators reached, N educators completed annual training/network event, Attendance by Coordinators at Hume Region Coordinators Network meetings, N media releases about Smiles 4 Miles</td>
<td>Educator confidence levels to deliver healthy eating messages, enforce policies and liaise with parents are increased</td>
<td>Lunch boxes provided to children include healthier food and drinks, Nutritional quality of menus provided by services is increased</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Build capacity of organisations and services who seek assistance to create</td>
<td>Frequency and type of support provided, Tools, resources and policies developed</td>
<td>N organisations registered for Achievement Program</td>
<td>Greater proportion of planned HP initiatives are delivered in partnership with the local organisations and services</td>
<td></td>
</tr>
</tbody>
</table>

---

1. Use Healthy Food Connect model to guide local food system change and create healthier food access and availability

2. Develop and implement a marketing strategy that delivers consistent healthy eating messages across GVPCP

3. Continue to implement Smiles 4 Miles in early years settings to build supportive environments for healthy eating

4. Build capacity of organisations and services who seek assistance to create
<table>
<thead>
<tr>
<th>SITUATION ANALYSIS</th>
<th>INPUTS</th>
<th>INTERVENTIONS</th>
<th>OUTPUTS: Short-term (process indicators)</th>
<th>OUTPUTS: Long-term (intervention impact indicators)</th>
<th>DHHS IMPACTS: (intervention outcome indicators)</th>
<th>OUTCOME</th>
</tr>
</thead>
</table>
|                     |        | 5. Advocate, inform, and engage local governments in healthy eating and breastfeeding initiatives through collaborative partnerships | • Local government participation in IHP Network (distribution list and meeting attendance)  
• Frequency and type of contact with local government to encourage involvement in initiatives  
• Local government represented on Healthy Food Connect network | N/A | • Greater proportion of planned HP initiatives are delivered in partnership with local government | Capacity Building 5.1 Partnerships |

Capacity Building 5.1 Partnerships |
**Social Connection Objective:** Build inclusive, resilient and safe communities that promote opportunities for social connection

<table>
<thead>
<tr>
<th>SITUATION ANALYSIS</th>
<th>INPUTS</th>
<th>INTERVENTIONS</th>
<th>OUTPUTS: Short-term (process indicators)</th>
<th>OUTPUTS: Long-term (intervention impact indicators)</th>
<th>DHHS IMPACTS: (intervention outcome indicators)</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff time</td>
<td>1. Support organisations who seek assistance to create inclusive, safe and supportive environments</td>
<td>Frequency and type of support provided</td>
<td>N organisations registered for Achievement Program</td>
<td>Greater proportion of planned social connection initiatives are delivered in partnership with the local organisations and services <em>Capacity Building 5.1 Partnerships</em></td>
<td>Build inclusive, resilient and safe communities that promote opportunities for social connection</td>
</tr>
<tr>
<td></td>
<td>Capacity building and training opportunities for workforce and community members</td>
<td>2. Engage local partners to implement Act-Belong-Commit campaign</td>
<td>N partner invitations sent</td>
<td>N signed partners</td>
<td>Greater proportion of local partners plan, deliver and evaluate the campaign in collaboration <em>Capacity Building 5.1 Partnerships</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expertise and support from peak bodies</td>
<td>3. Plan, implement and evaluate Act-Belong-Commit</td>
<td>N signed partners that complete Act-Belong-Commit training</td>
<td>N people involved in community groups</td>
<td>Community members exposed to Act-Belong-Commit campaign have increased knowledge about keeping mentally healthy and can recall key messages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evidence of best-practice methods for strategies</td>
<td></td>
<td>N steering committee meetings held</td>
<td>Evidence of partners taking ownership of promoting Act-Belong-Commit messages</td>
<td>2.1 Increased knowledge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resources – promotional materials, event kits, templates</td>
<td></td>
<td>Attendance by partners at steering committee meetings</td>
<td>4.1 Social capital</td>
<td>Increase in participation in community life, as people know what activities are available</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In-kind support from key partners</td>
<td></td>
<td>N events driven by Act-Belong-Commit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community members’ time</td>
<td></td>
<td>N events branded by Act-Belong-Commit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>External funding grants</td>
<td></td>
<td>N Ongoing projects</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Goulburn Valley Primary Care Partnership Integrated Health Promotion Plan 2012-2017

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APPENDICES

APPENDIX 1: ABBREVIATIONS

DEECD  Department of Education and Early Childhood Development
CEIPS  Centre of Excellence in Intervention and Prevention Science
GVPCP  Goulburn Valley Primary Care Partnership
IHP    Integrated Health Promotion
KGFLY  Kids Go For Your Life
LGA    Local Government Area
PCP    Primary Care Partnership
RHP   Regional Health Promotion Strategy
S4M    Smiles 4 Miles
SEIFA  Socio-Economic Indexes for Areas
WHGNE  Women’s Health Goulburn North East

APPENDIX 2: DEFINITIONS

Civic Engagement refers to the ties people have to organisations and associations such as church organisations, volunteer associations and service clubs, as well as professional and political associations.

Health Promotion: the process of enabling people to increase control over their health and its determinants, and thereby improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living.

Integrated Health Promotion: in Victoria, refers to agencies in a catchment working in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues.

Melbourne Charter for promoting mental health and preventing mental and behavioural disorders. The Charter articulates common principles and recommendations that should be part of future action in mental health promotion and mental illness prevention. It is a framework which recognises the influence of social and economic determinants on mental health and mental illness and identifies the contribution that diverse sectors make to influence those conditions that create or ameliorate positive mental health.

Ottawa Charter: identifies three basic strategies for health promotion: advocate for the creation of essential conditions for health; enable all people to achieve their full health potential; and mediate between different interests in society in the pursuit of health. Strategies are supported by five priority action areas:

1. Build healthy public policy - health is on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health
consequences of their decisions and to accept their responsibilities for health.

2. Create supportive environments - changing patterns of life, work and leisure have a significant impact on health. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

3. Strengthen community action - health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.

4. Develop personal skills - personal and social development of individuals is supported through providing information, education for health, and enhancing life skills. It increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

5. Re-orient health services - responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services.

Primary Prevention: refers to activities that aim to prevent health problems in whole populations before they occur (reduce incidence), for example, tobacco control regulation, health promotion campaigns, fluoridation and immunisation.

Social Determinants of Health: are the conditions in which people are born, grow, live, work and age, including the health system. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

Social Model of Health: framework for thinking about health (pictured). Within this framework, improvements in health and wellbeing are achieved by addressing the social environments determinants of health, in tandem with biological and medical.

Sundsvall Statement: supportive environments for health - in a health context the term supportive environments refers to both the physical and the social aspects of our surroundings. It encompasses where people live, their local community, their home, where they work and play. It also embraces the framework which determines access to resources for living, and opportunities for empowerment. Thus action to create supportive environments has many dimensions: physical, social, spiritual, economic and political. Each of these dimensions is inextricably linked to the others in a dynamic interaction. Action must be coordinated at local, regional, national and global levels to achieve solutions that are truly sustainable.
## Appendix 3: Victorian Framework for Healthy Eating

<table>
<thead>
<tr>
<th>Sustainable supply of healthy foods</th>
<th>Access to healthy foods</th>
<th>Culture that supports the consumption of healthy foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sustainable food production and processing practices that optimise the nutritional value of foods</td>
<td>• Affordability of healthy foods</td>
<td>• Sufficient time for, and valuing of the preparation and enjoyment of healthy food</td>
</tr>
<tr>
<td>• Efficient and sustainable distribution systems</td>
<td>• Physically accessibility of retail and food service outlets</td>
<td>• A positive media and marketing and health promotion environment</td>
</tr>
<tr>
<td>• Engagement in local and international trade</td>
<td>• Acquisition, storage, preparation and consumption of healthy foods</td>
<td>• Socially inclusive and supportive communities</td>
</tr>
</tbody>
</table>

### Key Themes: Determinants of Healthy Eating

- Sustainable supply of healthy foods
- Access to healthy foods
- Culture that supports the consumption of healthy foods

#### Sustainable supply of healthy foods
- Sustainable food production and processing practices that optimise the nutritional value of foods
- Efficient and sustainable distribution systems
- Engagement in local and international trade

#### Access to healthy foods
- Affordability of healthy foods
- Physically accessibility of retail and food service outlets
- Acquisition, storage, preparation and consumption of healthy foods

#### Culture that supports the consumption of healthy foods
- Sufficient time for, and valuing of the preparation and enjoyment of healthy food
- A positive media and marketing and health promotion environment
- Socially inclusive and supportive communities

### Population Groups

- **Children**
- **Young People**
- **Adults**
- **Older Victorians**

#### Priority groups including:
- Mothers, infants and children
- People with low socioeconomic status
- Aboriginal people
- People living in rural areas

### Settings for Action

#### The Universal Setting

- Early childhood services & education
- Homes & supported accommodation
- Communities & neighbourhood recreational clubs & facilities
- Health and primary care
- Retail and food service outlets
- Industry and primary production
- Media
- Workplaces

### Partners for Action

- Community Members
- Government
- Non-Governmental Organisations
- Business and industry

### Health Promotion Action

#### Action Areas

- Legislation and policy change
- Community Strengthening
- Education and Skill Development
- Communication and Social Marketing
- Preventative Health Care

#### System Supports

- Individual and organisational development
- Research
- Good practice identification
- Surveillance and monitoring
- Evaluation

### Intermediate Outcomes

- **Societal**
  A society with: Integrated policies, legislation & resources that strive a healthy sustainable food supply

- **Community**
  Environments that: support consistent and co-ordinated promotion of healthy eating and provide access to healthy food

- **Organisational**
  Business, industry and workplaces that: strive to provide a healthy sustainable food supply. Facilitate access to and enjoyment of healthy food

- **Individual**
  Support by: provision of policies and programmes that ensure knowledge, skills, time and desire to acquire and enjoy healthy food

### Long-term Benefits

- Accessible and nutritious food supply
- Limited environmental impact of food supply
- Reduced Health inequities
- Culture of valuing of healthy nutritious food
- Social connectedness
- Environments and organisations support the supply of, access to and enjoyment of healthy food
- Resources and activities integrated across sectors and settings
- Improved health and well-being
- Improved skills and function
- Reduced health costs
- Improved productivity
**APPENDIX 4: VicHealth Participation for Health Framework**

### Participation for Health: Framework for action 2009-2013

**Addressing the social and economic determinants of mental and physical health**

#### Key social and economic determinants of mental and physical health

<table>
<thead>
<tr>
<th>Physical activity</th>
<th>Social connection</th>
<th>Freedom from violence</th>
<th>Freedom from discrimination</th>
<th>Access to economic resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active communities</td>
<td>Supportive relationships</td>
<td>Social, emotional, physical and economic security</td>
<td>Valuing diversity</td>
<td>Work</td>
</tr>
<tr>
<td>Involvement in community sport and active recreation</td>
<td>Involvement in community and group activities</td>
<td>Equitable and respectful relationships</td>
<td>Physical security and respect</td>
<td>Education</td>
</tr>
<tr>
<td>Civic engagement</td>
<td>Cultural diversity</td>
<td>Equality of opportunity</td>
<td>Money</td>
<td></td>
</tr>
</tbody>
</table>

#### Population groups and action areas

<table>
<thead>
<tr>
<th>Population groups</th>
<th>Health promotion action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>Research, monitoring and evaluation</td>
</tr>
<tr>
<td>Young people</td>
<td>Direct participation programs</td>
</tr>
<tr>
<td>Women and men</td>
<td>Organisational development (including workforce development)</td>
</tr>
<tr>
<td>Older people</td>
<td>Strengthening communities and community environments</td>
</tr>
<tr>
<td></td>
<td>Communications and social marketing</td>
</tr>
<tr>
<td></td>
<td>Advocacy</td>
</tr>
<tr>
<td></td>
<td>Legislative and policy reform</td>
</tr>
</tbody>
</table>

#### Settings for action

<table>
<thead>
<tr>
<th>Setting for action</th>
<th>Action Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>Community</td>
</tr>
<tr>
<td>Transport</td>
<td>Public sector</td>
</tr>
<tr>
<td></td>
<td>Sport and recreation</td>
</tr>
<tr>
<td></td>
<td>Health</td>
</tr>
<tr>
<td></td>
<td>Academic</td>
</tr>
</tbody>
</table>

#### Intermediate outcomes

<table>
<thead>
<tr>
<th>Individual outcomes</th>
<th>Organisational outcomes</th>
<th>Community outcomes</th>
<th>Societal outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects and programs that facilitate:</td>
<td></td>
<td></td>
<td>A society with:</td>
</tr>
<tr>
<td>- inclusion in community and group activities;</td>
<td></td>
<td></td>
<td>- integrated, sustained and supportive policies and programs;</td>
</tr>
<tr>
<td>- self efficacy;</td>
<td></td>
<td></td>
<td>- strong legislative platforms for mental health and wellbeing;</td>
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<tr>
<td>- self determination and control;</td>
<td></td>
<td></td>
<td>- appropriate resource allocation, and</td>
</tr>
<tr>
<td>- political and civic efficacy;</td>
<td></td>
<td></td>
<td>- responsive and inclusive governance structures;</td>
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<tr>
<td>- taking responsibility for others;</td>
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<td></td>
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<tr>
<td>- respectful, supportive and equal relationships;</td>
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<tr>
<td>- acceptance of diversity;</td>
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<td></td>
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<tr>
<td>- access to education and employment; and</td>
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<tr>
<td>- mental health literacy.</td>
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</tbody>
</table>

#### Long-term benefits

<table>
<thead>
<tr>
<th>Individual</th>
<th>Organisational</th>
<th>Community</th>
<th>Societal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased sense of belonging</td>
<td>Resources and activities integrated across organisations, sectors and settings</td>
<td>Community valuing of diversity and actively disowning discrimination</td>
<td>Reduced social and health inequalities</td>
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<tr>
<td>Improved physical health</td>
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<td></td>
<td>Improved quality of life and life expectancy</td>
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<tr>
<td>Less stress, anxiety and depression</td>
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<tr>
<td>Less substance misuse</td>
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<tr>
<td>Enhanced skill levels</td>
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</table>
APPENDIX 5: RESOURCE ALLOCATION

As outlined in *Community and Women’s Health Integrated Health Promotion – ‘Bridging year’ 2012-2013 Guidelines (June 2012)*, agencies funded for IHP are each required to provide estimates of their contribution to the Regional and Sub-regional priorities, in terms of EFT, for the operational period 2012-2015.

<table>
<thead>
<tr>
<th></th>
<th>Regional Priority – Healthy Eating</th>
<th>Sub-regional Priority – Social Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cobram District Health*</td>
<td>0.4 EFT</td>
<td></td>
</tr>
<tr>
<td>Goulburn Valley Health</td>
<td>0.6 EFT</td>
<td>0.8 EFT</td>
</tr>
<tr>
<td>Numurkah District Health Service*</td>
<td>0.4 EFT</td>
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<tr>
<td>Primary Care Connect</td>
<td>0.5 EFT</td>
<td>0.5 EFT</td>
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<tr>
<td>Yarrawonga Health</td>
<td>0.5 EFT</td>
<td>0.5 EFT</td>
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</table>

* = working on Healthy Eating priority only
**APPENDIX 6: IHP PERFORMANCE MEASURES**

DHHS is looking for EVIDENCE of the IMPACT of IHP INTERVENTIONS with regard to the following ...

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<tbody>
<tr>
<td><strong>1.1 Reach</strong></td>
<td>2.1 Increased knowledge</td>
<td>3.1 Change in health related behaviours</td>
<td>4.1 Social capital</td>
<td>5.1 Natural and built environment</td>
<td>6.1 Regulatory and policy environment</td>
</tr>
<tr>
<td>The intended target audience participates in the intervention</td>
<td>Increased health related knowledge and awareness, including of where to go and what to do to obtain health services</td>
<td>Achievement of desired action or behaviour change in areas such as:</td>
<td>Better access to supportive relationships, including family relationships, peer support and social networks</td>
<td>Improved living conditions that are safe, stimulating, satisfying and enjoyable and promote physical and other healthy activities</td>
<td>Health is on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health implementation of policy statements, legislation or regulations that support healthy choices</td>
</tr>
<tr>
<td>HP interventions reach groups with the poorest health status</td>
<td></td>
<td>– Physical activity</td>
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<td></td>
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<td>– Healthy eating</td>
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<td></td>
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<td>– Use of tobacco</td>
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<td></td>
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<td>– Use of alcohol and drugs</td>
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<td>– Adoption of safe sex practices</td>
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<td>– Utilisation of health services</td>
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<td></td>
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<td>Changes in community attitudes regarding diversity and acceptance of difference</td>
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<tr>
<td><strong>1.2 Consumer participation and leadership</strong></td>
<td>2.2 Improved skills</td>
<td>3.2 Action taken to reduce health risks</td>
<td>4.2 Social action and influence</td>
<td>5.2 Social, political and economic environment</td>
<td>6.2 Reoriented health services</td>
</tr>
<tr>
<td>Community members are actively involved in HP planning and development</td>
<td>Increased health related skills/capability</td>
<td>Appropriate action is taken to reduce health risks following screening, risk assessment or immunisation programs.</td>
<td>Improved community capacity to take collective action on local determinants of health</td>
<td>Improved social, political and economic conditions (including safe working conditions) and enhanced access to resources and opportunities</td>
<td>Health services have refocused on the total needs of the individual as a whole person and embraced an expanded mandate which is sensitive and respects gender and cultural needs</td>
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<tr>
<td><strong>1.3 Consumer satisfaction</strong></td>
<td>2.3 Changed attitudes</td>
<td>3.3 Measurable improvements in participants' physiological and biological risk factors</td>
<td>4.3 Community capacity</td>
<td>5.2 Social, political and economic environment</td>
<td>6.3 Organisational practice</td>
</tr>
<tr>
<td>Participants are satisfied with their involvement in HP activities and/or with services received</td>
<td>Change in individuals’ attitudes, motivation and behavioural intentions concerning healthy lifestyles</td>
<td>Development of an independent capacity among community organisations for the delivery of quality HP</td>
<td></td>
<td></td>
<td>Modification of organisational policies, service directions and practices within community organisations, such as schools and sports clubs to align these with IHP practice</td>
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<td>Change in public opinion regarding health issues</td>
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<tr>
<td><strong>2.4 Enhanced social skills, self-esteem and self efficacy</strong></td>
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<tr>
<td>Higher levels of skills, self-esteem and self efficacy enable individuals to achieve better health outcomes</td>
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</tbody>
</table>
DHHS is looking for EVIDENCE of the IMPACT of CAPACITY BUILDING ACTIVITIES with regard to the following ...

|-------------------------------|--------------------------|--------------|---------------|----------------|
| 1.1 Increased organisational commitment to make HP a priority
Includes:
- Greater management support for IHP
- Inclusion of HP in the strategic plans and policies of organisations
- Organisational commitment to ensuring the general workforce have HP competencies | 2.1 Gaps in HP skills and training needs have been identified and addressed | 3.1 More efficient and effective targeting of resources | 4.1 Establishment of specialist positions, such as HP managers or coordinators, to lead organisational change and support other staff in the delivery of HP programs | 5.1 Maturing of partnerships from networking, involving the sharing of information, to collaboration where organisations work together to achieve a shared goal |
| 1.2 More effective targeting of HP investment through evidence-based practice
Includes:
- Increased use of research, evidence and local data regarding health needs and well-being issues
- Improved integration of HP planning processes | 2.2 Newly acquired knowledge and skills amongst the HP workforce are integrated into their daily work | 3.2 Greater success in leveraging financial and other resources for HP from internal and external sources (in addition to Primary Health) | 4.2 Organisations take a leadership role in IHP within a sub-region, region or catchment (e.g. leadership of PCP projects) | 5.2 Greater proportion of planned HP initiatives delivered in partnership with the local community and other organisations |
| 1.3 Enhanced organisational learning and improved practice through evaluation and dissemination of findings | 2.3 Increased confidence and understanding of HP by the Board of Management and amongst the general workforce in the organisation | 3.3 A more informed Sector through broader access to knowledge and evidence based information | | 5.3 Reduction in fragmented and duplicated effort as organisations work together and pool their resources and skills |
| | | | | 5.4 Increased capacity to mobilise around new priority areas |