MOBILISING CHANGE

Monash Health’s Health Promotion Team utilises a place-based approach to improve health and wellbeing across Cardinia Shire, City of Casey and City of Greater Dandenong. This report is the second year of our four year planning cycle and highlights our learnings, achievements, course corrections and challenges of embedding systems thinking into our health promotion practice.

It continues to tell the story of how Monash Health with our partners and change agents are collectively influencing local systems for healthy change. The report is structured to provide detail about each place that we work with and what changes we have contributed to. This is demonstrated through quantitative and qualitative methods, mapping, benchmarking, and reflective practice. Data is then brought to life through maps, visuals, stories of change, infographics and action tables.

This year we have attempted to generate change of over time data by creating a settings database that will capture baseline data in relation to key changes we want to capture. Where possible these changes are aligned to the Victorian public health and wellbeing outcomes framework (the outcomes framework). Using health promotion principles, the Victorian Government’s place-based primary prevention principles and complex systems thinking we continue to align our investment to the Victorian health and wellbeing priorities and local municipal public health and wellbeing plans.

To support innovation and the complex systems that we work in, we have implemented developmental evaluation as a tool to capture the frequently changing and adaptive sports club area and to strengthen the implementation and effectiveness of the Healthy Sports Clubs pilot initiative. Developmental evaluation positions the evaluator as an internal team member who is integrated into the reflective, interpretation and decision making processes. By embedding this within our practice it has allowed real time reflection, feedback and adaptation. Moving forward we will roll out the learnings to other settings and practices.

This year we have also responded to system feedback from stakeholders, influencers and decision makers in relation to sustaining the changes that we have supported in settings. Although the AP framework includes sustainable strategies such as policy development, often the implementation of these varies. To further support this we have developed a local sustainability tool that we are currently testing in a small number of settings.

As a prevention workforce we have experienced staff changes this year which has created challenges to maintain partnerships, relationships and progress of activity. However, having created a culture of change, adaptability and innovation in the team, we have overcome these and continue to strive to make the healthy choice the easy choice in our region.
BRINGING IT ALL TOGETHER

INFORMED BY HEALTH PROMOTION PRACTICE

SCHOOLS & EARLY YEARS
SCHOOLS & EARLY YEARS
SPORTS CLUBS
SPORTS CLUBS
RECREATION CENTRES
RECREATION CENTRES
OROMO COMMUNITY
OROMO COMMUNITY
NEIGHBOURHOOD HOUSES
NEIGHBOURHOOD HOUSES
SUPPORTED RESIDENTIAL SERVICES
SUPPORTED RESIDENTIAL SERVICES
FOOD PROVIDERS & SUPPLIERS
FOOD PROVIDERS & SUPPLIERS

POLICY & COMMITMENT

CONTEXT

COMPONENTS

CONNECTIONS

INFRASTRUCTURE

CREATING CHANGE IN OUR PRIORITY AREAS

HEALTHY SPORTS CLUBS

ACHIEVEMENT PROGRAM

HEALTHY CHOICES GUIDELINES

AUSTRALIAN DIETARY GUIDELINES

OUTCOMES FRAMEWORK

PROGRESS MEASURES

SYSTEMS CHANGES

HEALTH OUTCOMES

LEVERAGING WITHIN THE AREAS OF SYSTEMS CHANGES

CONTRIBUTING TO THE FOLLOWING OUTCOMES

SYSTEMS THINKING

PLACE BASED PRINCIPLES

DEVELOPMENTAL EVALUATION

HEALTH PROMOTION PRINCIPLES
The System Change Indicators were developed by merging our practice learnings with the BUILD framework, Healthy Together Victoria’s System Change Logic, and the World Health Organisation’s System Building Blocks.
MOBILISING CHANGE

The graphic (right) provides a snapshot of the collective impact of the health promotion team across our catchment over the past 12 months.

Below is a brief description of the different sections throughout the report.

From there to now—a summary of the key changes that have taken place over the previous 12 months.

Learnings—key insights, enablers or blockers that have impacted our work.

Significant changes—key quantitative data, where possible highlighting change over time.

Short stories—snapshots of change providing greater insight and detail into the impact of healthy changes and often aligning with the infographics.

System changes—outline progress towards our actions and identify where we have gained momentum or action, where we have changed our course of action, faced barriers or blockers and had a key learning or insight that informed our practice. The actions are framed within the Systems Change Indicators (see pg. 5) Context, Policy and Practice, Components, Connection and Infrastructure.

Resources—we have provided a list of the resources/tools that we have developed to assist our work. If you are interested in copies please contact us.
### COMPONENTS

**PLACES, INFLUENCERS & PARTNERS PARTICIPATE IN PREVENTION THROUGH:**
- New & existing initiatives

**NEIGHBOURHOOD HOUSES & 1 NON-GOVERNMENT ORGANISATION**

**NEW EDUCATION ACHIEVEMENT PROGRAM REGISTRATIONS**

**Capacity building**
- **72 EDUCATORS ATTENDED**
- **6 OROMO COMMUNITY VOLUNTEER MENTORS UPSKILLED**

**BIKE USER GROUP TRAINING FOR FOUR ADDITIONAL MENTORS**

**MENU PLANNING CHECKLIST ADAPTED FROM LONG DAY CARE TO BE USED IN SUPPORTED RESIDENTIAL SERVICES TO DEVELOP MENU PLANS TO MEET AUSTRALIAN DIETARY GUIDELINES**

**DEVELOPMENT OF RESOURCES, MARKETING & COMMUNICATIONS COLLATERAL**

**HEALTHY SPORTS CLUB RESOURCE PACKAGE DEVELOPED**

**EDUCATION SETTING FOCUSED HEALTH & WELLBEING E-NEWSLETTERS PRODUCED**

### CONNECTIONS

**COLLABORATIVE RELATIONSHIPS & NETWORKS ARE STRENGTHENED TO LEVERAGE CHANGE THROUGH:**
- Participation in shared decision making

**CONTINUED TO BE ON THE CARDINIA SHIRE & CITY OF CASEY MUNICIPAL PUBLIC HEALTH & WELLBEING PLANS STEERING GROUPS**

**Development of shared competencies & skills**

**CONTINUED CONTRIBUTION TO SYSTEMS THINKING COMMUNITIES OF PRACTICE**

**Sharing of data & systems**

**CONFERENCE PRESENTATIONS**
- Participating in networks & events
  - ACTIVE MEMBER OF SOUTH EAST PREVENTION LEADERSHIP GROUP LED TO INVITATION TO PRESENT AT ENLIVEN’S EXCELLENCE IN HEALTH PROMOTION & PREVENTION CONFERENCE
  - MEMBER & CONTRIBUTOR TO THE VICTORIAN HEALTHY EATING ENTERPRISE

**Connecting partners & places**
- **COORDINATION OF HEALTHY SCHOOLS NETWORK & SOUTH EAST FOOD & NUTRITION NETWORK**

**COLLABORATIVE WORK WITH PENINSULA HEALTH PARTNERSHIPS ESTABLISHED WITH DISTRIBUTION COMPANIES LEADING TO HEALTHY CHOICES DISTRIBUTOR EXPO**

### INFRASTRUCTURE

**ALLOCATION OF NEW OR REDISTRIBUTION OF ASSETS & FUNDING TO MATCH PREVENTION, INCLUDING:**
- Internal EFT allocation to:
  - **INCREASE IN EFT FOR HEALTHY SPORTS CLUBS TO EXPAND THE PILOT & HAVE GREATER IMPACT ACROSS THE REGION**
  - **ALIGNED LEISURE ALLOCATED EFT TO WORK ON THE ACHIEVEMENT PROGRAM**

**INCREASED AVAILABILITY OF HEALTH PROMOTING ENVIRONMENTS**
- **52 HEALTH AREAS SUPPORTED RESIDENTIAL SERVICES ACHIEVED IN EDUCATION MADE HEALTHY MENU CHANGES**

**ALL OROMO COMMUNITY EVENTS SUGAR SWEETENED BEVERAGE FREE IMPACTING 100s OF COMMUNITY MEMBERS**
- **INCREASED AVAILABILITY OF HEALTHY OPTIONS LEISURE & RECREATION FACILITY CAFES HAVE GREATER THAN 50% GREEN & < 20% RED ON THEIR MENU**

**40 NEW HEALTHY BITES OPTIONS**
- **63 HEALTHY CHOICES VENDING MACHINES INSTALLED ACROSS 8 MONASH HEALTH SITES**
PLACE-BASED PREVENTION PRINCIPLES IN ACTION

TRANSPARENT LINE OF SIGHT
Our local actions are aligned to the three local government municipal public health and wellbeing plans and we contribute to and report on actions in both Cardinia Shire and City of Casey plans. More broadly our actions align to the Victorian Public Health and Wellbeing Plan and outcomes framework.

LEADERSHIP AT EVERY LEVEL
The Health Promotion Manager participates on local governance groups for two of the three local government’s municipal public health and wellbeing plans. Monash Health is a partner in the PCP collective impact project targeting obesity prevention.

A FOCUS ON EQUITY
Equity is considered when planning and supporting settings. Additional support and resources are provided in low SEIFA areas. Staff have also undertaken training in gender equity and its application to health promotion planning and data collection.

CULTURE OF ACTION, REFLECTION AND EXPERIMENTATION
The team has created an experimentation culture and these principles are embedded within all activity, furthermore nudge trials and pilot initiatives are encouraged. Reflection is part of our daily practice following meetings with stakeholders and as a part of team meetings. To support this further developmental evaluation tools are being utilised within our practice.

OUTCOMES FOCUSED
Our prevention efforts are focused on achieving outcomes in relation to the systems building blocks, as well as how we are contributing to progress measures towards the outcomes framework.

PREVENTION AT SCALE
Our actions are developed and delivered to have an impact at scale. Initiatives such as the Achievement Program, Healthy Sports Clubs, Healthy Bites and Healthy Choices, will impact the wider community where they live, learn, work and play.

WHOLE OF COMMUNITY, WHOLE OF SYSTEMS APPROACH
As a contributor to the South East Prevention Leadership Group obesity initiative we are joining up with local organisations across different sectors to ensure local efforts are truly changing the system for the long term.

EMPHASIS ON MULTI-RISK FACTOR APPROACHES
Much of our prevention effort focuses on addressing multiple risk factors, this is evident when delivering initiatives such as the Achievement Program and Healthy Sports Clubs whereby this approach is embedded within the frameworks.

MUTUALLY REINFORCING ACTIVITIES
We have created a number of regional networks to promote collaboration and avoid duplication of effort for example the South East Food, Healthy Dining and Healthy Education networks.
## CONTRIBUTING TO THE PROGRESS MEASURES

<table>
<thead>
<tr>
<th>PROGRESS MEASURE</th>
<th>PROXY MEASURE</th>
<th>LOCAL SETTINGS CONTRIBUTING</th>
<th>2017-19</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>HE11</td>
<td>Proportion of products from the green food/drinks group in retail &amp; vending machines of non-school settings with these facilities</td>
<td>Proportion of products from the green food/drinks group in retail and vending machines of settings participating in the AP who have prioritised healthy eating</td>
<td>Leisure and recreation facilities</td>
<td>- At least 50% of products in 11 recreation facilities from the green food/drinks group - At least 50% of products in 63 Monash Health vending machines from the green food/drinks group</td>
</tr>
<tr>
<td>HE12</td>
<td>Number and proportion of retail outlets (not at schools) that have at least 50% of their products from the green food/drink group</td>
<td>Proportion of settings participating in the AP who have prioritised healthy eating and have at least 50% of their on-site canteen or food retail products from the green food/drink group</td>
<td>Recreation facilities</td>
<td>- At least 50% of products in 11 recreation facilities are green</td>
</tr>
<tr>
<td>HE13</td>
<td>Proportion of products from the red food/drinks group in retail &amp; vending machines of non-school settings with these facilities</td>
<td></td>
<td>Recreation Centres, Sports Clubs, Monash Health Vending Machines</td>
<td>- Less than 20% of products in 11 recreation facilities from the red food/drink group - Less than 20% of products in 63 Monash Health vending machines from the red food/drinks group</td>
</tr>
<tr>
<td>HE16</td>
<td>Proportion of non-school settings that do not have SSB available for sale</td>
<td>Proportion of settings participating in the AP who have prioritised healthy eating and have no products from the red drink group in retail outlets or vending Machine</td>
<td>Cardinia Shire recreation facilities</td>
<td>- 2 Cardinia Shire pools do not have SSB for sale - 2 Cardinia Shire pools and 1 facility do not have SSB for sale</td>
</tr>
<tr>
<td>HE51</td>
<td>Proportion of early childhood services providing &amp; serving appropriate portion size of healthy meals</td>
<td>Number and reach of child care facilities participating in the AP who have prioritised healthy eating and can demonstrate service menu meets the Australian Dietary Guidelines and the Infant Feeding Guidelines</td>
<td>Early Childhood Services</td>
<td>- 16 additional early childhood services have prioritised healthy eating and can demonstrate service menu meets the Australian Dietary Guidelines and the Infant Feeding Guidelines - 7 additional early childhood services have prioritised healthy eating and can demonstrate service menu meets the Australian Dietary Guidelines and the Infant Feeding Guidelines</td>
</tr>
</tbody>
</table>
**SYSTEMS THINKING PREVENTION WORKFORCE**

**FROM THERE TO NOW**

July 2018—June 2019

Over the past 12 months our focus has been on raising the profile of our Health Promotion work both internally and externally. Internally our team has advocated for a focus on prevention at strategic planning meetings, presented on our work to committees, identified systems thinking critical friends to support the development of our work and co-leading the implementation of Healthy Choices across the organisation.

Across the region our team continues to support prevention by participating in and contributing to the South East Prevention Leadership Group obesity initiative, local council municipal public health and wellbeing committees and contributing to their planning and evaluation. We continue to participate in regional settings based communities of practice including The Australian Prevention Partnership Centre ‘Systems Thinking Communities of Practice’.

Our team has supported the development and introduction of an internal health promotion credentialing process and the team is being supported to become registered Health Promotion Practitioners through the Australian Health Promotion Association.

We continue to support university placements, hosting 6 students over the past 12 months as well as supporting a number of university fieldwork visits.

Moving forward we are forging partnerships with research and evaluation experts within Monash Health to create more rigor around outcomes and systems thinking and aim to publish some of our work.

**PRESENTING OUR WORK**

The Health Promotion Team was asked to present at two events during 2018-19 and one scheduled for July 2019. This provided the opportunity to share both our successes and challenges and our journey in taking a place based approach informed by systems thinking to other organisations and individuals working in health promotion.

The team presented at the Australian Health Promotion Associations ‘Systems thinking meets community-based prevention’ forum on our experience of embedding systems thinking approaches and tools into our planning, evaluation and practice. At the ‘Measuring Health Outcomes’ conference we presented on the evaluation frameworks we utilise to capture local level system change, while the presentation at Enliven’s (South East Primary Care Partnership) ‘Excellence in Health Promotion conference will provide the opportunity to present on the Healthy Sports Club initiative. These presentations have raised our team’s profile both internally and externally across the region and led to a number of further conversations to share and learn from others.
# Pre-Conditions

## Context
Influencers & leaders understand the importance of health promotion in the community

- 1.1 Leverage opportunities to inform & advocate to key influencers & leaders internally at MH of health promotion, prevention & systems thinking

## Policy & Practice
Internal MH documents reflect the importance of health & wellbeing

- 2.1 Explore opportunities to inform internal plans & strategies to include prevention & health promotion
- 2.2 Embed healthy eating as a standard agenda item in all Health Promotion Team meetings

## Components
Marketing & communication activates influencers to lead change

- 3.1. Explore development of a ‘systems thinking in health promotion’ training package
- 3.2 Establish working groups to further develop practice, developmental evaluation & social marketing
- 3.3 Create a collective impact e-update to share with key influencers & partners
- 3.4 Develop & trial Developmental Evaluation model to all places across the plan
- 3.5. Apply & track Department of Health and Human Services progress measures to our identified places

# One Year Actions

## Context
1.1 Advocate for prevention at internal strategic planning meetings to inform development of Monash Health’s new ‘Community Strategy’.  
1.1 Presented to the Monash Health Primary Care and Population Health Advisory Committee to raise the profile of the health promotion team activity, systems thinking and outcomes.  
1.1 Identified systems thinking critical friends across Monash Health to enhance our health promotion work and support team growth.

## Policy & Practice
2.1 See 1.1

## Components
3.1 Placed on hold due to staff capacity.

3.2 Following team discussions, individual team members will take the role of driving key capacity building portfolios, supported by other team members.

3.3 The team’s first quarterly e-newsletter across all places ‘Mobilising Change’ was created.

3.4 Developmental Evaluation is currently being trialled in the ‘Sports Clubs’ setting (see sports clubs snapshot and action plan table). Developmental evaluation is also being utilised to improve our practice in other places.

3.5 The DHHS progress measures that we are contributing to can be seen throughout the report.

This led to the raising of both prevention and our teams profile across the organisation.

This led to the Food Distribution project (see food distributors case study page 29).

This was shared with approx. 100 of our key partners and influencers in May 2019.
<table>
<thead>
<tr>
<th><strong>PRE-CONDITIONS</strong></th>
<th><strong>ONE YEAR ACTIONS</strong></th>
<th><strong>SIGNALS OF CHANGE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONNECTIONS</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Strong connections exist with councils, health & social service providers, key networks & state & peak bodies | 4.1 Strengthen existing relationships with councils & health & social service providers, key networks & state & peak bodies | 4.1 Member of the Cardinia Shire Council and City of Casey Municipal Public Health and Wellbeing Plan steering groups and contribute to local action plans.  
4.1 Participation in the systems thinking communities of practice facilitated by The Australian Prevention Partnership Centre. |
|                   | 4.2. Continue to contribute to the South East Prevention Leadership Group (obesity initiative) | 4.2 An active member of the South East Prevention Leadership Group (facilitated by enliven) and contribute to the regional obesity initiative. |
| **INFRASTRUCTURE**|                      |                      |
| Healthy options & environmental changes make the healthiest option the easiest at Monash Health | 5.1 Continue to advocate for a whole organisation approach to staff health & wellbeing through the ‘Monash Care’ health & wellbeing committee & working group | 5.1 Continue to advocate for a focus on prevention and health promotion by contributing on the strategic and working group committee levels of the ‘Monash Care’ initiative (Monash Health’s health and wellbeing program), including key driver of the physical wellbeing portfolio.  
5.2 Continue to support implementation of Healthy Choices across MH | 5.2 For more information see Food Providers action table page 44-45. |

This has led to a raising of the teams profile and requests for our team to present at 3 events in the last 12 months.  
This led to a request for our team to present at Enlivens inaugural ‘Excellence in Health Promotion’ conference.
Clockwise from top left: Robin’s Nest ELC Noble Park celebrate meeting all the AP benchmarks; Hairy Dog Café Owner celebrates joining Healthy Bites; St Patrick’s students harvesting their school garden; Paige Kristalyn (Aligned Leisure), Cassandra Crothers-Swensson (MH) and Kristen Jackson (CSC) at the 2018 VicHealth Awards as finalists for the ‘promoting healthy eating’ category.
Over the past 12 months the education team built on momentum with 21 new education settings registering with the AP. This means that we are now working with over 61 settings who are active in the AP, as well as a number of other education settings (not actively engaged in the AP) but being supported to improve health and wellbeing and/or who are attending various workshops or networks that we are facilitating.

The emphasis on the ‘refresh’ of the AP impacted upon MH’s work with education settings. This change led to a rebranding of all local resources created by MH, which was essential for moving forward in this space, as was upskilling team members on how to use the new framework and portal. The development of the new online portal by Cancer Council Victoria meant we needed to adapt the way we approached working with settings through the AP, which had an impact on progress.

To further explore leverage opportunities, influencers and connections in education the team remapped the ‘education system’, with a view to commit to work on initiatives and activities that sit outside of the AP, providing additional leverage opportunities for health and wellbeing. The success of this work led to multiple new connections and relationships within the system leading to new insights for greater impact in education settings.

Existing momentum from the previous year led to success with capacity building workshops for education settings on specific topics within a health priority area of the AP. These ‘themed workshops’ were replicated and amplified, with one workshop occurring quarterly across school and early years settings in CoC, CGD and CSC.

RESOURCES

- AP rebranded all resources- e-updates, presentations, flyers, certificates
- Early Year’s quality improvement plans refreshed to include new benchmarks
- Tiger PAW resource (Richmond Football Club initiative)—aligning the Tiger PAW program to the Achievement Program
- Workshop participant certificates
- Achievement Program Refresh PowerPoint presentation
KEY LEARNINGS

All Education Settings
- Lack of access to the AP health promoters portal for six months impacted on delivery of the AP.
- Timely communication and updates on the AP are needed from Cancer Council Victoria to practitioners on the ground for continued success of the initiative, and consequently, for settings outcomes.
- Leverage opportunities within the education system exist outside of the AP and can enhance support with settings and provide improved outcomes.

Early Years
- Early years settings who are recognised for all health priority areas are questioning sustainability of the AP. MH has created and is trialling a sustainability plan to support this as the current AP framework does not provide ongoing sustainability.
- The AP aligns well to the early year’s quality framework which increases engagement.
- National and local early year’s providers are not aware that the AP exists.
- Further work to embed AP benchmarks into National Quality Early Years would be beneficial.

Schools
- A passionate teacher within a school can make significant changes in the school, however often the changes are not sustained once the teacher has left or has reassigned duties. It’s important to ensure that there is more than one staff member, or preferably a committee engaged to increase likelihood of sustainability.
- The AP competes with a range of other mandatory programs such as Respectful Relationships, Safe schools, thus affecting participation rates.
- The Department of Education and Training is a key enabler for the AP and can improve the uptake and completion of the program.
- Although health is important it is often not a priority, the pitch of prevention and the AP is critical for engagement.
Mapping the Education System
Finding leverage within the system

This systems map portrays the work the education team committed to outside of the AP boundaries. During the six months where the AP underwent a ‘refresh’, practitioners were unable to access the online portal and consequently this impacted our work with settings. As a team it was decided it was time to remap the complexity of the education system, particularly with new staff coming on board. This was an opportunity to reflect on how the education system may have changed so we could identify new change makers, enablers and opportunities for leverage.

The online, interactive map allows users to isolate nodes and connections to highlight ‘sub-systems’ and links. The map shows areas within the education system that we can intervene for leverage, including: stakeholders, places, pre-existing programs and health priorities.

Areas within the system that we committed to work in have been mapped with current outcomes tracked. The mapping activity started momentum within the education team to commit to monthly ‘planning’ meetings, in which everyone progressed on a leverage point within the system and reported back on action, reflection and adaptation. As a result the education team now has new connections within the education system to support progress in the AP.
**Policy Change for BestChance Services**

City of Greater Dandenong & Cardinia Shire

Bestchance manage 20 kindergartens in CSC and four in CGD. Services have been working through the AP benchmarks, however were unable to achieve recognition as Bestchance’s policies were not mutually reinforcing. This provided leverage to work with Bestchance management to review their policies. Six policies were updated and the Staff Health and Wellbeing policy was drafted, allowing eight services to progress through the AP and for the commitment to health and wellbeing to be embedded at a strategic level within management.

**Themed Workshops Success**

Regional

Following the previous success of running a safe environments themed workshop, three capacity building workshops for educators from early years and schools were offered. These workshops focused on specific health priority areas facilitated by experts from lead organisations. Topics were physical activity, personal safety for kids and mental health and wellbeing that all aligned with a whole-setting approach and benchmarks from the Achievement Program. Workshops were well attended with a total of 69 attendees from at least forty one different early years’ centres and schools.

**Healthy Education Network**

Cardinia Shire

MH in conjunction with Cardinia Food Movement developed the Healthy Education Network, designed to support schools and early year’s educators to create healthy learning environments within their settings. Since its launch, three network meetings have been held with over 30 attendees. Each quarterly meeting is hosted by a different school and includes a garden tour and a different theme such as gardens, menus, sustainability and waste. An online forum has also been launched to encourage collaboration and peer support between settings.

**Mental Health & Wellbeing Policy**

City of Casey

City of Casey’s Mental Health & Wellbeing policy was endorsed. Being a local government council, the process to change policies is in-depth and requires endorsement from higher levels of the council including councillors. Many Casey kindergartens had achieved all the benchmarks for Mental Health & Wellbeing but were awaiting policy endorsement to become fully recognised. The policy was endorsed late 2018, resulting in five kindergartens being fully recognised for Mental Health and Wellbeing. This demonstrates the complexity and hard work of larger settings.

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**Achievement Program**

**Settings Currently Active**

<table>
<thead>
<tr>
<th>Early Years Schools</th>
<th>49</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Years</td>
<td>49</td>
<td>50</td>
</tr>
<tr>
<td>Schools</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>

**Benchmarking Action Plans Policies Recognised**

<table>
<thead>
<tr>
<th>Early Years Settings</th>
<th>22</th>
<th>23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmarking</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>Action Plans</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Policies</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Recognised</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

**Enhancing Education**

**Themed Workshops**

3 early years 69 schools

**Twelve Capacity Building opportunities provided to Educators**

8 menus assessed 7 early years 1 schools

4 early years cooks networks

3 healthy education networks held 6 clusters facilitated

25 settings focused health & wellbeing e-newsletters produced

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**Image**

Lang Lang Preschool educator Laurel Hermon provides platters of fresh fruit to her kindergarten children everyday as part of being involved in the AP.
## ONE YEAR ACTIONS

### CONTEXT

<table>
<thead>
<tr>
<th>Action</th>
<th>Signals of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Advocate to education management &amp; leadership for education places to complete menu assessments &amp; benchmarking</td>
<td>1.1 Continued advocacy to management and leadership led to seven early years and one school menu being assessed, meaning eight settings now have access to healthier menus that meet relevant healthy eating guidelines.</td>
</tr>
<tr>
<td>1.2 Education places are assisted to complete benchmarking/snapshot of current context</td>
<td>1.2 The completion of snapshots is now embedded within the new AP portal and although it’s not mandatory encouraging settings to complete benchmarking is embedded within our approach. 33 snapshots completed in the new AP portal and 67 benchmarking for priority areas were completed.</td>
</tr>
<tr>
<td>1.3 Understand education curriculums, frameworks &amp; updated AP</td>
<td>1.3 Five planning sessions have been held to identify new and build on existing leverage opportunities within the education system. Monthly education team meetings allow for sharing, learning and collaboration across early years and schools and across the region. 1.3 Five staff attended Cancer Council facilitated AP workshops to build capacity around the AP refresh and new portal.</td>
</tr>
</tbody>
</table>

### POLICY & PRACTICE

<table>
<thead>
<tr>
<th>Action</th>
<th>Signals of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Education places are supported to embed prevention into planning, policies, action plans &amp; quality improvement plans (QIPs)</td>
<td>2.1 The education team supported 27 policy changes, 54 action plans and a number of QIPs were developed.</td>
</tr>
</tbody>
</table>

### COMPONENTS

<table>
<thead>
<tr>
<th>Action</th>
<th>Signals of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Utilise local media to increase awareness &amp; participation</td>
<td>3.1 Good news stories of healthy changes within settings we are supporting have been promoted in a local newspaper and two education newsletters.</td>
</tr>
<tr>
<td>3.2 Design local, regional healthy children branding</td>
<td>3.2 Locally developed resources were redesigned to align with the updated AP branding to ensure consistency and minimise any confusion among education settings.</td>
</tr>
<tr>
<td>3.3 Launch videos created</td>
<td>3.3 The dental whole of service approach video will not be completed. This was due to changes to the Achievement Program framework which meant the content was outdated and no longer aligned.</td>
</tr>
<tr>
<td>3.4 Build capacity of educators (clusters, workshops, professional development &amp; individual support) to implement AP</td>
<td>3.4 Six clusters were facilitated, six themed workshops were hosted with 69 attendees, 15 capacity building opportunities provided. These sessions were opportunities for educators to increase their understanding of health priority areas, health and wellbeing initiatives as well as increasing capacity to progress through the AP. 3.4 Twenty five setting focussed health and wellbeing e-newsletters were produced and distributed to 100s of settings. 3.4 The Cardinia Healthy Education Network was created to support educators to create health promoting environments. 3.4 Providing individual support to settings to build capacity and progress continues to be part of our practice. The refresh changes to the AP temporarily had an impact on progression.</td>
</tr>
</tbody>
</table>

This is ensuring health and wellbeing and prevention is being embedded into settings.

Slowed down engagement and progression of education settings because of the change in benchmarks, resources and the lack of access to the online portal for 6 months.
<table>
<thead>
<tr>
<th>ONE YEAR ACTIONS</th>
<th>SIGNALS OF CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5 Ensure new &amp; existing interventions are consistent &amp; coordinated to be mutually reinforcing</td>
<td>3.5 Themed workshops exploring initiatives such as Be You and mandatory reporting/protective behaviours and Respectful Relationships were explored. School staff attended the launch of Transform Us and actively promote the program. Early Years staff attended Respectful Relationship training and actively promote the program.</td>
</tr>
<tr>
<td>3.6 Review AP delivery, processes, opportunities &amp; leverage</td>
<td>3.6 Review of MH’s delivery of the AP identified opportunities and leverage points. AP delivery was also influenced by the re-mapping of the education system.</td>
</tr>
<tr>
<td>3.7 Evaluate &amp; review oral health model</td>
<td>3.7 Evaluation completed and model has been reviewed and modified to ensure that the initiative delivers on it’s objectives.</td>
</tr>
</tbody>
</table>

**CONNECTIONS**

| 4.1 Strengthen relationships with councils, maternal child & health, education influencers & cluster management | 4.1 Relationships strengthened between education influencers such as the School Nurse Program, Respectful Relationships team, Be You program and local council’s youth teams. This provided opportunities to discuss and identify where initiatives can be mutually reinforcing. |
| 4.2 Actively contribute, communicate & collaborate in the Healthy Children’s Network | 4.2 Continue to participate and collaborate with the regional Healthy Children’s Network to share and learn from others who are working in the AP across the region. A Terms of Reference has been developed to ensure participants get the most out of the network. |
| 4.3 Continue data sharing with cluster management & key partners | 4.3 Data shared with key partners such as local councils and partners on initiatives such as the Healthy Eating Active Living grants in CGD, which required participation in the AP as a requirement for grant recipients. |

**INFRASTRUCTURE**

| 5.1 Advocate for external staff to support prevention within education | 5.1 Early years clusters directors have allotted time to meetings and actions on prevention. |
| 5.2 Support the increase of healthy options & place changes that make the healthiest option the easiest | 5.2 Seven menu assessments for long day care and schools, six settings recognised for Healthy Eating and Oral Health. This will impact over 3000 children. |
| 5.3 Formalise a consistent, documented approach to AP delivery (including measurement of long-term, accurate progress measures) | 5.3 New internal databases have been developed to ensure baseline data and consistency of data captured to better measure progress. 5.3 Staff are building their capacity, as well as capacity of settings, around the changes to the AP and new portal. This has slowed the development of a consistent and documented approach to AP delivery across the team. 5.3 Agreement internally that action plans will continue to be completed as an integral part of the planning process. Although still a noted requirement by the AP, the key action has been removed from the portal as a key process. |

* initaites include connecting with the local School Nurse Program and engaging with local TAFE to discuss opportunities to build capacity of educators studying at their facilities. | This was an opportunity to strengthen local practice based on feedback from settings and our own concern around existing AP sustainability measures. |

* Schools may be harder to engage initially, but once engaged their reach is extensive. | Leveraging off success to encourage embedded health improvements that a setting can continually improve upon.
FROM THERE TO NOW

July 2018—June 2019

Momentum at Aligned Leisure in Cardinia continued with their Healthy Choices work being celebrated as a finalist at the VicHealth awards. Our partnership with Aligned Leisure was promoted by HEAS as a case study on their website and this led to an opportunity for MH to be a guest presenter at the DHHS Victorian Healthy Eating Enterprise (VHEE).

Continued work on Healthy Choices led to the internal and external catering menu now meeting the Healthy Choices guidelines with all red items removed. Steps were taken to formalise and commit to healthy change as an organisation, with Aligned Leisure progressing through the Workplaces AP and getting recognised for Healthy Eating while also developing a Staff Health & Wellbeing and Healthy Eating policy. Aligned Leisure have committed EFT to an internal staff member who will focus on the AP and the Healthy Choices work. With continued capacity building by MH this increases sustainability of work to date into the future.

YMCA in CGD and CoC are progressing with Healthy Choices without need for intensive support from MH with all but one site complying with the Healthy Choices Guidelines and facility staff having a good understanding of the guidelines.

KEY LEARNINGS

- Policy and higher level leadership support are enablers for implementation of Healthy Choices.
- Support to organisations from HEAS enables greater compliance to meet and sustain Healthy Choices.
- Promotion of work and outcomes leads to a greater investment in health promotion actions.
- Capacity building of recreation centres internal staff supports sustainability of health promotion work.

RESOURCES

- Pakenham Regional Tennis Centre Healthy Choices infographic
- Healthy Choices traffic light system poster
- Healthy Choices in Cardinia Shire: Healthy Choices in Recreation Centres one page case study
- Nudging for healthy changes: Creating healthy changes in recreation centres in Cardinia Shire
- Personalised fridge, cabinet and food display planograms x3 recreation facility sites
ALIGNED LEISURE COMMIT
Cardinia Shire

Aligned Leisure has demonstrated leadership and readiness for change through adopting a Staff Health and Wellbeing policy and Healthy Food and Beverages policy for all sites in Cardinia Shire, as well as allocating a staff member to drive healthy initiatives within Cardinia Shire. Through embedding healthy initiatives in operational organisation policies and capacity building of the staff member by MH, Aligned Leisure are ensuring sustainability of current initiatives with a focus on self sustaining future projects that can be scaled across other government areas.

YMCA POLICY DRIVING CHANGE
City of Casey & City of Greater Dandenong

MH have been working with YMCA in CGD and CoC to implement the Healthy Choices Guidelines in their facilities. Over the past year MH have been able to reduce the time spent supporting these facilities in this work as a result of increased capacity of YMCA staff to progress this work themselves. YMCA’s commitment to meet the Healthy Choices Guidelines at a state level and implementation of a state wide YMCA Healthy Choices policy have assisted with this process.

HEALTHY CHOICES AT ALIGNED LEISURE

3 RECREATION CENTRES MEET THE HEALTHY CHOICES GUIDELINES

14 NEW GREEN FOOD OPTIONS ADDED

133 RED FOOD ITEMS REMOVED

REACHING 480,000 COMMUNITY MEMBERS

ALL RED SOFT DRINKS REMOVED

RED SNACKS REDUCED BY 85%
<table>
<thead>
<tr>
<th>FOUR YEAR PRECONDITIONS</th>
<th>ONE YEAR ACTIONS</th>
<th>SIGNALS OF CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTEXT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The workforce understands the complexity &amp; context of health in recreation places</td>
<td>1.1 Increase understanding of context, complexity &amp; leverage in recreation centres and suppliers</td>
<td>1.1 Scoping of the current CSC Aligned Leisure recreation facility locations, provided the insight to explore a strategy of consistent health and wellbeing policies and practices across all sites at an organisation level. 1.1 Implementation of Healthy Choices in YMCA recreation centres in CGD and CSC now</td>
</tr>
<tr>
<td><strong>POLICY &amp; PRACTICE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment to healthy changes are embedded in recreation facilities formal documentation as appropriate</td>
<td>2.1 Continue to review &amp; embed healthy changes into appropriate organisational policies, procedures &amp; practice</td>
<td>2.1 Supported Aligned Leisure in the development of a Staff Health and Wellbeing policy and Healthy Food and Beverages policy for all sites in CSC.</td>
</tr>
<tr>
<td>Guidelines for infrastructure in sports clubs &amp; recreation facilities support</td>
<td>2.2 Influence &amp; support identified suppliers to work towards alignment to Healthy Choices</td>
<td>2.2 Project completed in partnership with Peninsula Health, for more detail see Food Providers, Outlets and Suppliers section, pages 42-45.</td>
</tr>
<tr>
<td>Suppliers aligned with Healthy Choices classification</td>
<td>2.2 Influence &amp; support identified suppliers to work towards alignment to Healthy Choices</td>
<td>2.2 Project completed in partnership with Peninsula Health, for more detail see Food Providers, Outlets and Suppliers section, pages 42-45.</td>
</tr>
<tr>
<td><strong>COMPONENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation facilities implement the health promoting clubs initiative or Healthy Choices</td>
<td>3.1 Continue to build influencers’ capacity to recognise &amp; make healthy changes through Healthy Choices</td>
<td>3.1 Provided capacity building to new staff member at Aligned Leisure to use Foodchecker for product assessment 3.1 Healthy Choices marketing implemented and promoted at 3 sites in CSC. All unhealthy marketing at sites was removed 3.1 Commitment from Aligned Leisure to work through the Workplaces AP.</td>
</tr>
<tr>
<td>Marketing &amp; communication activates community demand &amp; awareness of health conducive places</td>
<td>3.2 Connect places to local media platforms to increase awareness &amp; participation in health promoting initiatives</td>
<td>3.2 HEAS promoted fact sheets created by MH on the work with Aligned Leisure on their website. 3.2 Commitment from Aligned Leisure to work through the Workplaces AP.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This was due to an organisational Healthy Choices policy and support from YMCA leadership.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increasing sustainability for the menu to continue to meet Healthy Choices.</td>
</tr>
<tr>
<td>FOUR YEAR PRECONDITIONS</td>
<td>ONE YEAR ACTIONS</td>
<td>SIGNALS OF CHANGE</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Marketing & communication activates community demand & awareness of health conducive places | 3.2 Connect places to local media platforms to increase awareness & participation in health promoting initiatives | 3.2 HEAS promoted fact sheets created by MH on the work with Aligned Leisure on their website.  
3.2 Promotion of Pakenham Regional Tennis Centre’s Healthy Choices work |

| CONNECTIONS                                                                                           |                                                                 |                                                                                                                                                   |
| Strong connections exist with recreation facilities, councils, community health services & local & state peak bodies | 4.1 Strengthen relationships with local council, community health organisations, recreation facilities (place influencers & management) | 4.1 Organisational changes at Dandenong Stadium and Gloria Pike Netball Centre meant limited momentum for change.  
4.2 Advocate for external staff to support prevention efforts within sport clubs & recreation facilities  
4.2 Meeting with Aligned Leisure, CSC, MH and HEAS about continuing support to meet the Healthy Choices guidelines.  
4.3 Facilitate opportunities for recreation facilities to share data & participate in shared decision making  
4.3 Partnership between Aligned Leisure, MH and CSC strengthened through participation and data sharing in the development of a submission and becoming a finalist in the VicHealth Awards 2018. |

| INFRASTRUCTURE                                                                                       |                                                                 |                                                                                                                                                   |
| Places commit to increasing healthy options & sustaining a health promoting environment               | 5.1 Support the increase of healthy options & place changes that make the healthiest option the easiest | 5.1 Aligned Leisure catering menu meets Healthy Choices guidelines with no red food/drink items being served.  
5.1 Two additional Aligned Leisure recreation facilities meet the Healthy Choices guidelines.  
5.1 Supported by MH Aligned Leisure received recognition in the Workplaces and Early Years Achievement Program for Healthy Eating. |
| Other signals of change                                                                             |                                                                 | Aligned Leisure committed an employee in CSC to partner with MH to implement health promotion work within their facilities. |
SPORTS CLUBS

FROM THERE TO NOW

July 2018—June 2019

Leveraging the momentum generated with our three local government area partners and the sports clubs successfully engaged in the Healthy Canteens pilot initiative, we rolled out the pilot of Healthy Sports Clubs. A total of 13 sports clubs participated in the summer 2018-19 and winter 2019 seasons.

Developmental evaluation was tested in this area by working with key decision makers and stakeholders to reflect on the pilot and the intended and unintended outcomes. Regular reflection, adaptation and trialling of the initiative provided faster results and better insight to see the bigger picture. Collaboration with peak bodies generated rigour in the framework and provided MH and clubs greater support with their healthy actions.

Established programs (e.g. SunsSmart, GoodSports) are also embedded within the initiative. Formalising the HSC Steering Committee was integral and led to greater co-design of the initiative, enabling better promotion and engagement of clubs and sports system expert insights that helped model the initiative and strengthen peak body partnerships.

RESOURCES

- HSC resource pack (+50 documents created to assist with progress through the framework)
- HSC journey map (showing key actions, influencers and partners)– updated for 2018-19

KEY LEARNINGS

- Flexibility in approach is required when relying on volunteers to complete tasks.
- Incentives such as vouchers can motivate clubs to participate.
- Some clubs are passionate and understand the role they can play to support health and wellbeing, whereas for other clubs it is more difficult to sell the ‘benefits’.
- It can be difficult for clubs to complete healthy actions due to a lack of resourcing, for example no printers to print off resources provided.
- Due to delays in engagement before the summer season, some clubs were engaged too late not allowing enough time to complete actions, or for actions to be noticed by club communities.
- Changeover of committee members or club champions can lead to implemented actions not being sustained.
HEALTHY SPORTS CLUBS STEERING COMMITTEE
Regional

Integral to the Healthy Sports Club pilot initiative is the steering committee consisting of representatives from CSC, CoC and CGD councils. The strong partnerships within the steering committee played a key role in the engagement of sports clubs in the summer 2018-19 season, as well as providing strategic direction, expert knowledge in the sports field and local government operations and stakeholders. The shared decision making and effective partnership enables greater outcomes for the initiative and consequently, for all registered sports clubs.

ENGAGEMENT FORUM
Regional

Thirty five attendees from 14 different organisations including state sporting associations, community health services and peak bodies attended an engagement forum held for the launch of the Healthy Sports Clubs Pilot. The forum stepped through the initiative providing context to the organisations on the complexity of the sports system and advocating for them to demonstrate leadership for change by supporting the pilot. Consultation occurred on the ‘health area targets’, where partners were able to be involved in shared decision making through reflective activities. A call to action shared at the conclusion of the event portrayed all attendees were prepared to support the initiative in its pilot phase.

UPPER BEACONSFIELD CRICKET CLUB RECOGNITION
Cardinia Shire

Upper Beaconsfield Cricket Club was recognised for the health area Injury Prevention under the Healthy Sports Clubs initiative. The club created twelve healthy actions which included increasing the number of first aid officers, displaying emergency contact lists and fostering a partnership with a local physiotherapist. A celebration was held at the end of the season to acknowledge achievements with representatives from CSC and MH. A sustainability plan is in operation to ensure healthy actions are continued and the club will begin a new health area next season.

BERWICK LITTLE ATHLETICS CLUB RECOGNITION
Cardinia Shire

Berwick Little Athletics Club was recognised for the health area Sun Protection under the Healthy Sports Clubs initiative. The club was successful in planning and implementing eight healthy actions, including making sunscreen more visible for club members to use, lobbying for funding opportunities for shade structures and developing a new club policy for Sun Protection which was approved by SunSmart. A sustainability plan was created at the end of the season and the club has expressed interest in continuing in the 2019-20 summer season.

IMAGE
Above: Alyce Cuman presents at an Engagement Forum to peak bodies and state sporting associations, on the pilot initiative Healthy Sports Clubs that has been developed in partnership with the CoC, CGD and CSC.
# SPORTS CLUBS

## FOUR YEAR PRECONDITIONS

<table>
<thead>
<tr>
<th>CONTEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>The workforce understands the complexity &amp; context of health in sport &amp; recreation places</td>
</tr>
<tr>
<td>Sport clubs &amp; recreation facilities recognise the importance of their contribution to prevention</td>
</tr>
</tbody>
</table>

## ONE YEAR ACTIONS

| 1.1 Increase understanding of context, complexity & leverage in clubs & recreation centres in leagues, association, suppliers |

## SIGNALS OF CHANGE

| 1.1 HSC was piloted across the 3 LGAs, developing understanding of enablers and barriers in clubs and across different codes and LGAs. |
| 1.1 Students on placement scoped the mental wellness and inclusion areas, for evidence to inform the creation of targets for Mental Wellness and Inclusion, as these areas are large it has been challenging to create targets. |

| 1.2 Develop a stakeholder engagement communication strategy |
| 1.2 Stakeholder engagement communication strategy was created with support from the HSC Steering Committee to ensure communication was timely and done strategically. |

## POLICY & PRACTICE

| Commitment to healthy changes are embedded in leagues, clubs & facilities formal documentation as appropriate |
| Guidelines for infrastructure in clubs & facilities support health |
| Suppliers align with Healthy Choices classification |

| 2.1 Continue to review & embed healthy changes into appropriate organisational policies, procedures & practice |
| 2.1 Two policies in sports clubs were reviewed and adapted to meet HSC standards. |
| 2.1 Two clubs have changed their clubs practice to include HSC within their operations. |

## COMPONENTS

| Clubs & facilities implement health promoting clubs or Healthy Choices Resources, incentives & professional development aligned to state & federal |
| Marketing & communication activates community demand & awareness of health conducive places |

| 3.1 Continue to build influencers’ capacity to recognise & make healthy changes through Healthy Choices & HSC |
| 3.2 Pilot HSC initiative |
| 3.3 Connect places to local media platforms to increase awareness & participation in health promoting initiatives |

| 3.1 Total of eight club champion’s capacity to make healthy changes has been built through support in HSC. |
| 3.2 HSC has been piloted in CoC, CGD and CSC with a total of 13 clubs registered for the initiative. |
| 3.3 One club was promoted in the local newspaper and another club was promoted on a council social media page, for their commitment and progress in HSC. |

---

Adaptations to resources were made as a result of developmental evaluation methods by practitioners. It also portrayed initial outcomes and impact to the club community.

Clubs now have HSC and health on the agenda for all their committee meetings and actions are embedded into the clubs practice on their game days.

Raising the profile of these clubs and HSC in the community to engage new clubs and create demand.
## Connections

<table>
<thead>
<tr>
<th>Four Year Preconditions</th>
<th>One Year Actions</th>
<th>Signals of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong connections exist with leagues, sporting associations, clubs, facilities, Councils, community health services &amp; local &amp; state peak bodies</td>
<td>4.1 Strengthen relationships with local council, community health organisations, sports clubs &amp; recreation facilities (place influencers &amp; management)</td>
<td>4.1 HSC Steering Committee formalised through terms of reference with council representatives.</td>
</tr>
<tr>
<td></td>
<td>4.2 Advocate for external staff to support prevention efforts within sport clubs &amp; recreation facilities</td>
<td>4.2 Peak bodies such as SunSmart, HEAS, Alcohol and Drug Foundation and Quit Victoria have endorsed resources and tools developed for HSC.</td>
</tr>
<tr>
<td></td>
<td>4.3 Facilitate opportunities for clubs to participate in shared decision making &amp; develop shared competencies</td>
<td>4.3 Eight club champions are now driving healthy change within their club settings, working with HSC staff to make shared decisions around actions and build their capacity.</td>
</tr>
</tbody>
</table>

## Infrastructure

<table>
<thead>
<tr>
<th>Four Year Preconditions</th>
<th>One Year Actions</th>
<th>Signals of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Places commit to increasing healthy options &amp; sustaining a health promoting environment</td>
<td>5.1 Support the increase of healthy options &amp; place changes that make the healthiest option the easiest</td>
<td>5.1 Two clubs were ‘Recognised’ within HSC - one club for Injury Prevention and another for Sun Protection.</td>
</tr>
<tr>
<td></td>
<td>5.2 Identify funding opportunities to purchase incentives</td>
<td>5.1 A total of fourteen healthy actions were developed and embedded at the sports clubs.</td>
</tr>
<tr>
<td></td>
<td>New signals of change</td>
<td>5.2 On hold.</td>
</tr>
</tbody>
</table>

This has lead to increased support for sports clubs as well as increased capacity to successfully make adaptations to the HSC initiative in a timely manner.

In order to be flexible and adaptable with our pilot and approach, we decided to seek funding for incentives after the pilot was concluded, as external funding may have come with certain rules and restrictions.

Healthy Changes made include the development and promotion of policies, training of further First Aid Officers and supplying sunscreen to the whole club.

This has strengthened the initiative as these peak bodies reviewed and approved the HSC resources.

This has led to further engagement, initiative support and leverage opportunities.
HEALTHY SPORTS CLUBS

This system map reflects the continued narrative of change in sports clubs. Because of the expansion of our work with sports clubs through the HSC pilot, the map ceases to plot the recreation facilities journey. This map continues on from the map in the previous report, documenting the complexity of the place-based prevention work we do in the system.

The online interactive map allows users to isolate nodes and connections to highlight ‘sub-systems’ and links, further detailing the impact past change agents continue to have on our current activities. It is a hybrid of systems theories and methods and informed by ripple effect maps, causal loop diagrams, social network analysis and outcome mapping. This continues to track system change over time. The grey nodes represent influencers, factors and learnings and this year a new node has been added to track ‘course corrections’.

The map shows action, reflection and adaptation. The real-time feedback (collected through developmental evaluation) allows for course correction and ensures actions are effective, relevant and sustainable. The other prominent takeaway is the value of influencers and partners who are an essential part of all outcomes achieved.
HEALTHY CHOICES IN DISTRIBUTION

Using systems mapping distribution companies were identified as a key leverage point to improving food environments in community settings such as recreation facilities, school canteens, sporting clubs, hospital cafeterias and retailers. This led to completion of a project in partnership with Peninsula Health to explore the distribution system further.

The project involved engaging with distribution companies servicing the South East Region of Melbourne to better understand the environment they operate in, assess products available in their catalogue against the Healthy Choices Guidelines, look at what other healthy choice (green and amber) options are available in the market that could be stocked by distribution companies and explore demand for healthier choices in this community. Four distribution companies accepted the invitation to be involved in this project. Consumer and retailer consultation was also undertaken.

Key learnings from this project include:

- Customer demand is the main driver of product availability at distribution companies.
- Distribution companies with pre-packaged items need greatest support with healthier choices and providing this support may lead to a significant increase in the availability of healthier choices.
- Distribution companies are highly dynamic environments with product availability changing constantly.
- Knowing customers are wanting healthier choices is reassuring.
- Implementation of Healthier Choices policies can have a significant influence on the system.

Next steps to build on this work are to:

- Support distribution companies to increase availability and marketing of healthier choices.
- Encourage settings to communicate their demand for healthier choices to their distributors.
- Increase capacity of the distributors to classify their own products using FoodChecker.
- Hold a Food & Drink Expo to link distributors and settings.
COMMUNITY AGENCIES
OROMO COMMUNITY

FROM THERE TO NOW
July 2018—June 2019
Over the last 12 months the focus has changed from the original 3 Oromo Churches as settings, to working with the part of the system with the greatest potential influence, an umbrella organisation encompassing the three churches as well as seven other community based organisations.

Community consultation was undertaken to better understand the health issues, skills and knowledge of the Oromo leaders and their community. Data collection involved face-to-face discussions by the Health Promotion Practitioner who integrally has become a community change agent, being a bi-cultural Oromo community member.

Following the consultation results, the community change agent and Oromo leaders generated a shift in investment to health and wellbeing, which was also a key highlight at the Annual General Meeting.

To date, a draft health and wellbeing policy has been developed and is awaiting the approval by the board of management. The current structure of the board was adapted to include health and wellbeing as a subcommittee. Health and wellbeing will be driven through this subcommittee with the support of three Oromo student volunteers. This setting is a true demonstration of a top down and bottom up approach to community change.

LEARNINGS
- Taking the time to understand the context and system around the Oromo community has strengthened and sustained community action.
- Existing connections and relationships with cultural organisations aids community change. Having this dual role added depth and strength to systems mapping, leverage opportunities and identified strategies being amplified that led to rapid actions.
- Flexibility is necessary when working with community members who are volunteers, as time and capacity is always shared with personal commitments.
- In order to capture change over time community organisations need to be supported to capture baseline data on health and wellbeing status and change.
- Cultural community organisations are an ideal setting to embed equitable health promotion.
OCM SUGARY DRINKS AT EVENTS

Regional

The student Volunteers who were recruited and upskilled in July 2018 joined the events committee of OCM. They observed that many community members were drinking soft drinks at the thanksgiving event. The volunteers raised the idea of offering water at the 2018 event, as they observed that most community members opted for water rather than soft drink. This led the volunteers to only offer water at the 2019 thanksgiving event impacting approximately 200 community members. This was well received by the community in attendance and is currently being discussed as a new policy by the OCM Board of Management.

OCM BOARD OF MANAGEMENT STRUCTURE & SUBCOMMITTEE FOR HEALTH & WELLBEING

Regional

The OCM Board of Management restructured with input from the Community Change Agent. The restructure has led to active subcommittees rather than individual responsibilities. The BoM agreed to add a new subcommittee for community engagement, activities, events and health and wellbeing. The student volunteers are new functioning members of this subcommittee to drive health and wellbeing activities.

IMAGES

Above: Oromo mentor and volunteer Dabesa Wakjira participating in the mentoring training in health and wellbeing.

Left: The graphic depicts the Oromo Community Melbourne Inc. structure. The outer circle is the main umbrella organisation which coordinates the activities and has opportunities to influence the other incorporated individual organisations within the inner circle. Within the inner circle lie the 10 incorporated organisation’s (4 welfare organisations, 3 churches, 1 traditional faith group, 1 women’s association and 1 sports club).
COMMUNITY AGENCIES
OROMO COMMUNITY

Change Agent

The Change Agent icon demonstrates where the Change Agent intervened and this led to momentum and action.

The arrows show momentum and action within the community.

01 SURVEY
Eight Oromo Community Org leaders responded to face-to-face surveys exploring health & wellbeing. Discussions during these by the Change Agent led leaders to take action within their AGM.

02 VOLUNTEERS
Change Agent recruited 3 university student volunteers to support work in health & wellbeing. This idea was to capacity build students but also for students to add value & contribute to their community.

03 MAPPING
Health Promotion team mapped existing structure of Oromo Community Melbourne. The Board structure adapted to have activities attached to board members rather than only titles e.g. treasurer, was also changed. HP team outlined governance ideas.

04 STRUCTURE

05 COMMITTEE
Idea for the volunteers to sit on the Events, Engagement Health & Wellbeing Committee is cemented.

06 MENTORING
Change Agent had the idea to embed healthy eating and oral health messages as an add on into a new mentor program.

07 POLICY
HP team governance & policy ideas within AGM eventuated into a new draft health & wellbeing policy. Consultation with other Oromo Organisations is key as the policy aims to encourage other Oromo Orgs.

08 SUGAR FREE
Student volunteers being on the events subcommittee, encouraged water at a community event. Water became the 1st choice so at the next event they went sugar free.
### CONTEXT

The workforce understands the complexity & context of health in community

<table>
<thead>
<tr>
<th>CONTEXT</th>
<th>ONE YEAR ACTIONS</th>
<th>SIGNALS OF CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Increase understanding of context, complexity &amp; leverage by mapping places of worship</td>
<td>1.1 Mapping of existing structures and policies led to further brainstorming of potential health &amp; wellbeing policies that could be adopted within a settings approach.</td>
<td></td>
</tr>
<tr>
<td>1.2 Capture baseline data through consultation with places of worship &amp; continue to build Oromo community organisation system map</td>
<td>1.2 Surveyed 10 Oromo organisations to capture baseline data to better understand health issues, skills &amp; knowledge.</td>
<td></td>
</tr>
</tbody>
</table>

### POLICY & PRACTICE

Commitment to healthy changes are embedded in places of worship formal documentation as appropriate

<table>
<thead>
<tr>
<th>POLICY &amp; PRACTICE</th>
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</thead>
<tbody>
<tr>
<td>2.1 Explore opportunities to review &amp; embed healthy changes into appropriate organisational policies and procedures</td>
<td>2.1 Oromo Board of Management reviewed structure, leading the engagement subcommittee to be expanded to encompass health &amp; wellbeing &amp; the active volunteers. 2.1 A new draft health &amp; wellbeing policy was developed and is in consultation to be signed off.</td>
</tr>
</tbody>
</table>

### COMPONENTS

Resources, initiatives & professional development opportunities are aligned to state & federal initiatives

<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Align Oromo community organisations nudge trials into existing evidence &amp; learnings</td>
<td>3.1 Community change agent leveraged an identified opportunity (to add a health &amp; wellbeing component to existing mentor training) to upskill six volunteer mentors on health &amp; wellbeing.</td>
</tr>
</tbody>
</table>

### CONNECTIONS

Strong connections exist with places of worship, councils, partners, networks & state & peak bodies

<table>
<thead>
<tr>
<th>CONNECTIONS</th>
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</tr>
</thead>
<tbody>
<tr>
<td>4.1 Strengthen innovative &amp; existing relationships with &amp; places of worship</td>
<td>4.1 Three student volunteers were recruited and are now members of the newly structured engagement subcommittee to support embedding of health and wellbeing.</td>
</tr>
<tr>
<td>4.2 Establish a regional communities of practice for community</td>
<td>4.2 After discussions were held it was decided that at this stage there is no need for the development of a communities of practice for the community settings.</td>
</tr>
<tr>
<td>4.3 Identify new opportunities for collaboration &amp; support development of partnership initiatives</td>
<td>4.3 Collaborating with local media outlets (3 ZZZ local Oromo community radio program, and contributing to the African Community Leaders Taskforce (South Division).</td>
</tr>
</tbody>
</table>

### INFRASTRUCTURE

Healthy options & place changes make the healthiest option the easiest

<table>
<thead>
<tr>
<th>INFRASTRUCTURE</th>
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</thead>
<tbody>
<tr>
<td>5.1 Increase healthy options and place changes that make the healthiest option the easiest.</td>
<td>5.1 All annual Oromo community events including thanksgiving are now totally sugar free.</td>
</tr>
</tbody>
</table>

This led to recognition of health and wellbeing issues in the community, an interest to support change however lack of capacity was identified as a barrier. These community mentors will be now supported to initiate and champion healthy change within their community. The student volunteers identified the opportunity and led the implementation of sugar free events. This has impacted more than 500 community members who attended these events.
Over the last 12 months the focus for NH has primarily been following the momentum gathered around the regional mental health partnership, a collaboration of 34 NH across the region that aims to improve mental health and wellbeing of staff, volunteers and community.

Unsuccessful in the first attempt for funding to support mental health in the workplace, the partnership is preparing for its second attempt with additional momentum from Neighbourhood Houses Victoria. Mental health and wellbeing is a Victorian health & wellbeing priority that NH have prioritised as their most important health and wellbeing issue to address.

There is considerable buy in from the houses and strong support for partnerships with mental health services: As one house said in their survey response: “Fabulous results possible just from getting people into the same room and discussing the issues”.

While physical activity is not on the agenda for houses with no large spaces for onsite classes, the Bicycle User Group mentor program has been growing. Sixteen mentors are now trained up from 12 in 2018. This provides greater capacity to assist and support new and ongoing Bicycle User Groups.

A small number of additional houses are active around the Achievement Program but the focus remains primarily in mental health.

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**LEARNINGS**

- Responses to comments about being time poor are now met with small initiatives that are not time consuming but will have positive impacts on the organisation and especially be seen to move the organisation towards a positive culture.
- Challenges of how to support small houses who lack resources and capacity are being addressed via sharing and informal mentoring. The challenge now is to formalise this support.

**RESOURCES DEVELOPED**

- Neighbourhood Houses Mental Health Survey
- Organisational Culture Audit Survey
AP PROGRESS IN NEIGHBOURHOOD HOUSES AND NGO’S
Regional

With one new registration for the AP in 2018-19, almost 50% of houses are registered and most are active, particularly in relation to mental health & wellbeing and smoking. To support this, two partnership supported training sessions attended by 45 participants were delivered on self-care which was a priority for the NH. Although personal development is not generally supported by funding bodies, the sector sees this as essential and the challenge of being able to offer maximum opportunities in creative ways is ongoing.

NH BICYCLE USER GROUP MENTORS
Regional

In 2019 VicRoads funding was offered to train four additional mentors, bringing the total to 16. The mentors support approximately 65 bike riders either weekly or monthly in the four pilot houses across three municipalities. Some communities have very poor participation levels, including women and multicultural residents. The initiative has been unsuccessful in the fifth house due to security issues around storage of loan bicycles, (essential for this group). Instead a Heart Foundation Walking Group has commenced, offering at least some physical activity opportunity to a house with limited space and no other current programs.
COMMUNITY AGENCIES
NEIGHBOURHOOD HOUSES & NGOs

‘WORKWELL’ MENTAL HEALTH IN NEIGHBOURHOOD HOUSES

Putting Workplace Mental Health on the agenda

Thirty four NHs across four municipalities identified workplace mental health as a priority in late 2017. The diversity of the neighbourhood houses in size, communities they serve, staffing and volunteer numbers, has led to challenges to both comply with “safe workplaces” under occupational health and safety requirements, as well as the desire to become a workplace of choice, with flexible and caring employers.

The 1250+ paid and unpaid staff, range from one staff member to 40+ staff per NH, supporting multicultural communities, as well as fairly remote and more rural communities. All NH find it difficult to release staff for supervision and peer support opportunities. As part of the Workplace Achievement Program, MH’s health promotion staff and the regional NHs (DHHS funded) support team, collaborated to offer regular self-care training, mental health first aid and the development of health and wellbeing plans with a focus on mental health and organisational culture.

The partnership culminated with the development of an evidence based application for funding, under the Work Well mental health improvement fund grant. Although unsuccessful, in late 2018 the partnership has expanded its efforts with a greater focus on organisational cultural change, led by the peak body of the 400 NHs across the state, Neighbourhood Houses Victoria.

The partnership has also provided Neighbourhood Houses Victoria and the regional network, the opportunity to forge relationships and partnerships with mental health organisations with a focus around prevention and early intervention for workplace mental health. Working through this process has led to buy in from across the neighbourhood house sector. A current DHHS review of the guidelines for NH, offers potential for supporting the mental health of staff to form part of the requirements all NH need to address.

This initiative has also created long term opportunities to forge additional partnerships with the mental health sector, to enhance the knowledge gaps around access to community based mental health supports, as well as allowing NH to address organisational cultural issues through policy development and training.

The next 12 months will focus on consolidation of new partnerships and delivery of identified opportunities to enhance skills, knowledge and assistance to address organisational cultural change and positive mental health.
<table>
<thead>
<tr>
<th>FOUR YEAR PRECONDITIONS</th>
<th>ONE YEAR ACTIONS</th>
<th>SIGNALS OF CHANGE</th>
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</thead>
<tbody>
<tr>
<td>CONTEXT</td>
<td></td>
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</tr>
<tr>
<td>The workforce understands the complexity &amp; context of health in community</td>
<td>1.1 Increase understanding of context, complexity &amp; leverage by mapping NH and NGOs</td>
<td>1.1 Mapped diversity of current activity in houses which identified leverage opportunities including community gardens &amp; child care.</td>
</tr>
<tr>
<td>Engagement, communication &amp; marketing activates readiness &amp; leadership for change</td>
<td>1.2 Complete NH video case study and promote</td>
<td>1.2 This has been placed on hold due to decreased staff capacity.</td>
</tr>
<tr>
<td>POLICY &amp; PRACTICE</td>
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<tr>
<td>Commitment to healthy changes are embedded in NH and NGO documentation as appropriate</td>
<td>2.1 Explore opportunities to review &amp; embed healthy changes into appropriate organisational policies and procedures</td>
<td>2.1 Health and wellbeing policies were developed by three houses with five undertaking benchmarking, three health and wellbeing plans and two mental health policies developed. Ensuring health and wellbeing is being embedded into NH to increase sustainability.</td>
</tr>
<tr>
<td>COMPONENTS</td>
<td></td>
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<tr>
<td>NH &amp; NGO implement a whole-setting approach to health &amp; wellbeing (modified Workplace Achievement Program)</td>
<td>3.1 Support NH &amp; NGOs to progress through the Achievement Program &amp; leverage new changes to the Workplaces Achievement Program where possible</td>
<td>3.1 Continuing to support NH through the AP, currently five NH are active and slowly progressing through the AP. 3.1 The BUG Mentoring Program with 16 trained mentors is offering assistance in four pilot houses.</td>
</tr>
<tr>
<td>Resources, initiatives &amp; professional development opportunities are aligned to state &amp; federal initiatives</td>
<td>3.2 Build capacity of regional NH mental health initiative partnership to become autonomous</td>
<td>3.2 Due to the funding application being unsuccessful, a sustainability plan has not been developed. The focus now is on applying for round three funding which will be supported by Neighbourhood Houses Victoria.</td>
</tr>
<tr>
<td>CONNECTIONS</td>
<td></td>
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<tr>
<td>Strong connections exist with NH, NGO, councils, partners, networks &amp; state &amp; peak bodies</td>
<td>4.1 Strengthen innovative &amp; existing relationships with NH and NGOs (including Regional NH Mental Health initiative partnership)</td>
<td>4.1 Relationship developed with NH peak state-wide body and Mental Health Victoria, to progress positive mental health through organisational culture change.</td>
</tr>
<tr>
<td>4.2 Support expansion of partnerships to other community based bike interests to expand the BUG network</td>
<td>4.2 Positive connections were developed with bicycle services at local and peak body levels.</td>
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<tr>
<td>INFRASTRUCTURE</td>
<td></td>
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<tr>
<td></td>
<td>5.2 Support ongoing identification &amp; expansion of the regional pool of community agency workers</td>
<td>5.2 How to best utilise the pool of community agency workers forms part of the regular review process of the regional NH mental health initiative partnership.</td>
</tr>
</tbody>
</table>
COMMUNITY AGENCIES
SUPPORTED RESIDENTIAL SERVICES (SRS)

FROM THERE TO NOW
July 2018—June 2019

Over the last 12 months one of the main focus areas has been on driving and facilitating the regional SRS partnership. The partnership has been a platform for sharing resources and tools. To better understand the systems in SRS’s, a causal loop diagram on the ‘influences on healthy eating for SRS residents’ was developed.

The regional SRS partnership is evolving. With representation from four community health services in the southern region there is a commitment to a partnership approach. Discussion is continuing on how to move forward using this approach.

At the local level Monash Health has implemented nudge trials in a number of SRS’s and piloted a menu planning checklist in five SRS’s across City of Greater Dandenong and City of Casey.

Monash Health has also supported the development of nutrition action plans that are documented in the broader Supporting Accommodation for Vulnerable Victorians Initiative (SAVVI) planning documentation which is implemented through DHHS and SAVVI.

CASE STUDY
Piloting a Menu Checklist

While the process of developing a causal loop diagram identified a number of potential leverage opportunities for the regional partnership, the plan to take a systems approach to tackle the issue of the lack of training of cooks and proprietors in food provision has so far been unsuccessful. This is due to a number of barriers which the partnership is working to overcome. Therefore, the approach has been to develop tools, training and resources at the local level which will increase the number of meals and snacks that meet the dietary guidelines and in particular increasing the amount of vegetables in meals.

A SRS advisory group was developed consisting of five SRS’s who nominated an interest in improving Nutrition Standards in SRS across CGD and CoC. A menu planning checklist (adapted from the long day care guidelines) was developed and is currently being trialled with the five SRS’s. This document assists the SRS’s to develop a menu plan and recipes that meet the Australian Guide to Healthy Eating. This tool and the nudge trials have proven to be effective in reducing discretionary foods served as snacks and in developing recipes that reflect an increase in the amount of vegetables serves at meals. This is providing evidence that the menu planning checklist is an effective tool. The longer term plan is to implement the menu checklist in all of the SRS in CGD and CoC.
SRS NUDGE TRIALS FOR HEALTHIER SNACKS

Regional

Nudge trials were undertaken to start the momentum for change in improving meals and snacks in SRS’s. A review of the snacks identified high amounts of discretionary foods being served. This was an opportunity to work with proprietors to reduce discretionary foods in the snacks provided by SRS to residents and replace with foods that meet the Australian Guideline to Healthy Eating. This involved meeting with the proprietor, discussing healthy options that satisfy the dietary guidelines, developing an action plan with them and a time frame to which the changes will be made. SAVVI support workers surveyed the residents and sought their feedback on the changes, which to date have been positive. All 5 SRS have reduced discretionary foods at evening snack and replaced with fruit and cheese with biscuits.

CAUSAL LOOP DIAGRAM

The Department of Health and Human Services engaged a consultant to facilitate a session with the SRS Regional Partnership group to explore the key factors that impacted on SRS’s in the south division on being able to provide meals and snacks that met the Australian Dietary Guidelines.

The regional partnership group consists of Eastern Region Mental Health Association, Peninsula Health, Monash Health, Star Health, Caulfield Health and DHHS. Dietitians, managers of the SAVVI program and DHHS developed a causal loop diagram to explore the key links that influenced the meals and snacks provided to residents, explore possible leverage points for intervention and best courses of action. A program logic had been developed previously and the causal loop further supported these findings.

Emphasis for future interventions was to involve proprietors and develop resources that would assist them to provide meals and snacks that aligned with the Australian Dietary Guidelines.
## CONTEXT

The workforce understands the complexity & context of health in community

1.1 Increase understanding of context, complexity & leverage by mapping SRS's

1.1 Causal loop diagram of ‘Influences of healthy eating for SRS residents’ completed with regional partnership. This supported the program logic for the SRS nutrition program.

## POLICY & PRACTICE

Commitment to healthy changes are embedded in SRS formal documentation as appropriate

2.1 Explore opportunities to review & embed healthy changes into appropriate organisational policies and procedures

2.1 As a part of the regional partnership a stakeholders agreement document was developed and signed by community health services in southern region, formalising the commitment to a regional approach.

2.2 Develop nutrition component for SAVVI planning documentations in SRS

2.2 Five pilot SRS organisations have developed nutrition action plans, these have been incorporated in the SAVVI planning documentation for the SRS’s involved.

## COMPONENTS

SRS have the capacity to work towards meeting the Australian Dietary Guidelines

3.1 Create regional training with Department of Health & Human Services for SRS cooks

3.1 At this stage training for SRS cooks will continue to be delivered at the local level. Regional opportunities will still be discussed in the future.

3.2 Develop tools & resources to support SRS cooks & proprietors

3.2 Menu planning checklist adapted from long day care to be used five SRS’s. This was evaluated for content value.

3.3 Create reference group with residents & proprietors to guide resource development & implementation

3.3 Reference group is made up of proprietors only. Residents involvement at this stage has been their feedback sought through survey’s throughout implementation of the nudge trials.

## CONNECTIONS

Opportunities exist for sharing of learnings & programs regionally

4.1 Strengthen innovative & existing relationships with SRS’s

4.1 The regional partnership has led to sharing of resources amongst dietitians.

## INFRASTRUCTURE

Healthy options & place changes make the healthiest option the easiest

5.1 Increase healthy options and place changes that make the healthiest option the easiest

5.1 Five SRS’s reduced discretionary foods being served at evening snack, replacing with fruit and cheese, as well as developing recipes that increase the number of vegetables served at meals.

SRS annual assessments are embedded into other MH departments for sustainability

5.2 Explore opportunities for MH students to support annual menu assessments in SRS

5.2 This action had been put on hold.
Clockwise from top left: St Patrick’s bike education program; Educators gather at the Healthy Education Network at Lakeside College; Officer Secondary College announces its commitment to the Achievement Program in the school newsletter; Healthy Bites featured on Council’s Living Healthy Cardinia Shire Facebook page.
Over the past 12 months, efforts in the Healthy Bites space have focused on building on momentum in Cardinia Shire and engaging CALD food outlets in Springvale. As Healthy Bites has yet to be formally reviewed since the pilot this process has commenced and will be completed over the next year. Discussions have also taken place to look at aligning healthy dining programs across the region.

Internally at MH momentum has continued to embed Healthy Choices into retail, vending and catering provided at MH sites. This has seen the installation of Healthy Choices compliant vending machines across all sites with vending. Work has commenced to develop a healthy eating policy encompassing catering, retail and vending. Two additional sites have also implemented healthy snack boxes for staff and an update of the supermarket self-catering guide has been completed.

This year the SEFNN has moved from being an information sharing network to a strategic collaborative partnership with a vision ‘...to collaboratively improve the food system using a whole of system approach and partnerships with local organisations and communities to enable our community to make healthier food choices’. Meetings are held bi-monthly and focus has been on internal policy change for member organisations and mapping of food related initiatives and activities across the region.

In partnership with Peninsula Health a project to increase healthy foods and beverages at distribution companies is underway.

**KEY LEARNINGS**

- Healthy Bites outlets must be able to see clear benefits to participating beyond just social responsibility.
- Lack of promotional platforms such as social media leads to disengagement from Healthy Bites vendors.
- Many small businesses are under increased economic strain due to a decrease in customers, this impacts on their willingness to participate in the initiative.
- Cultural considerations play a significant role in the ability to engage businesses.

**RESOURCES DEVELOPED**

- Make it a healthier bite
- How to promote your healthy menu
- Supermarket Healthy Choices Catering Guide
HEALTHY BITES IN SPRINGVALE
City of Greater Dandenong

Springvale is densely populated with Vietnamese restaurants and, despite South East Asian cuisine generally being regarded as healthy, many dishes are high in fat, salt and sugar.

It was suggested by Vietnamese users of the MH clinic in Springvale that we work with local restaurants to improve their menu options. To engage with the local Vietnamese food providers, a Vietnamese community engagement worker suggested holding an open information session on how to promote healthier foods to the community, and introducing the Healthy Bites program for food providers wishing to make menu changes.

Over 50 local Vietnamese restaurants in Springvale were invited, with two letter drops and personal visits with managers and owners to encourage attendance. Despite these interactions being well received, only one food provider attended the session.

Post evaluation identified that food providers are currently willing to modify dishes at the customer’s request, if required, but are concerned of the implications of working with council (pamphlets contained the CGD logo) and worried that highlighting only a few menu options as healthy will lead to customers believing the other dishes are not healthy.

HEALTHY DINNER NETWORK
Regional

It was identified that there are a number of healthy dining programs running in the southern and eastern region of Melbourne, including Healthy Bites, Best Bites and Healthy Picks. Four organisations (MH, Peninsula Health, Inspiro and Gippsland Southern Health Service) formed a network to share knowledge, experiences, barriers and successes. Although similar, key differences in the programs led to the idea for a state-wide program to provide consistency in branding, reduce advertising costs and increase awareness. DHHS has been approached to explore the development of a broader healthy dining initiative.

HEALTHY SNACK BOXES
Internal

With the success of healthy snack boxes at MH Springvale and Pakenham sites two more have been established, one at our Thomas Street location in Dandenong and the other at our Community Care Unit in Doveton. The health promotion team is supporting this initiative by creating a healthy snack box starter kit and resources. These healthy snack boxes provide healthier snacks and lunch items such as fruit, tuna and nuts, at a low cost for staff to purchase if they’ve forgotten their lunch or are in need of a snack.

HEALTHIER VENDING A HIT
Internal

63 vending machines across eight MH sites were replaced in August last year with new Healthy Choice compliant vending machines. Some of the previous machines contained up to 100% red items. We are working closely with HEAS and our vending machine provider to continue to work towards 100% of the machines across all sites being compliant with the Healthy Choices Guidelines.

WORKING WITH DISTRIBUTORS
Regional

Support was provided, in partnership with Peninsula Health, to four local distribution companies to work towards increasing their range of green and amber Healthy Choices classified foods and drinks. This has led to further opportunities to work with suppliers and distributors to supply more green and amber food and drinks to settings.

DISENGAGEMENT WITH HEALTHY BITES
Regional

Maintaining Healthy Bites outlets is a challenge of the program. Outlets disengage for a number of reasons such as a change in ownership, ceasing trading or a perceived lack of value from participating. Healthy Bites relies on publicity for food outlets as a large part of the benefits of participating. As part of a large organisation there are restrictions in the use of social media thus limiting the use of low cost and effective advertising avenues at a detriment to the program. The health promotion team will continue to advocate for access to the use of social media.
### FOOD PROVIDERS, OUTLETS & SUPPLIERS

#### CONTEXT

Community members including food providers are engaged & advocate for healthy food

<table>
<thead>
<tr>
<th>ONE YEAR ACTIONS</th>
<th>SIGNALS OF CHANGE</th>
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</thead>
<tbody>
<tr>
<td>1.1 Leverage local council healthy eating and food survey results to mobilise community members for change</td>
<td>1.1 Data from survey not able to be used as it proved to be more relevant to education settings.</td>
</tr>
<tr>
<td>1.2 Commence &amp; continue supporting assessment of MH catering &amp; retail outlets using Healthy Choices</td>
<td>1.2 Installation of Healthy Choices compliant vending machines across most MH sites to replace non-compliant machines. Catering and retail on hold for 2018-19.</td>
</tr>
<tr>
<td>1.3 Commence meaningful conversations to create demand at MH</td>
<td>1.3 Continued advocacy with senior leadership has lead to drafting of a healthy eating policy and work will recommence with catering and retail outlets in the new financial year.</td>
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#### POLICY & PRACTICE

Commitment to healthy providers, outlets & suppliers are embedded in Council & other organisations strategies

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<tr>
<th>ONE YEAR ACTIONS</th>
<th>SIGNALS OF CHANGE</th>
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<tr>
<td>2.1 Explore opportunities to embed healthy providers, suppliers &amp; outlets into Council, MH &amp; other organisations plans &amp; policy</td>
<td>2.1 Drafting of a healthy choices policy commenced with the support of senior management.</td>
</tr>
<tr>
<td>2.2 Align &amp; leverage local &amp; state initiatives (including local surveys, networks &amp; partnerships)</td>
<td>2.1 SEFNN member organisations reviewing and developing healthy choices policies within their organisations.</td>
</tr>
<tr>
<td>2.3 Discussions had between MH, DHHS and other health services and councils working in this space.</td>
<td>2.1 Project completed in partnership with Peninsula Health to provide support to four local distribution companies to work towards increasing green and amber Healthy Choices classified foods and drinks.</td>
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#### COMPONENTS

Communication & marketing activates leadership for change

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<th>ONE YEAR ACTIONS</th>
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<tbody>
<tr>
<td>3.1 Identify &amp; trial virtual platforms to engage external providers, outlets &amp; suppliers (i.e. Zoom)</td>
<td>3.1 Deferred until 2019-2020.</td>
</tr>
<tr>
<td>3.2 Align &amp; leverage local &amp; state initiatives (including local surveys, networks &amp; partnerships)</td>
<td>3.2 Discussions had between MH, DHHS and other health services and councils working in this space.</td>
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As a result of not being able to leverage off a local council survey a proposal has been developed for a consultation and evaluation of demand for healthy dining initiatives with community and food vendors.

Competing organisational priorities meant work on Healthy Choices with MH catering and retail outlets was on hold for much of the year.

Once policy is adopted work with MH health & wellbeing champions to help promote to staff.

Unable to secure additional funding to create video content.

This has led to further opportunities to work with suppliers & distributors to continue this work.
## LEARNINGS, IDEAS & INSIGHTS

### PRE-CONDITIONS
- Providers, outlets & suppliers implement a healthy dining approach (Healthy Bites)
- Existing Healthy Bites places implement Extra Bites

### ONE YEAR ACTIONS
- 3.3 Engage culturally & linguistically diverse food outlets by designing & delivering tailored events encouraging Healthy Bites participation
- 3.4 Build capacity of influencers internally at MH, providers, outlets & suppliers to recognise & make healthy changes

### SIGNALS OF CHANGE
- 3.3 Vietnamese tailored Healthy Bites training session developed and offered in Springvale to engage and promote initiative. One business owner attended.
- 3.4 Healthy supermarket catering guide was updated and promoted to MH Health & Wellbeing Champions and SEFNN member organisations.

### CONNECTIONS
- Strong connections exist with providers, suppliers & outlets’ management, council, key networks & state & peak bodies
- Strong connections with internal catering & vending staff & retail outlets

### INFRASTRUCTURE
- Healthy options & environmental changes make the healthiest option the easiest option
- Monash Health catering, retail outlets & vending have implemented Healthy Choices

### BARRIERS & BLOCKAGES
- HB not aligned with outlet owners’ priorities and beliefs of health and attitudes to council involvement.
- Continue to work with MH health & wellbeing champions to promote healthy eating initiatives.
- This has led to ongoing work in this space due to relationships built with distributors and leverage points identified through system mapping. See pg 29 for more detail.
- Disengagement due to lack of promotion opportunities (eg. Health promotion social media, funding).
- 40 new HB options, average of six per venue, this takes the total up to over 150 HB options that are now available to the Cardinia Shire community.
Often when ‘healthy neighbourhoods’ are talked about it is the physical environment that is the focus but Healthy Lang Lang seeks to change the social environment of the township through community leadership and culture change.

Unlike our normal way of working, Healthy Lang Lang is exploring a localised community based approach that focusses on community capacity building and encouraging township-led initiatives.

Leveraging and expanding off our current connections in education settings, Healthy Lang Lang seeks to redesign the social norms in a small rural town to foster a shared understanding of the importance of health.

With an explorative lens, efforts have focused on understanding the complexity of the Lang Lang system, engaging and raising awareness within the community and forging partnerships with internal and external stakeholders for project support. The CSC Liveability Steering Committee and Lang Lang Township Committee were consulted as part of this data gathering.

Through this intelligence gathering and system mapping process, staff were able to identify the key places within the community and important leverage points for the project. The future direction of the project will be informed by the knowledge harvested during this intelligence gathering stage.

**KEY LEARNINGS**

- Small regional towns are harder to engage due to the ingrained culture and history
- Engagement and connections takes time, but are needed for the community to take ownership of the project
- Consulting the township on what they want to see changed in their community is critical
- Local businesses in small regional towns don’t see health as their top priority
- Pre-existing relationships between community members can influence success
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<tr>
<th>ONE YEAR ACTIONS</th>
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<tbody>
<tr>
<td><strong>CONTEXT</strong></td>
<td></td>
</tr>
<tr>
<td>1.1 Increase understanding of local context, complexity &amp; leverage opportunities in Lang Lang township</td>
<td>1.1 Gained greater understanding of context of local township through attendance at township committee meeting.</td>
</tr>
<tr>
<td></td>
<td>1.1 Consultation of community was undertaken to establish community demand and leverage opportunities. This will guide future direction.</td>
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<td></td>
<td>1.1 Attended Liveability Plan meeting to present on the proposed initiative to garner support from committee.</td>
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<td></td>
<td>1.1 Developed ‘systems leverage’ map to build an understanding of the township, the dynamics, key influencers and leverage opportunities.</td>
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<td>1.1 Facilitated council stakeholder meeting with different departments to share local data statistics and support.</td>
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<tr>
<td><strong>POLICY &amp; PRACTICE</strong></td>
<td></td>
</tr>
<tr>
<td>2.1 Embed Healthy Lang Lang as a standing agenda item at the township committee meeting</td>
<td>2.1 Township committee is not yet ready to embed Healthy Lang Lang as a standing agenda item.</td>
</tr>
<tr>
<td></td>
<td>2.1 Created and had signed five Healthy Lang Lang commitment charters from community stakeholders/businesses, to create buy in and encourage leadership of the initiative.</td>
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<tr>
<td></td>
<td>2.1 Healthy Lang Lang initiative is now embedded in Cardinia Shire’s Liveability Action Plan (municipal public health and wellbeing plan), aligning the initiative with council plans, ensures commitment and sustainability.</td>
</tr>
<tr>
<td><strong>COMPONENTS</strong></td>
<td></td>
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<tr>
<td>3.1 Increase the number of places registered &amp; working through the Achievement Program or Healthy Sports Clubs</td>
<td>3.1 All education settings in Lang Lang had already been engaged. Existing settings continue to progress through and improve health and wellbeing.</td>
</tr>
<tr>
<td></td>
<td>3.1 Healthy Lang Lang business engagement led to two food venues joining the Healthy Bites healthy dining program.</td>
</tr>
<tr>
<td>3.2 Use local media platforms to increase awareness &amp; participation in Healthy Lang Lang</td>
<td>3.2 Posters created and distributed throughout town to raise awareness.</td>
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<td></td>
<td>3.2 Created one page fact sheet for engagement of community and external stakeholders.</td>
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<td>3.2 Facilitated logo competition through settings to promote community awareness and develop community ownership.</td>
</tr>
<tr>
<td><strong>CONNECTIONS</strong></td>
<td></td>
</tr>
<tr>
<td>4.1 Facilitate the creation of a Healthy Lang Lang Steering Committee</td>
<td>4.1 A lack of momentum in the town caused difficulty in creating a steering committee at this point in time.</td>
</tr>
<tr>
<td>4.2 Support Lang Lang community members, key influencers &amp; places to collectively lead local prevention action</td>
<td>4.2 Met with local Mayor to raise awareness for support and leverage of initiative, Mayor has committed to attend the launch event.</td>
</tr>
<tr>
<td></td>
<td>4.2 Education settings participated in Healthy Lang Lang activities such as designing the logo and supported promotion of the initiative.</td>
</tr>
<tr>
<td><strong>INFRASTRUCTURE</strong></td>
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</tr>
<tr>
<td>5.1 Identify &amp; access grant opportunities to support development of Healthy Lang Lang</td>
<td>5.1 HP staff allocated to drive project.</td>
</tr>
</tbody>
</table>
Our second annual report has been an opportunity to reflect on the past 12 months - what we have achieved, what we have learnt and how we can improve our planning, evaluation and health promotion practice.

Some of the key priorities moving forward over the next 12 months (to be reflected in the 2019-20 annual action plan) include:

- **Following the momentum** and allocating resources where there is greater buy in. This includes increasing EFT within the early years portfolio and reassessing our commitment in supporting schools. Healthy Sports Clubs will be ramped up as it moves into the second year of the pilot and recreation centres will require less support across City of Greater Dandenong and City of Casey due to increased investment and structure of managing bodies to drive healthy choices.

- **Strengthening our evaluation** by improving the way we are capturing data and better reporting of change over time. New team databases will ensure required data is being collected and increase consistency across places. This will support us to build our evidence base around reach and place-based approaches informed by systems thinking. Furthermore reporting change over time will be a focus of the next evaluation cycle.

- **Investigating research opportunities** to improve our evaluation and data collection methods as well as highlighting our learnings via published materials/journals/articles.

- **Embedding developmental evaluation** (where appropriate) into all of our portfolios and places.

- **Continuing to build team** capacity around place-based approaches, systems thinking, developmental evaluation as well as other skills such as social media and social marketing and research.