



GROWING PREVENTION

*Monash Health Community's
Integrated Health Promotion Report 2015-16*

**MonashHealth
Community**



Report prepared by Julia Bilton, Health Promotion Practitioner, Monash Health Community. For more information or additional copies, please contact julia.bilton@monashhealth.org

Cover images (starting from top): Complex Systems Thinking training, talking Healthy Bites with a local food outlet, delivery of fresh produce via the South East Food Hub, walking meetings, community members getting active in a community walk and a City of Casey Kindergarten becoming a Health Promoting Service.

GROWING PREVENTION

*Monash Health Community's
Integrated Health Promotion (IHP) Report
2015-16*



POPULATION HEALTH MANAGER

Michelle Ravesi

HEALTH PROMOTION TEAM LEADER

Trish Plompen

STAFF CONTRIBUTORS

Alyce Cuman, Chris Yugusuk, Jacinda Roberts, Julia Bilton, Katrina Stevenson, Lauren Clementson, Lucette Talbot, Marama Kulfi, Marlene Dalziel, Sara Quong, Steph Ashby, Sue Hannon, Tania Lancaster, Tanya Wesseik and Toby Sargent.

ACKNOWLEDGEMENTS

We are grateful to all our partners who have supported Monash Health Community's Health Promotion Team. These partnerships strengthen our interventions and collectively create stronger, sustainable impacts. Thank you to Cardinia Shire Council, City of Casey and City of Greater Dandenong for their ongoing support and commitment to health and wellbeing in the South East catchment of Melbourne.

We would also like to thank everyone who dedicated their valuable time to meet, share expert knowledge and challenge us to think differently during this journey of evaluation. A special mention to Monica Bensberg and Andrew Joyce.

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EVOLVING HEALTH PROMOTION

Monash Health Community (MHC) supports individuals and communities to improve and maintain health, independence, and wellbeing through the delivery of quality, patient centred health care that meets the needs of our diverse community. MHC strive for exceptional care and outstanding outcomes.

The Health Promotion Team utilise a settings-based approach informed by complex systems thinking. This approach reflects the industry shift towards steering innovative interventions into settings where 'we live, learn, work and play'. Adapting to this way of working was strongly supported by the momentum of Healthy Together Victoria (State Government Victoria 2015) and the local Healthy Together Communities.

To work successfully within complex systems thinking the Team work within a non-linear and dynamic model to allow interventions to grow and adapt as the system continually shifts (The Australian Prevention Partnership Centre 2014). The evolution of health promotion means existing frameworks for data collection are not meeting the needs for reflective practice and evaluation.

"It is an evaluation framework that is flexible, dynamic and can adapt as the team and their interventions transform and expand..."

Building on learnings from HTV, Department of Health and Human Services (DHHS) and key leaders in the field of complex systems thinking, a HP evaluation framework was designed to not only document intervention outcomes, but also reach and learnings.

It is flexible, dynamic and responsive to transformations and expansions of interventions.

Growing Prevention utilises this evaluation framework to report on the IHP funding period of July 1 2015 – June 30 2016.

PARTNERSHIP CRITICAL FOR SUCCESS

The capacity, leverage and reach of MHC's Health Promotion Team is enhanced through collaborative partnerships. Over the past three years MHC has consolidated partnerships with key stakeholders within the region. These partners include but are not limited to City of Greater Dandenong (Healthy Together Greater Dandenong), Cardinia Shire Council (Healthy Together Cardinia Shire) and City of Casey.

By working collectively interventions are strategically aligned, regional approaches are utilised, reach is maximised, and sustainability is strengthened. These partnerships are vital in creating a unified, regional workforce.

CONNECTING WITH THE COMMUNITY

MHC applies an equity lens to all settings and interventions that are implemented by the Health Promotion Team. The Team aims to equitably improve the health and wellbeing of communities in South East Melbourne. The Health Promotion Team members work across City of Greater Dandenong, Cardinia Shire and City of Casey.

3

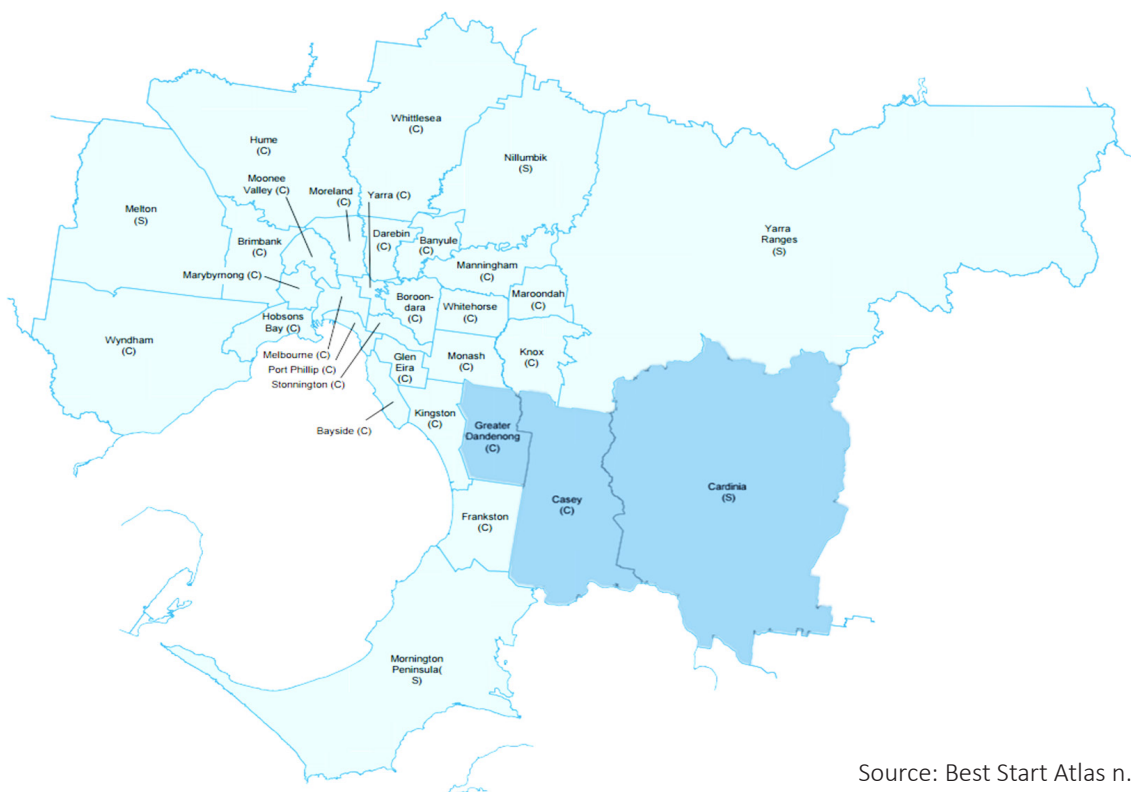
LOCAL
GOVERNMENT AREAS

70

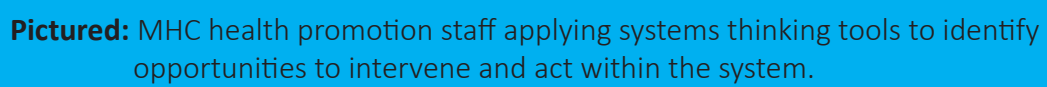
SUBURBS
& TOWNSHIPS

515,000

COMMUNITY
MEMBERS



Source: Best Start Atlas n.d.



EVALUATING DIFFERENTLY

A dynamic and multipurpose evaluation framework was designed to reflect the Health Promotion Team's need for data collection and improved reflective practice. The framework is built to grow and adapt with the team as interventions transform and expand.

The framework and report has been developed for three key audiences. Foremost, to report to DHHS on the IHP funding from July 2015 – June 2016. The Team wanted DHHS to receive a visual, non-linear 'snapshot' of interventions and impacts – a meaningful picture of prevention in the South-East region.

Growing Prevention was also created to showcase the collective health and wellbeing impact created through partnerships. Lastly, the Team wanted data collection and evaluation to be part of the system by completing the 'feedback loop' (Allender et al. 2015). Data collection and evidence will inform adaptations, leverage opportunities and future initiatives.

GROWING PREVENTION

Growing Prevention evaluates and visually presents interventions and impacts. It separates areas of intervention into the four settings of education, workplaces, community and leadership.

Growing Prevention is divided into four settings:



Education (Early Childhood Services (ECS), Primary and Secondary schools) and workplace interventions utilise the Achievement Program (AP) framework to guide structured, settings-based health promotion. Additionally, workplaces includes strategic health and wellbeing advocacy and initiatives at Monash Health.

Community integrates a range of settings including the food system, Asylum Seeker and Refugee health, Aboriginal health promotion, sports clubs, Health Champions and Health Literacy. Leadership documents the managerial work that strengthens partnerships and collaboratively advocates and leads health promotion internally and regionally.

THE FRAMEWORK

The framework (Figure 1) emphasises data collection and evaluation of interventions, reach, learnings and adaptations in a complex environment. Due to the responsive and adaptive nature of interventions within complex systems, the Health Promotion Team are endeavouring to create sustainable system change. Changes, according to complex systems theory (Alliance for Health Policy and Systems Research 2016), will not be evident for years to come. Even then, change within the system cannot be solely attributed to one intervention, rather it will be the outcome of collective, multi-strategy approaches over a period of time.

The framework evaluates the continuously shifting path and outcomes of interventions. These interventions evolve as systems change and as the team, settings and communities learn, innovate and respond. The framework focuses not just on outcomes but also learnings and developments that contribute to change in the system.

When evaluating and reporting, the Health Promotion Team use the word system to reflect a range of different networks, structures and complex environments they are intervening in. The term 'system' is subjective and for this evaluation has been defined uniquely by Health Promotion Practitioners to reflect the systems they are working within in their settings.

Five tools for evaluation:

- Stacked bar chart
- Causal loop diagrams or network maps
- System maps
- Snap-shots
- Quick statistics

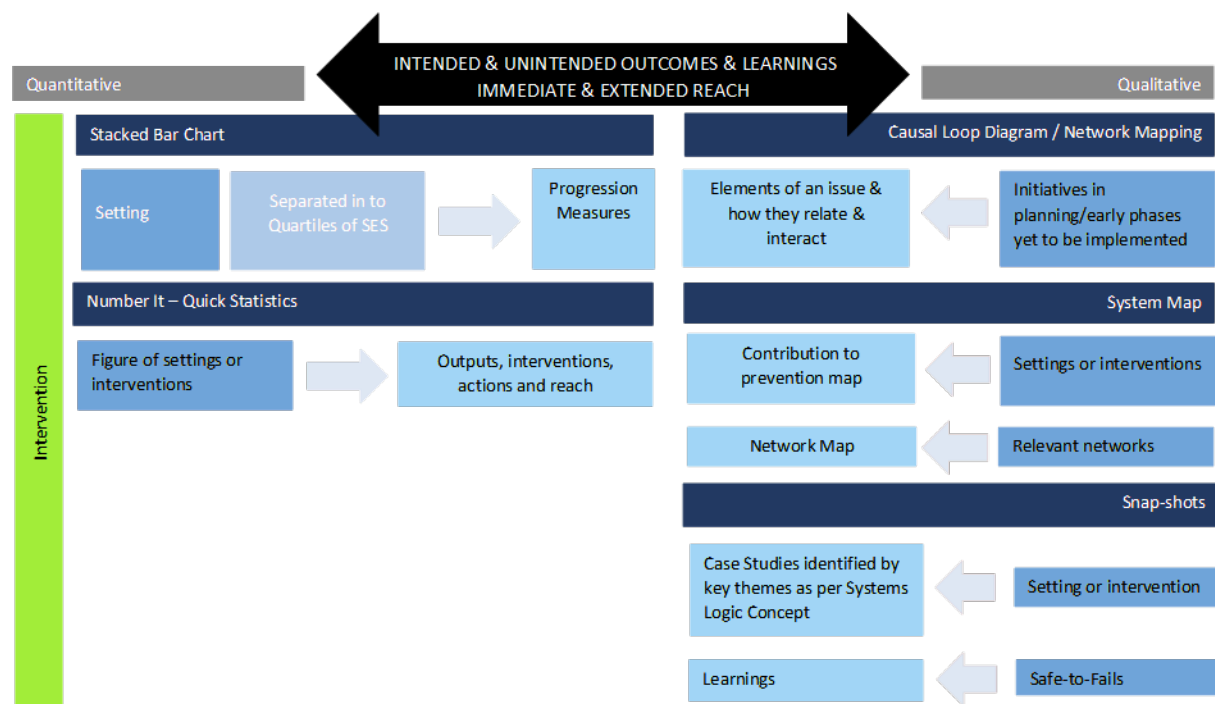
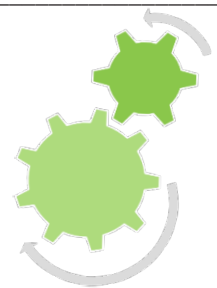


Figure 1 MHC Integrated Health Promotion Evaluation Framework- System Interventions & Impacts

The framework consists of 5 tools for data collection and presentation (stacked bar chart, causal loop diagrams or network maps, system maps, snap-shots and quick statistics). Each tool evaluates and reports on health interventions uniquely. The framework allows for the Team to self-identify evaluation tools and methods that effectively embody and emphasise the most important elements of their work. Additionally, staff also consider their audience and their data needs. This framework has been created to provide flexibility to 'develop new measures and monitoring mechanisms as goals emerge and evolve' (Patton 2006 cited Developmental Evaluation 2010).

Two key resources were utilised to enhance this evaluation. The Systems Logic Concept (State Government Victoria 2015) (Appendix 1) in conjunction with the System Building Blocks (System Capacity Building) (Centre of Excellence in

Intervention and Prevention Science 2011) were used to align language with the consistency of HTV while also directing the Team's thinking towards system change and movement through this adaptive process. The System Building Blocks (leadership for change, sharing information, collaborative relationships, workforce development and resources and incentives) are referred to throughout Growing Prevention to assist in identifying where to intervene for system change.

The use of System Change Logs⁵ (see page 35 and appendix 2) allows for daily reflective practice and assists in both understanding and quantifying system change. Activation, engagement, transition and transformation are referred to throughout reflective practice to identify where the interventions from the team were predominately occurring.

1.

EDUCATION

Support early childhood services (ECS) and schools in Cardinia Shire, City of Casey and City of Greater Dandenong to become health promoting settings.

FIGHTING THE FIDGETS – AMPLIFYING A SAFE TO FAIL, REGIONAL

The Fidget Break Dice¹ was a Safe to Fail developed in partnership with HTC and HTGD. MH amplified the Fidget Break Dice to be a classroom resource with a flat-printable version of the dice that can be used in the home or in the classroom. It included teaching materials, promotional poster and flat-pack dies that can be cut out and personalised. The resources were distributed electronically to 281 ECS and primary schools. 100 resources (flat-pack dies, teaching resources and promotional materials) have been printed for distribution.

COOKS NETWORK, REGIONAL

The Cooks Network became a regional network for all ECS cooks. Run at ECS, the network provided information on healthy eating topics (adding beans and legumes, healthy celebrations, fussy eating, allergies and intolerances), sharing recipes and working through the Healthy Eating Advisory Service's (HEAS) Menu Assessments. 2 MHC Dietitians and 4 Monash University Dietetic students supported different sessions. This action focused network aims to support Cooks to submit their menus for assessment. 4 Cooks Networks have been held with an estimated 33 cooks attending across the year. Currently 1 menu has been submitted. Additionally, HEAS held a Menu Planning session with 36 educators in attendance.

ACHIEVING EQUITY IN THE EDUCATION SETTING, REGIONAL

Support for ECS and schools in areas of disadvantage is prioritised. When analysed by suburb-level socioeconomic position, 54% (n=212) of ECS and schools in the region are located in the most disadvantaged suburbs. Regional data indicates that education settings located in the most disadvantaged suburbs are equally as likely to participate in the AP as those located in the least disadvantaged suburbs. Progression through the AP is highest in the most disadvantaged suburbs with 84% of education settings with Health Promoting Status from suburbs in the lowest quartile (please refer to appendix 3).

LET'S PROGRESS TOGETHER, REGIONAL

Over the last 12 months a focus was activating ECS and schools to progress through the AP. With an emphasis on capacity building, educators and teachers have skills and knowledge to move through the AP. Progression, action focused workshops were transitioned in while cluster/network meetings were phased out. 19 progression workshops have been held with over 350 educators and teachers attending. Feedback of this model has been positive and seen ECS and schools submitting documentation to Cancer Council Victoria (the management body of the AP).

CREATING CULTURALLY SAFE & SENSITIVE SERVICES, REGIONAL

Education settings verbally expressed an interest for information on how to become an Aboriginal and Torres Strait Islander safe and inclusive setting for children and families. In partnership with City of Greater Dandenong, City of Casey, BestStart, KU Children's Services, Department of Education and Training and Victoria Aboriginal Community Services Association Ltd, 3 workshops have been collectively planned for late 2016 that focus on reconciliation in education settings and supporting ECS and schools to develop Reconciliation Action Plans.

SOUTH-EAST REGIONAL HEALTHY CHILDREN NETWORK, REGIONAL

MHC in partnership with HTGD and HTC formed the Regional Healthy Children Network as an opportunity to regularly share updates, progress, learnings and planning. MHC have extended this network to be inclusive of Health Promotion workers in the South East working with ECS and schools. Peninsula Health, EACH, MonashLink Community Health Service, Access Health and Community and Cardinia Shire currently form the network and have had 4 meetings.

452

EDUCATORS, TEACHERS & PARTNERS RECEIVED A MONTHLY E-UPDATE full of health & wellbeing information & resources

370

EDUCATORS & TEACHERS ATTENDED HEALTH PRIORITY WORKSHOPS on a range of topics

350

EDUCATORS & TEACHERS PARTICIPATED IN AP PROGRESSION WORKSHOPS

22

HEALTH PRIORITY SPECIFIC WORKSHOPS were delivered in partnership with a range of organisations

19

AP PROGRESSION WORKSHOPS HOSTED to assist ECS & Schools to progress through the AP & network

1.

EDUCATION

Support early childhood services (ECS) and schools in Cardinia Shire, City of Casey and City of Greater Dandenong to become health promoting settings.

REGIONAL APPROACH TO THE AP, REGIONAL

Capitalising on momentum created by HTC and HTGD, MHC developed a regional approach to that implementation of the AP in education settings (State of Victoria 2015a). Regional consistency reflects the system in that individuals living in one LGA does not guarantee that they learn, work and play in the area. Collaborative approaches allow all interventions to be available to all education settings regardless of LGA. A comprehensive database and a strong MHC team sees staff working fluidly across all education settings and LGAs. Support is not limited to settings who have formally registered to the AP but provided to all ECS and schools across the region collectively reaching 389 education settings.

LET YOUR GARDEN GROW, REGIONAL

MHC in partnership with Cardinia Shire, established the Garden Network. 27 teachers and educators attended 3 garden networks. In light of the strategic regional approach being adopted, the partnership was extended to City of Greater Dandenong and the City of Casey. Expanding the reach, increasing networking and information sharing for teachers and educators. The regional garden network launched in Term 2 and leveraged off the 'Back to Earth' initiative. Approximately 20 schools and early childhood services collectively attended from across the region.

OVER **900**
CHILDREN SCREENED
IN DENTAL SCREENINGS
& 344 referred on for
further treatment

238
REGISTERED AP
ECS & SCHOOLS
supported in health &
wellbeing

28
NEW ECS & SCHOOLS
registered to the AP

23
ACTION PLANS
DEVELOPED
on health priority areas
in ECS & Schools

HEALTHY LITTLE SMILES, REGIONAL

In partnership with Dental Health Services Victoria, a Healthy Little Smiles workshop for early year's educators was facilitated focusing on progression through the Healthy Eating and Oral Health benchmark of the AP. Before attending, educators completed a self-assessment against the AP benchmarks for the healthy eating and oral health. Using this information, the workshop focused on brainstorming actions services can implement to address gaps and add value to current practice. The Monash Health Dental Team supported the event and presented on local dental services. 32 educators attended the session and 92% had attended no prior oral health training. All were confident, following the session to discuss oral health with their families.

KEEP ON SMILING WITH DENTAL SCREENINGS, REGIONAL

Healthy eating and oral health are a significant focus in ECS. In partnership with the Monash Health Dental Team, free dental screenings and family information sessions were held at ECS across the region. In the ECS, Dental Therapists screened children and provided families with free oral health information sessions. Over 900 children were screened and 344 children were referred for dental treatment. Due to the success of the screening, discussions have commenced with the Dental Health Team to conduct dental screenings across the region annually.

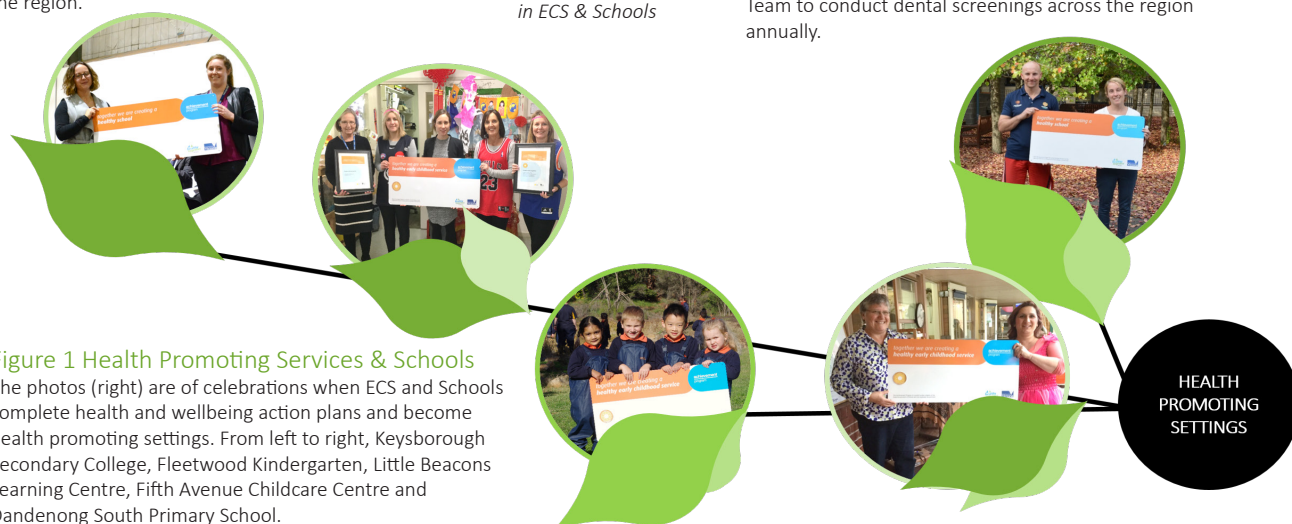
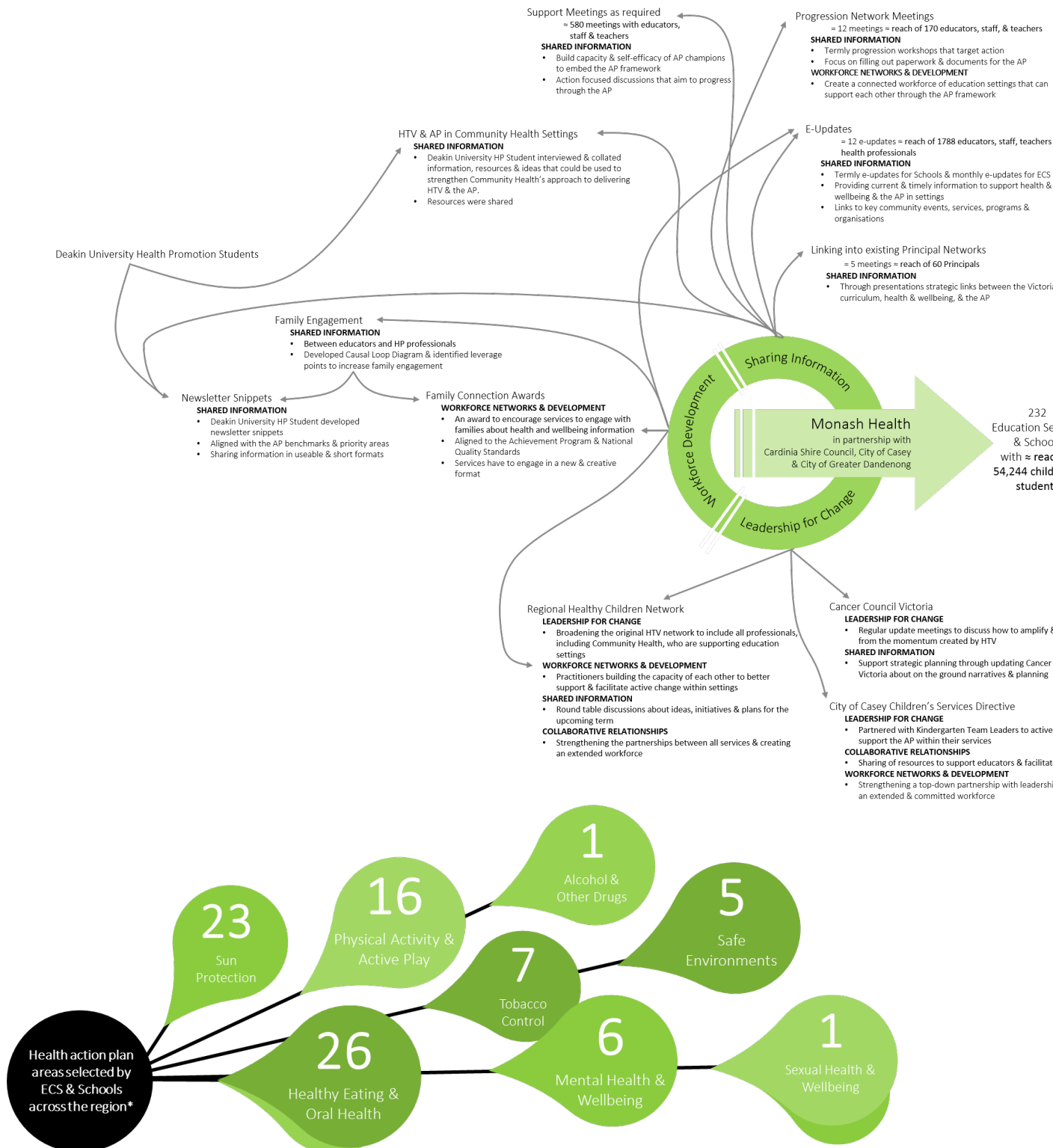


Figure 1 Health Promoting Services & Schools
The photos (right) are of celebrations when ECS and Schools complete health and wellbeing action plans and become health promoting settings. From left to right, Keysborough Secondary College, Fleetwood Kindergarten, Little Beacons Learning Centre, Fifth Avenue Childcare Centre and Dandenong South Primary School.

EDUCATION SYSTEM MAP



*In the second phase of the AP, settings select health priority area(s) to work towards. After selecting priority area(s), ECS and schools develop action plans to work towards achieving evidence-based benchmarks for each of the selected areas.

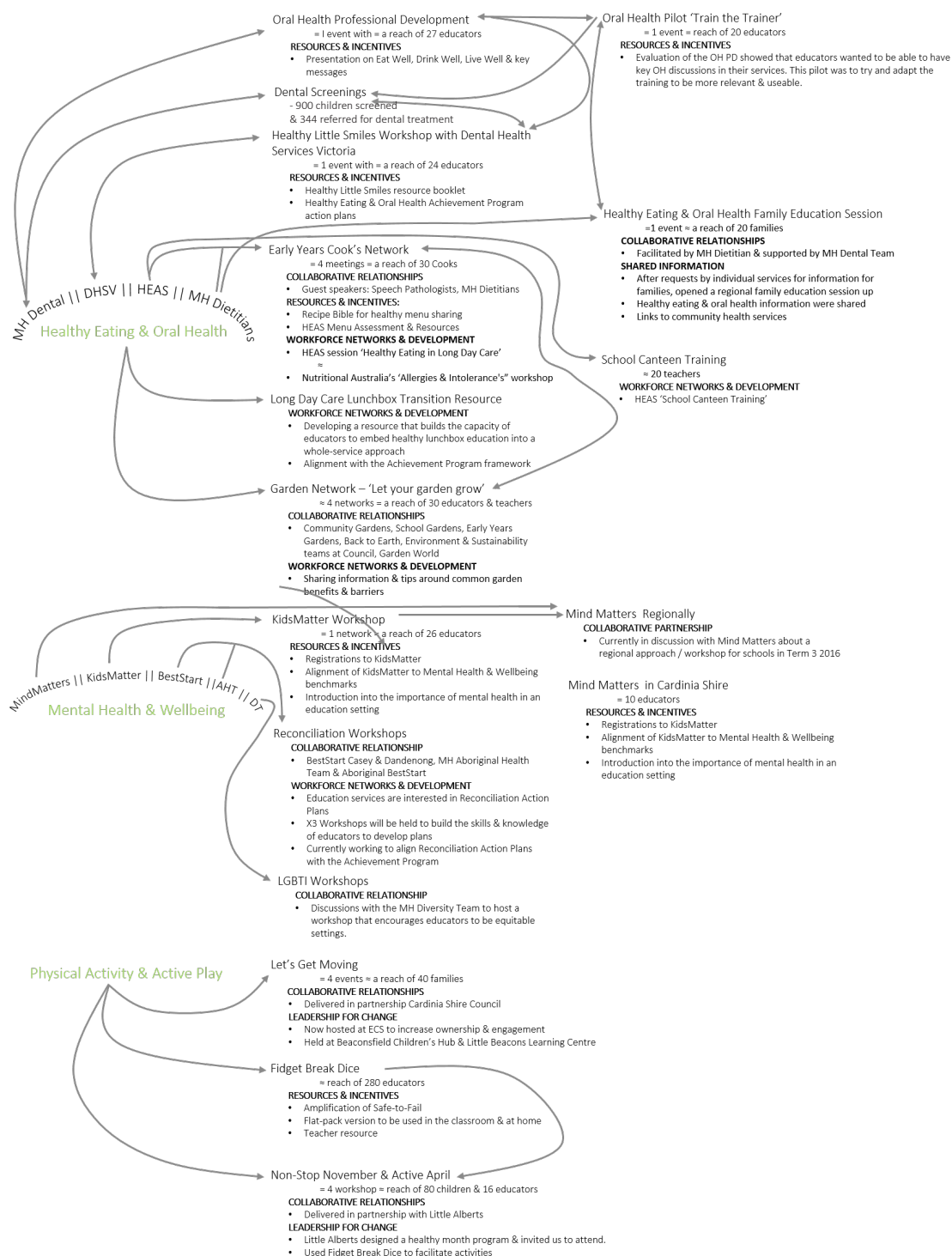


Figure 1.1: System Map of Education Setting Intervention

This system map outlines interventions and partnerships developed within the education system. 238 ECS, primary and secondary schools are currently working to implement a whole-setting approach to health and wellbeing by adopting the AP framework. The foundations that underpin this work are aligned with the system capacity building blocks. In partnership with Healthy Together Cardinia Shire, Healthy Together Greater Dandenong and City of Casey a regional approach was created. Functioning mainly within Activation and Engagement, interventions focus on sharing information, leadership for change and workforce development. As demonstrated on the diagram (bottom right), education settings are predominately focusing on the health priority areas of healthy eating and oral health, physical activity and active play and mental health and wellbeing. Through a range of internal and external partnerships, a variety of action focused initiatives have been implemented to build the capacity of educators and teachers to progress through the AP and embed the framework into their setting.

2.

WORKPLACES

Support the promotion of health and wellbeing opportunities in workplaces in Cardinia Shire, City of Casey and City of Greater Dandenong.

720

STAFF IN 132 TEAMS FROM
42 WORKPLACES
*participated in the 10,000
Steps Walking Challenge*

202

EMPLOYEES FROM 22 WORKPLACES
*got active in the Activate
Your Workplace Challenge*

115

PEDOMETERS AVAILABLE FOR LOAN
*as part of the Pedometer
Loan Scheme*

45

PARTICIPANTS ATTENDED 1 OF 3
CAPACITY BUILDING WORKSHOPS
*on Physical Activity, Healthy
Eating &/or Mental Health &
Wellbeing*

16

USER GROUPS HIRED PEDOMETERS
*as part of the Pedometer
Loan Scheme*

14

NEIGHBOURHOOD HOUSES
*registered to the AP
(50% in the region)*

ADAPTING THE AP, REGIONAL

MHC sought permission from the Centre of Excellence in Intervention and Prevention (CEIPS) to adapt the Workplace AP (State of Victoria 2015b) for use by Neighbourhood Houses. MHC recognised Neighbourhood Houses are a setting that accesses some of the most disadvantaged communities. MHC partnered with HTGD and formed a working group to simplify implementation of the AP into Neighbourhood Houses across the region. MHC promoted the AP at Neighbourhood House cluster meetings across the 3 municipalities.

REGISTERING NEIGHBOURHOOD HOUSES, CITY OF GREATER DANDENONG

A professional development session was held for Neighbourhood and Community Houses to initially engage them in the workplace AP. Houses expressed interest in participating in the AP and interested management staff registered online to the AP. Follow-up visits with Neighbourhood Houses occurred over the following months to keep them engaged and resulted in additional Neighbourhood Houses registering. 14 Neighbourhood Houses in total have registered to the AP which equates to 50% of Neighbourhood Houses in the region registered to the AP.

STEPPING INTO ACTION, CITY OF CASEY & CARDINIA SHIRE

MHC in partnership with Cardinia Shire facilitated a 10,000 Steps Workplace Walking Challenge over 6 weeks from July to September 2015. 720 individuals, from 120 teams, across 40 workplaces, took part in the challenge across Cardinia Shire and the City of Casey. Results showed that after completing the six week challenge participants spent less time sitting at work and looked for more opportunities to be physically active during their work day.

PACKED PD OPPORTUNITIES, REGIONAL

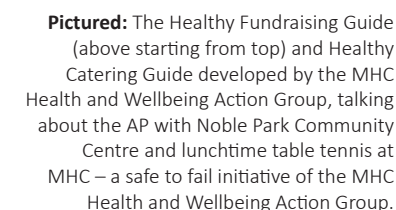
Three workshops were facilitated to build the capacity of participants (45 individuals from 22 workplaces) to better align their health and wellbeing initiatives with the workplace AP. A nutrition session focused on self-catering and providing healthier food options and a mental health and wellbeing workshop focused on workplace culture and the impacts of staff and volunteers wellbeing. A physical activity session was used to identify innovative opportunities to get active.

TRANSITIONING THE AP ACROSS THE REGION, REGIONAL

Transition away from Healthy Together Communities supporting the workplace AP has seen the alignment of MHC Health Promotion EFT across the region supporting workplaces. This process will allow for sustainable, ongoing health and wellbeing support for workplaces. Engagement with workplaces utilised an equity lens to provide a range of professional development, knowledge, resources and support to vulnerable and disadvantaged workplaces and communities.

ACTIVATING WORKPLACES, REGIONAL

MHC in partnership with Cardinia Shire Council and City of Greater Dandenong identified the YMCA, as a leverage point to engage workplaces and increase physical activity. The group met to discuss the development of a Safe to Fail and 'Activate Your Workplace' was the outcome. The initiative encouraged employees to attend local leisure centres to complete a five session pass. Once completed they received a free six month pass to the centre of their choice. 202 employees from 22 workplaces participated. Evaluation showed participants felt it encouraged and motivated them to get fit, try something new and was an opportunity to participate with colleagues.



This map (above) demonstrates the process of implementation of the AP in Neighbourhood Houses. A pilot with two houses, has since seen the engagement of 12 additional Neighbourhood Houses. A range of professional development opportunities and networks were hosted throughout the last twelve months to build the capacity of the Neighbourhood House Champion or Health and Wellbeing Committee to progress through the AP.

2.

WORKPLACES

Support the promotion of health and wellbeing opportunities in workplaces in Cardinia Shire, City of Casey and City of Greater Dandenong.

A WEEK OF HEALTH, MONASH HEALTH (MH)

Approximately 600 MH employees attended one of the information sessions, expos or other activities during 'Health and Wellbeing Week' in April 2016. The week created awareness of 'Healthy Opportunities' (the employee health and wellbeing program), as well as encouraged staff to action a daily wellbeing challenge. Feedback showed a number of staff participated in a walking and/or standing meeting, hosted a healthy morning tea, held a mindfulness session, incorporated stretching into their workday, and participated in the interactive displays and activities at expos across three major sites.

HEALTHY CATERING GUIDE, MONASH HEALTH COMMUNITY & REGIONAL

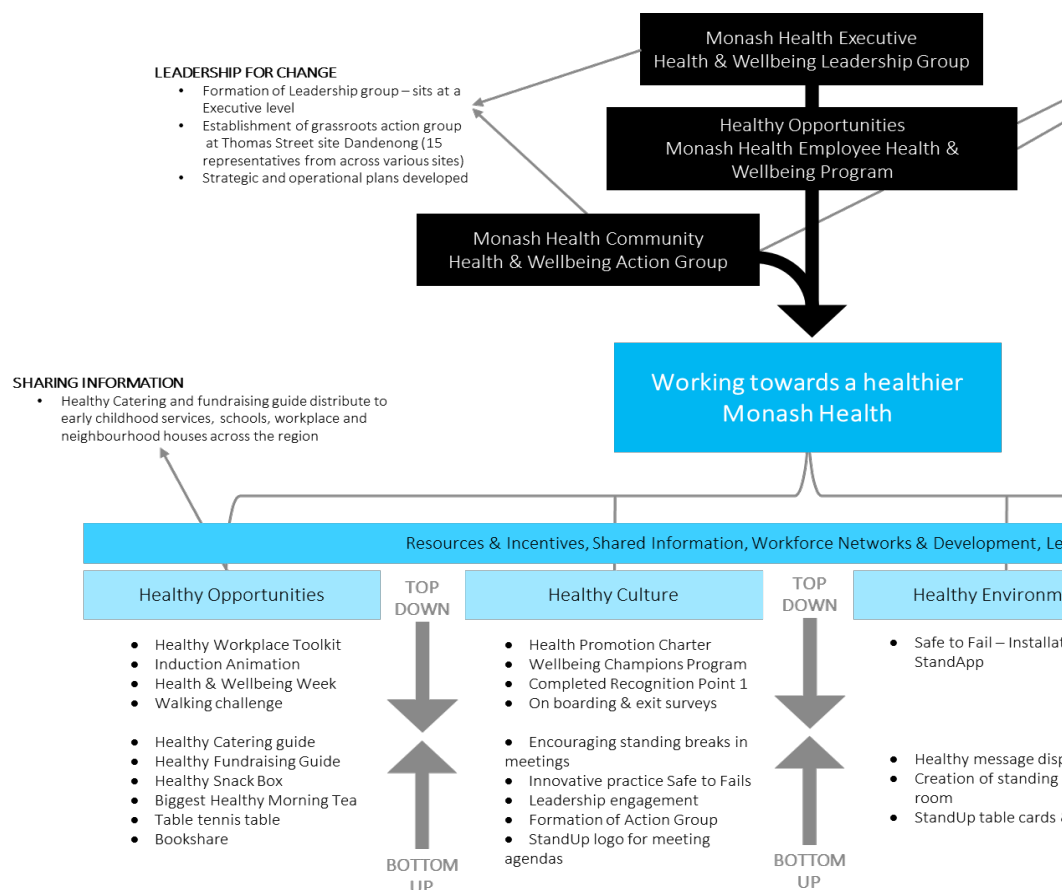
MHC's Health and Wellbeing action group identified the need to develop a Healthy Supermarket catering resource following an audit of staff catering habits. The resource was developed by a dietitian to make it easier for all MHC staff (~ 850 staff) to include healthy food options when catering for groups, meeting or events for staff and clients. The guide was launched across MHC. This resource has been distributed to external workplaces and community groups within the AP network.

HEALTHY WORKPLACE TOOLKIT, MONASH HEALTH

A need was identified to develop a resource that was simple and easy to navigate which could be utilised by staff (specifically Wellbeing Champions and managers) to implement health and wellbeing initiatives within their sphere of influence within the workplace. An interactive PDF was developed focusing on quick and easy actions based on MH's three priority areas Healthy Eating, Physical Activity, Mental Health and Wellbeing and staff were encouraged to be 'Wellbeing Champions'. 35 have been recruited.

Figure 2.2 Leading by Example

This map (right) shows MH & MHC's creation of a healthy workplace. The AP's Healthy Workplaces Framework demonstrates the whole-organisation approach. Concurrent action from leadership and on-the-ground staff drive health and wellbeing initiatives. An Executive Health and Wellbeing Leadership steering committee has been established to guide practice. A Wellbeing Champions model was also developed to support MH employees to promote workplace health. The staff Health and Wellbeing Action Group make changes within MHC and share resources broadly with the community. MH's Healthy Opportunities program links MHC to broader MH health and wellbeing.





STAND UP FOR YOUR HEALTH MONASH HEALTH COMMUNITY

The Health and Wellbeing Action Group developed 'Stand Up for Your Health' - a table top card that prompts staff to stand up during a meeting. It is included also on meeting agendas across the organisation to remind staff to stand up and stretch during meetings. The icon was adapted for use in other settings when a Neighbourhood House Coordinator commented on the value of a sticker that could be attached to toilet mirrors, phones, computer screens and doors. 2,000 stickers are being circulated amongst workplaces and neighbourhood houses.



TALKING HEALTH² MODULES, REGIONAL

Talking Health needed to increase reach and sustainability to remain viable. In partnership with Cardinia Shire Council and Kooweerup Regional Health Service and in line with a regional shift towards settings-based health promotion, Talking Health was transformed into 6 modules that covered a range of mental health and wellbeing topics. Written by consultants who were experts in a range of fields, modules were developed that included teaching materials, handouts and classroom activities, visual aids (videos of real experiences and links to multimedia) and a website.

HEALTH MEETS HAIR & BEAUTY, REGIONAL

The Talking Health steering committee partnered with Chisholm TAFE- the largest educational vocation provider in the South-East. The Talking Health modules are being embedded into the Certificate 3 and 4 qualification for hair and beauty. All students completing their studies will have competencies in self-care, mental health and wellbeing, professional boundaries and awareness of community support agencies. Acting as a protective factor for their own mental health and wellbeing but also as a referral pathways for their clients.

600

EMPLOYEES FROM
MONASH HEALTH
participated in Health &
Wellbeing week in April

143

STAFF PILOTED
'THE STAND APP'
with a 20% reduction in
staff sitting for more than
5 hours per day

6

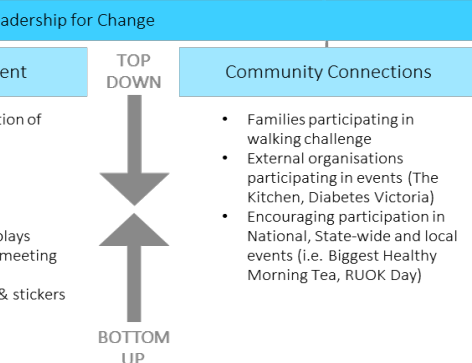
MENTAL HEALTH &
WELLBEING MODULES
developed & will be
embedded into Chisholm
TAFE's 3 & 4 Hair & Beauty
qualification

1

HEALTHY CATERING
GUIDE
developed for MHC &
external healthy
catering ideas
registered to the AP
(50% in the region)

WORKFORCE NETWORKS & DEVELOPMENT

- Building capacity of staff and leadership to develop Safe 2 Fails
- Developed Wellbeing Champions' program which was launched in June



Pictured: Filming of the Talking Health video clips with local hairdressers (right top) & the MH Healthy Workplace Toolkit used to support Wellbeing Champions (right).



Pictured: MHC Health Promotion staff engaging with a local vendor about the Healthy Bites Program.

3.

COMMUNITY

FOOD SYSTEMS

Enhance health and wellbeing opportunities through community settings.

HEALTHY FOOD CONNECT (HFC), CITY OF CASEY

MHC led a project in partnership with City of Casey to commence the HFC framework (Department of Health 2014) – a framework to map food availability. Nutrition and dietetic students from Monash University collected and analysed data and created a report with recommendations for action. Cost of a healthy food basket was measured in 40 supermarkets, and community and council stakeholders were interviewed (n=20). Presentations of results were made to key community health and council staff (n=25), and will be used to advocate for food system action in the future.

HARVESTING HEALTH, CARDINIA SHIRE

A need for a local food network to increase access to fresh produce was identified in the HFC Report (Healthy Together Cardinia Shire 2013). In partnership with Kooweerup Regional Health Service and Cardinia Shire Council, a network and local food forum called Harvesting Health was facilitated. Harvesting Health consulted 16 community members involved in the local food system. An action plan was developed and community representatives formed working groups to focus on specific areas. Groups meet quarterly to discuss food transportation, community gardens, resources, canteen menus and food education to improve the food system.

FRESH FOOD ACCESS POINTS, CITY OF GREATER DANDENONG

MHC engaged Health Promotion undergraduate students to consult with the community to explore community need for fresh food access points. 200 community members were surveyed through interviews. Results noted that residents wanted healthy food options available in local food outlets. In partnership with City of Greater Dandenong, MHC has introduced and commenced promoting the Healthy Bites program. Currently interest from local vendors is being explored.

200

COMMUNITY MEMBERS
COMPLETED THE
FOOD ACCESS SURVEY

40

SUPERMARKETS
SURVEYED
*to measure the cost
of a healthy food basket
in City of Casey*

36

HEALTHY DINING
OPTIONS AVAILABLE
*at dining outlets
across Cardinia Shire*

12

HEALTHY BITES OUTLETS
across Cardinia Shire

5

ORGANISATIONS
WORKING TOGETHER
*as part of the
Regional Food
Network*

CREATING A FOOD NETWORK, REGIONAL

MHC identified the need for a unified approach to food systems in the south east region. A Regional Food Network formed to collaborate on food systems work in Cardinia Shire and City of Greater Dandenong. The network has met 12 times to date. The network encourages consistent regional action in food systems and healthy eating. It increased collaboration across the 3 organisations. Health Promotion Practitioners regionally are more supported and able to deliver on joint initiatives such as healthy dining – Healthy Bites³.

SOUTH EAST FOOD HUB, CARDINIA SHIRE

Food deserts have been identified in rural regions of Cardinia Shire. In partnership with the South East Food Hub (Open Food Network 2016). MHC supported the development of the Food Hub as it grew from a small experiment to a social enterprise working with the local community. MHC utilised existing relationships, networks and skills to promote the Food Hub and established three pickup points. The Food Hub increased access to fresh produce for residents and supported farmers in the local area.

AMPLIFYING HEALTHY BITES – AN INNOVATIVE FRAMEWORK REGIONAL

Regional Healthy Bites workers in an innovation workshop hosted by MH, identified that Healthy Bites, could be amplified with the inclusion of additional priority areas, titled 'Extra Bites'. These areas add additional dimensions to Healthy Bites and provide food outlets with further goals to make their food and venue even healthier. Extra Bites - the new continuous improvement framework is currently being developed and will be trialled with interested food outlets in late 2016.

FOOD SYSTEM MAP

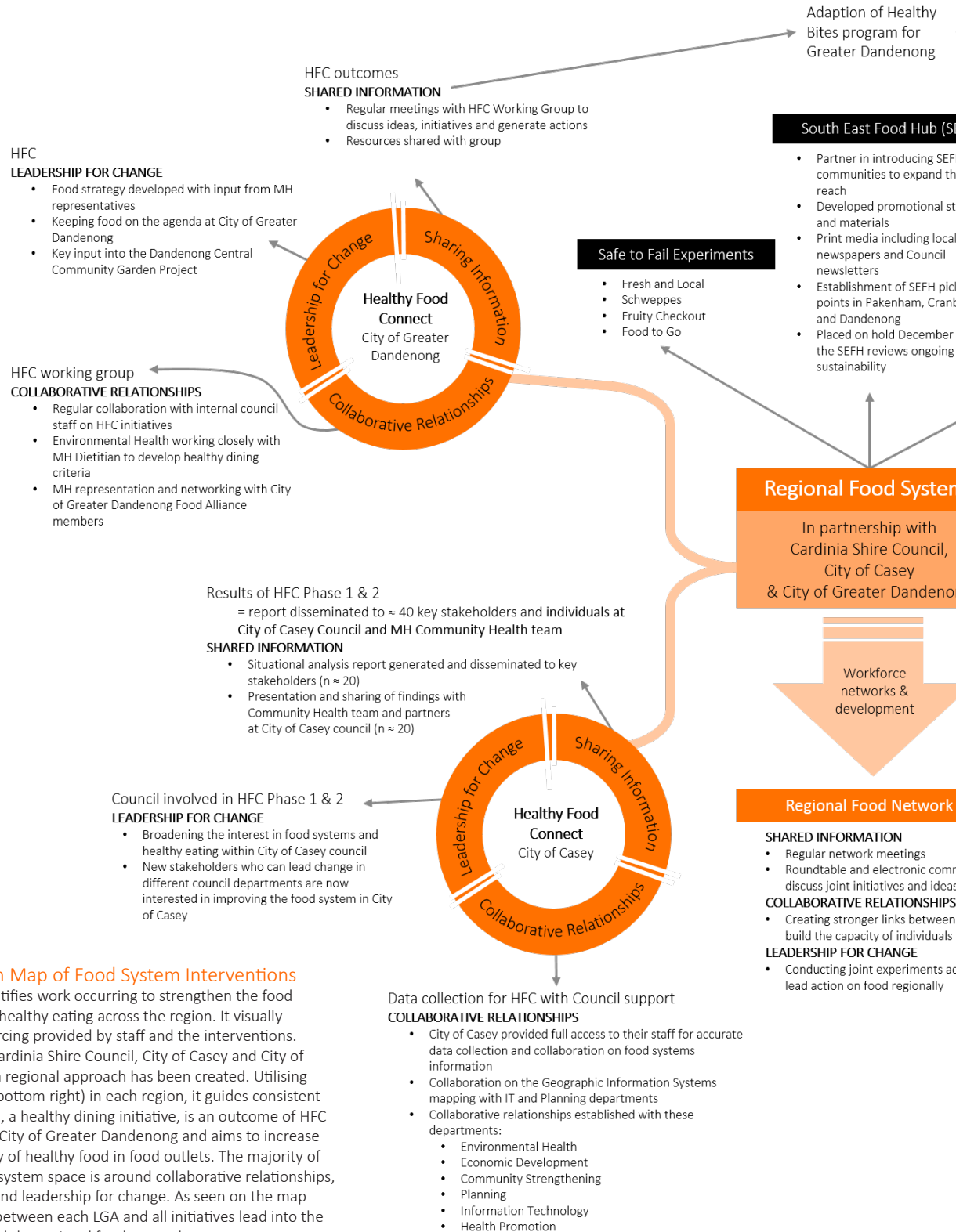
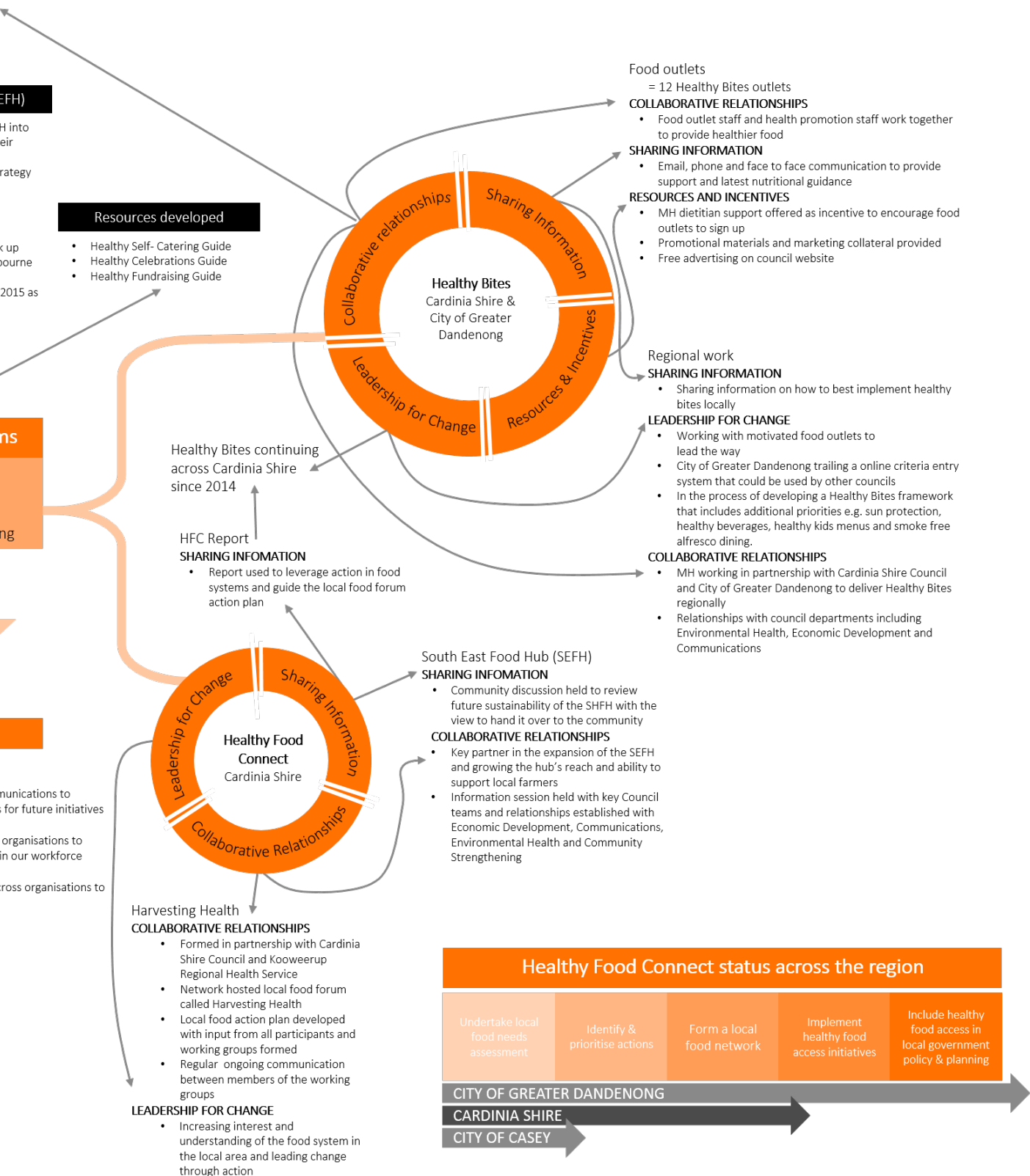


Figure 3.1 System Map of Food System Interventions

This system map identifies work occurring to strengthen the food system and promote healthy eating across the region. It visually represents the resourcing provided by staff and the interventions. In partnership with Cardinia Shire Council, City of Casey and City of Greater Dandenong a regional approach has been created. Utilising the HFC framework (bottom right) in each region, it guides consistent actions. Healthy Bites, a healthy dining initiative, is an outcome of HFC in Cardinia Shire and City of Greater Dandenong and aims to increase access and availability of healthy food in food outlets. The majority of the work in the food system space is around collaborative relationships, sharing information and leadership for change. As seen on the map there is an interplay between each LGA and all initiatives lead into the regional approach and the regional food network.



3.

COMMUNITY

ASYLUM SEEKER & REFUGEE HEALTH

Improve the health and wellbeing of Asylum Seeker & Refugee communities.

55

STUDENTS FROM 27
SCHOOLS IN LOW SES AREAS
participated in
Hands on Health

30

OVER
CHILDREN PLAY IN THE
OROMO YOUTH
SOCCER CLUB

1

ASYLUM SEEKER & REFUGEE
NETWORK MAP CREATED
to inform planning & partnerships
for the next 12 months

HANDS ON HEALTH, CITY OF GREATER DANDENONG

Hands on Health is run in partnership with Monash University. The program engaged 27 schools from disadvantaged areas with refugee and CALD students in south east Melbourne. The aim is to introduce students into careers in the Health industry. 55 students over 4 weeks attended a day of work experience at MHC. Health promotion and community development staff from the Refugee Health Team presented on health promotion and community development industries and careers.

MAPPING NETWORKS, CITY OF GREATER DANDENONG

A network mapping workshop was hosted by MHC to map the support available to Asylum Seekers and Refugees in the community. The map documents networks in the area and key organisations for future collaborations and leverage. This map (Figure 3.2) has been incorporated into the updated MHC's South East Region Refugee & Asylum Seeker Service Directory (Monash Health 2016). Further exploration is required however this network map, will be used to inform future action within a working group across the region.

SCORING GOALS, CITY OF GREATER DANDENONG

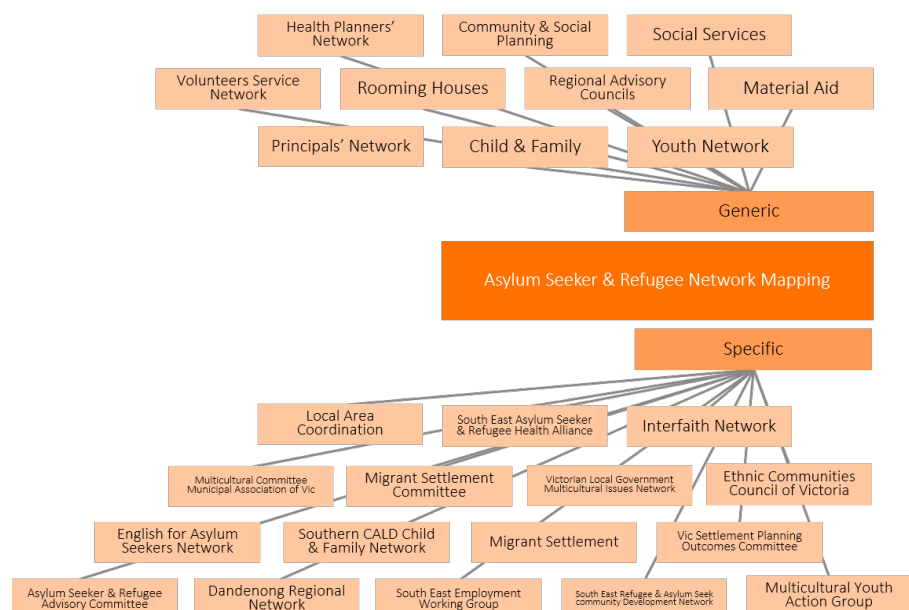
MHC supports the Oromo youth soccer club- 'Dandenong Tigers'. MHC supports the administration of the club, capacity building and provides a community link when required. The club is an after school soccer program that run as part of the Active-School Communities Program initiative. Over 30 children (girls and boys) attend the program once per week for training and play on weekends in the Noble Park area.

VOLUNTEER CONCIERGES, CITY OF GREATER DANDENONG

The Volunteer Concierges⁴ are in their second year of supporting MHC. Support is provided in partnership with the MHC Refugee Health Team in recruitment, rostering, mentoring and support for Asylum Seeker and Refugee volunteers. Over 100 volunteers are registered with 40 actively contributing to the program.

Figure 3.2 Asylum Seeker & Refugee Network Map

The network map (right) displays networks in the region working with Asylum Seekers and Refugees. This portfolio is currently in the intelligence gathering phase and identified the need to work collectively to strengthen support for Asylum Seekers and Refugees. This map identified organisations to collaborate with or leverage off. 3 networks have been identified as the most appropriate to align with. This map will be used to inform future discussion and collective action.



COMMUNITY CASTLE, CITY OF GREATER DANDENONG
MHC are providing ongoing support to the Dandenong West Primary School Community Castle – a community hub. The focus is to provide community members with opportunities to engage, connect, share and develop their school to reduce social isolation. Weekly activities are hosted with approximately 6 local community members attending. The Castle is closely linked with the school, and students regularly visit as part of their learning.

MARCHING FOR AWARENESS, CITY OF GREATER DANDENONG
Harmony Day was used as a leverage point for spreading information about Challenge Family Violence (CFV) and family violence. A Harmony Day march was run in partnership with 20 representatives from organisations across the region. More than 500 community members attended the awareness march and approximately 20 from the Oromo community. 400 Oromo individuals signed the CFV commitment pledge to raise awareness of family violence and advocate in their communities.

REFUGEE & ASYLUM SEEKER GOING FOR A GOAL, CITY OF GREATER DANDENONG
MHC continue to plan and facilitate the MH Social Soccer Program that is in its third year. 44 games are played over the year at Doveton College. 25 Refugees and Asylum Seekers participate weekly. The program aims to link players to health and wellbeing information, increase social inclusion and physical activity of men.

CREATING CHANGE – CHALLENGE FAMILY VIOLENCE (CFV), CITY OF GREATER DANDENONG,

A MH Community Development worker who is a CFV (Cardinia Shire Council 2016) mentor recruited 12 men from the Oromo Community who hold positions of influence in their community. A series of training sessions developed the skills and knowledge of these men. Subsequently, a Women's Association was created to encourage female leadership in the Oromo community, a policy was effected to ensure that a minimum of one woman is to be in leadership committees and 2 churches have changed their constitutions to state that men and women are equal.

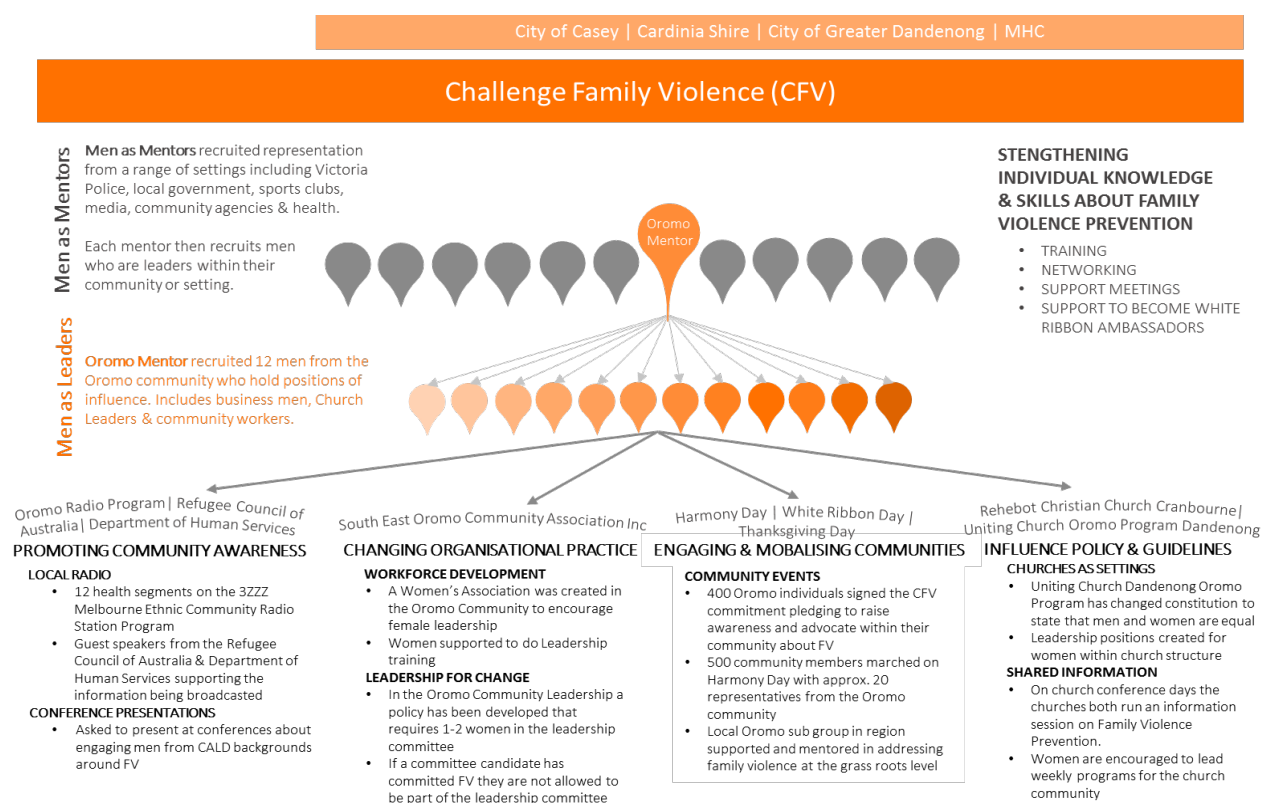


Figure 3.3 CFV Men as Leaders in the Oromo Community Interventions & Impacts

The map (above) highlights the impact of 1 of the 12 Men as Mentors recruited in CFV. The Oromo Mentor engaged 12 members of the South East Oromo Community Association. A range of interventions have been implemented to strengthen individual and community knowledge and awareness, change organisational practice and activate communities. Outcomes of the 12 Men as Leaders include constitutional changes which incorporate women in leadership positions within 3 churches, establishing a Women's Association for the Oromo community, and mobilising over 400 individuals to pledge to raise awareness of FV within their communities.

3.

COMMUNITY

ABORIGINAL HEALTH PROMOTION

Improve the health and wellbeing of the Aboriginal and Torres Strait Islander population.

PARTNERING WITHIN MHC, INTERNAL

Working in collaboration with the Aboriginal Health Team is a reciprocal and beneficial internal partnership. The Health Promotion Team support the Aboriginal Health Team in developing knowledge of contemporary health promotion practices (systems thinking training) while the Health Promotion Team are supported to increase cultural awareness and ability to engage with the Aboriginal community. Staff across both teams participated in Reconciliation Week and NAIDOC events. Additionally, the Health Promotion Team utilise the Aboriginal Health Team's skills to guide their work to be culturally appropriate (i.e. consulted for Reconciliation Workshops – page 12).

NAIDOC WEEK, CITY OF GREATER DANDENONG

MHC supported the City of Greater Dandenong's NAIDOC week celebrations. MHC aimed to increase the connections between MHC services and the Aboriginal community. MHC in partnership with the Dental Health Team provided dental screenings at the NAIDOC event. 100 toothbrushes and toothpastes were donated by Colgate Palmolive. 98 show bags were distributed to children and families. 49 children received dental screenings and over 300 NAIDOC bracelets were made during craft activities.

CELEBRATING RECONCILIATION, INTERNAL

MHC highlighted Aboriginal and Torres Strait Islander people, arts and culture to MHC staff, volunteers and clients by celebrating Reconciliation day. The May event was held in a public space and directly attracted approximately 60 staff, as well as patients and the general public. The event included local Aboriginal arts, cuisines and insight into the experiences of a MHC Aboriginal Health worker. This event is an important element of MH's Reconciliation Action Plan, raising awareness of the Aboriginal Health Team and staff's understanding of Aboriginal culture and history.

NAIDOC – THE CELEBRATION CONTINUES, REGIONAL

In partnership with a range of services and organisations, MHC assisted in planning and running the 2016 NAIDOC celebration in the Cranbourne Royal Botanic Gardens. Local Indigenous language was used in event signage and the welcome banner. Approximately 12 activities were situated across the gardens which included traditional games and storytelling. Over 1000 people attended from over 10 local government areas. 35% of attendees identified as Aboriginal and/or Torres Strait Islander.

OVER **1000**
COMMUNITY MEMBERS
from across 10 LGAs attended
the NAIDOC Celebration in
Cranbourne

98
ORAL HEALTH SHOW BAGS
DISTRIBUTED TO CHILDREN
with toothbrushes &
toothpaste

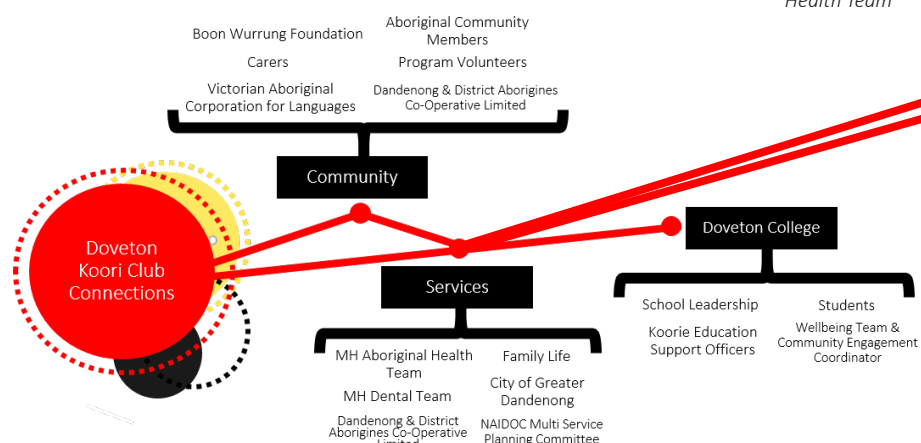
60
MHC STAFF ACROSS THE
ORGANISATION
attended a Reconciliation
event

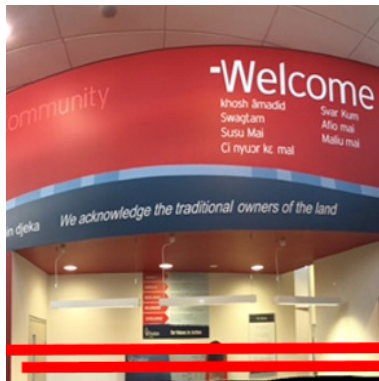
49
DENTAL SCREENINGS
were completed at NAIDOC
week by the MHC Dental
Health Team

Figure 3.4 Doveton Koori Club

Connections

The map (right) highlights the connections created between the Koori Club, community, services and the college. These connections are vital for creating meaningful relationships for the students into the community and supporting ongoing initiatives and events.





CULTURALLY SAFE SCHOOL, CITY OF CASEY

Since working closely with MHC, Doveton College has increased the level of cultural safety at the school by placing a large welcome (Womin djeka) sign acknowledging traditional owners that is located at the school's front entrance/reception area (pictured above). They temporarily displayed the Koori Club banner (as mentioned to the right) that was created at the school and had extremely positive and emotional feedback provided by Aboriginal parents at the school.



DOVETON KOORI CLUB, CITY OF CASEY

MHC in partnership with Doveton College have developed a culturally safe lunchtime group for Aboriginal students attending the College. The lunchtime program is delivered weekly. It provides 10-15 healthy lunches (pictured above) for students per session and is used as an opportunity to expose students to a range of Aboriginal art forms and stories. The club is a platform to connect students to Boon Wurrung Elders and other community members to assist in fostering a connection to culture. Students who have not previously been associated are creating meaningful, supportive relationships.



THE WOMIN DJEKA BANNER, CITY OF CASEY

Members of the Doveton Koori Club wanted to contribute to the 2016 NAIDOC celebration in the gardens if they were unable to attend. In consultation with the NAIDOC planning committee, Boon Wurrung Elder and Club members discussed how they could contribute. Koori Club members developed knowledge about Victorian Aboriginal art styles, Boon Wurrung language and important local flora and fauna from a visiting Boon Wurrung Elder. A Womin djeka (Welcome) banner for the event was created (pictured above) and displayed at the event. Coverage was in the Local Leader Newspaper and the Herald Sun (2016). Banner will now be displayed at MHC Dental Services in Cranbourne to encourage more use of dental services by the Aboriginal Community.



Pictured: Chatting with a visiting Boon Wurrung Elder was an important part of developing the Womin Djeka banner (far left), animal symbols were included on the banner (left) and the students from the Koori Club were featured in the Herald Sun with their banner (below).



3.

COMMUNITY

SPORTS CLUBS

Enhance health and wellbeing opportunities through community settings.

HEALTHY EATING FOR SPORTS CLUBS FRAMEWORK, REGIONAL

MHC has continued a partnership with City of Casey, City of Greater Dandenong and Cardinia Shire that led the development of a continuous improvement framework outlining clear steps and actions to support sports club to increase healthy options in their canteens. The finalised framework is a guide providing a consistent regional approach for sports clubs to work through to improve the healthy options in their canteen.

HEALTHY CANTEENS PILOT, CITY OF CASEY AND CITY OF GREATER DANDENONG

The Healthy Canteens Pilot was developed to trial the 'Healthy Eating for Sports Clubs Framework' in local sports clubs. This pilot aimed to support clubs to increase healthy options in canteens and included support from Health Promotion Practitioners and Dietitians from MHC, and Sport and Recreation staff from Council. 5 sports clubs have committed to participate in the pilot. The clubs include Soccer, Netball and Football. The pilot will run until late August 2016 and be evaluated in September.

5

SPORTS CLUBS COMMITTED
across City of Casey & City of Greater
Dandenong to implementing the
Healthy Canteens Pilot

3

LOCAL GOVERNMENT AREAS
partnered to create the South East
Regional Healthy Sports Clubs
Working Group

1

GUIDE TO HEALTHY EATING FOR
SPORTS CLUBS FRAMEWORK
developed & ready to be piloted



Pictured: The Healthy Canteens Cycle (top left), the Healthy Eating for Sports Clubs Framework (top right) and the representative from local sports clubs participating in the Healthy Canteens Pilot pictured with staff from City of Casey's Sport and Leisure team and MHC (bottom left).



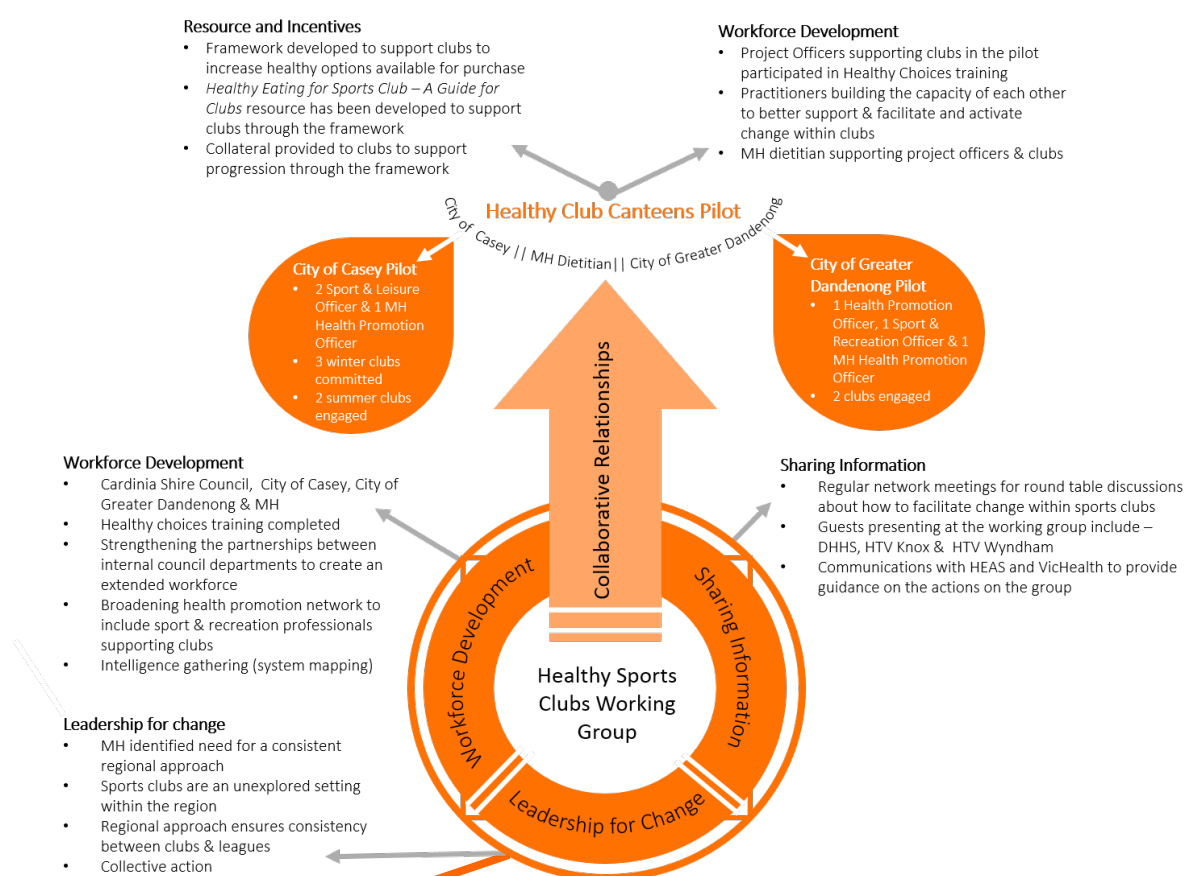


Figure 3.5 System maps of Sports Clubs

This system map highlights outcomes of Sports Clubs across the region. The South East Region Healthy Sports Clubs Working Group, led by MHC, was established. It consists of Sport and Recreation and Health Promotion from Cardinia Shire Council, City of Casey and City of Greater Dandenong, working towards a regional approach to support sports clubs to become healthier environments. As highlighted in the map, the majority of work completed at this stage aligns with Activation and Engagement, namely, sharing information and workforce development. A pilot is currently being rolled out with the support from City of Casey and the City of Greater Dandenong with 5 clubs.

3.

COMMUNITY

HEALTH CHAMPIONS (Model developed by Western Region Health Centre (2013))

Enhance health and wellbeing opportunities through community settings.

93

COMMUNITY CONNECTIONS
& LINKS DEVELOPED
through a diverse group
of Health Champions

52

HEALTH CHAMPIONS TRAINED
across the region

22

LANGUAGES SPOKEN
BY HEALTH CHAMPIONS
with the potential to
reach diverse communities

13

HEALTH CHAMPIONS
TRAINING SESSIONS HELD
covering up to 10
different topics

CULTURALLY APPROPRIATE HEALTH CHAMPIONS, CITY OF GREATER DANDENONG

In partnership with MHC's Family and Reproductive Rights Education Program (FARREP) and Women's Health in the South East (WHISE) Health Champions was adapted into a culturally appropriate model. Four sessions were run in April and May with 10 women attending. Health session topics included social determinants of health, human rights, gender, mental health, food, physical activity and sexual and reproductive health. This culturally adapted model of Health Champions is currently being evaluated.

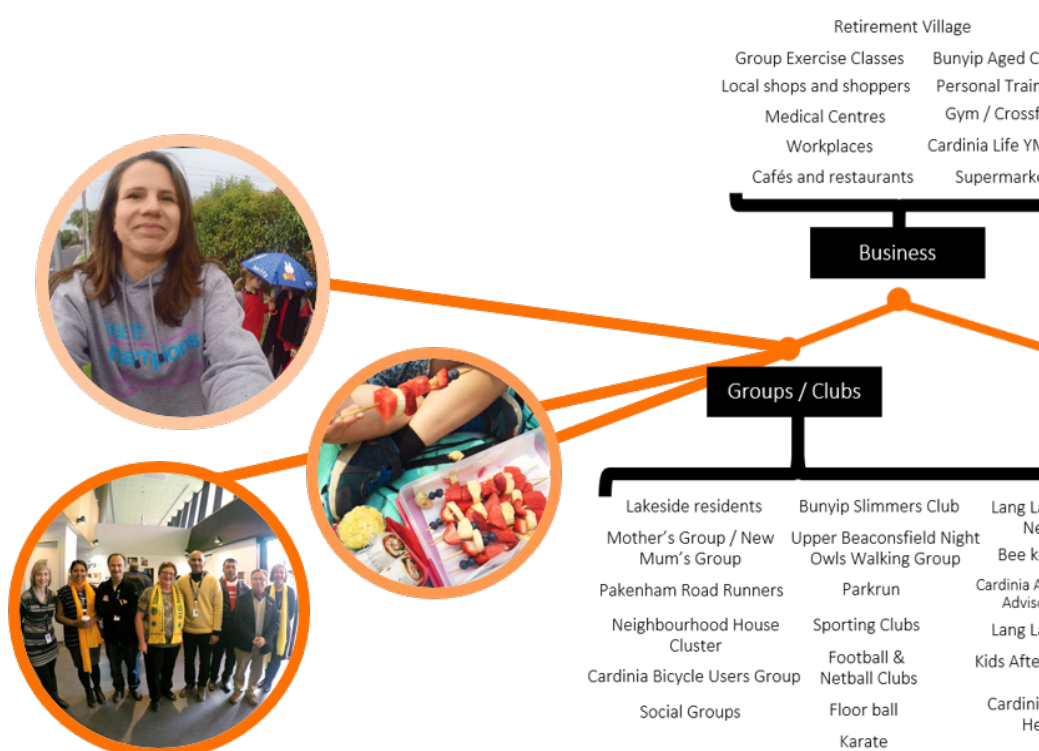
A HEALTH CHAMPION STORY – THE NEXT STEPS, CARDINIA SHIRE

12 Health Champions completed their training in Cardinia Shire in September. The Health Champions were diverse and had many existing connections in the community. Erica, a Health Champion from a rural town, started a walking group in her local area but wanted to run a group exercise sessions in her isolated community. Erica was supported by MHC to locate a suitable course and funding to complete it. She has since completed her Water and Chair Based Exercise training with Arthritis Victoria and volunteers to provide classes in her local community.

Figure 3.6 Health Champion's connection network map

This map (R) is the reach of the trained Health Champions. It spans across three local government areas and indicates the possible reach Health Champions and their health messages can have within the community.

Pictured: Health Champion Natasha's 'A Day in the Life of a Health Champion' (top), Healthy lunch excursion organised by Health Champion Jacqueline, (middle), and RUOK? Day organisers and speakers (bottom).



RUOK? DAY IN TOWN, CITY OF GREATER DANDENONG

In September 2015, MHC and trained Health Champions participated locally in RUOK Day? The event aimed to increase awareness of mental health, reduce the stigma and encourage participants to ask the question RUOK? to their colleagues, friends and family. A Health Champion shared his personal story of despair, hope and new beginnings since leaving war-torn Pakistan. 50 community members attended. 6 local coffee shops showed their support by offering a 'buy one, get one free' coffee on the day to encourage taking a friend out to chat.

DAY IN THE LIFE OF A HEALTH CHAMPION, REGIONAL

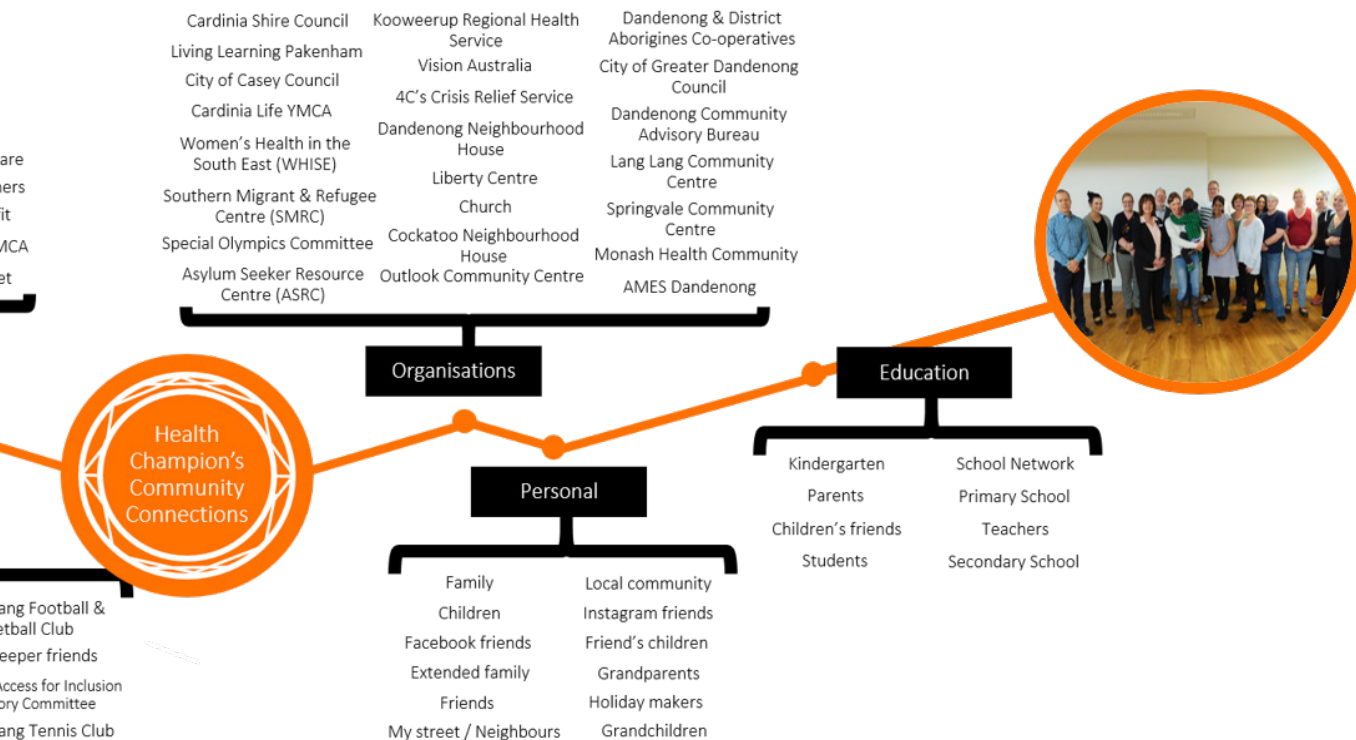
MHC in partnership with HTGD and a Health Champion, produced a short film to inform community members, clients and staff on the benefits of becoming a Health Champion. 'Natashca's Story (2015)' is a participant's perspective on the many opportunities for individuals to improve their health and the health of their community through Health Champion's training. The film was created as a S2F developed in the Communities of Practice workshop. The film will be used for training purposes by health promotion staff.

HEALTH CHAMPION – WHAT NEXT? CARDINIA SHIRE

After attending Health Champion training, Jacqueline, a mother of three, has encouraged her children's primary school and kindergarten to progress through the AP. She organised a healthy lunch day for a school excursion and hosted a healthy lunchbox talk with a local dietician who is also a Health Champion. Jacqueline approached her local café and restaurant to join the Healthy Bites program. She hosted a women's health day with yoga in a local park as well as held a stand at a local festival with a display about healthy snacks. Jacqueline is now studying a university degree in nutrition. Jacqueline's contribution to the prevention system shows how Health Champions can impact the health of their local community.

HEALTH CHAMPIONS IN SCHOOLS, CITY OF GREATER DANDENONG

MHC partnered with Dandenong West Primary School's Health Champions program to promote healthy eating within their school community. A MHC dietitian attended 8 sessions to build the capacity of participant's skills in nutrition knowledge and program facilitation. Participants reported feeling more confident to make positive changes to their family food diet such as reducing sugar and salt. The Health Champions went on to develop and implement a school-wide healthy lunchbox program.



3.

COMMUNITY

HEALTH LITERACY

Action health literacy within the organisation to improve health and wellbeing of clients and consumers.

ANIMATING HEALTH LITERACY, REGIONAL

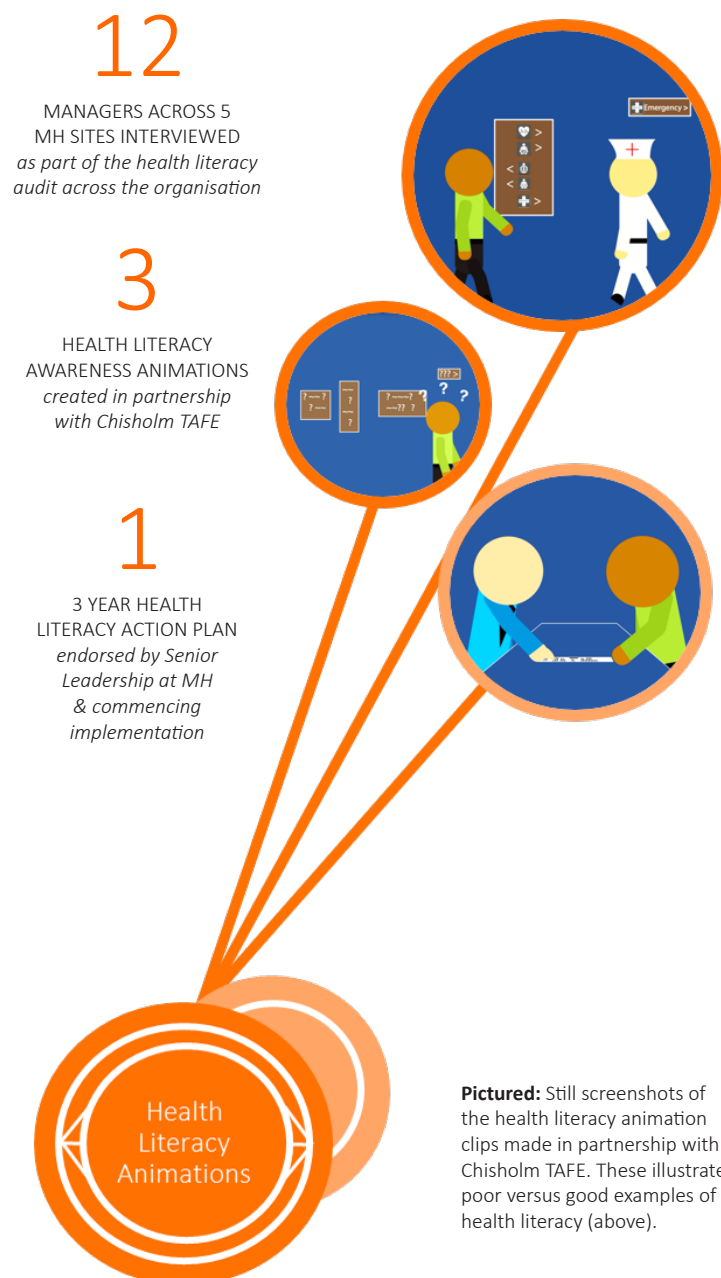
The South East Regional Health Literacy Taskforce partnered with Chisholm TAFE's screen and media students to produce a series of 3 animations that reflect examples of good and poor health literacy. The Taskforce was a partnership between MHC, Enliven, South Eastern Melbourne Medicare Local, Kooweerup Regional Health Service and Women's Health in the South East. The animations have been developed and will be included in MHC's staff and volunteer induction package. Other potential uses are being sourced.

CAUSAL LOOP DIAGRAM INSIGHTS INTO HEALTH LITERACY, INTERNAL

The Health Promotion Team participated in a Systems Mapping workshop. It was run across 3 sessions by internal staff and focused on health literacy. The aim of the workshops were to, using a Causal Loop Diagram, map health literacy and identify leverage points. In consultation with Monica Bensberg, Department of Health and Human Services, it was identified health literacy at MHC was a complicated issue rather than a complex issue (Cognitive Edge 2016). Increasing health literacy awareness at MHC through policies and activities will increase health literacy levels and use. This process was important as it assisted staff in developing action plans.

HEALTH LITERACY ACTION PLAN, INTERNAL

MH, as the largest health provider in the south east region, recognised the opportunity to role model health literacy in health services. In June 2015 an audit was conducted using the Enliven Audit Tool (Thomacos & Zazryn 2013). 5 community sites were surveyed and 12 managers were interviewed. Results showed areas for improvement. To address this a 3 year action plan was developed. This has been endorsed by Senior Leadership and has commenced implementation. and use. This process was important as it assisted staff in developing action plans.



Pictured: Still screenshots of the health literacy animation clips made in partnership with Chisholm TAFE. These illustrate poor versus good examples of health literacy (above).

Pictured: The amplified Safe to Fail- *Fight the Fidgets* classroom resources & flat-pack dies



4.

LEADERSHIP

Strengthen partnerships and collaboratively advocate and lead health promotion internally and externally across the region.



ALIGNMENT TO SETTINGS – BASED HEALTH PROMOTION, INTERNAL

In line with a regional shift towards settings-based health promotion, MHC has aligned health promotion EFT with settings in local government areas. This ensures that the allocation of EFT reflects the regional priority areas to maximise output and reach. MHC staff based at sites in Cardinia Shire, City of Greater Dandenong and City of Casey have undergone a restructure to reorient our service delivery within the community. Each site's health promotion team includes the portfolios of education, workplaces and community.

SYSTEMS THINKING ON THE AGENDA FOR MANAGEMENT, INTERNAL

Complex systems thinking can be applied beyond health promotion to a range of other fields. The Health Promotion Team recognised this and organised a capacity building workshop for senior leadership at MHC. Systems thinking can be utilised not only to enhance management roles but enables strategic support for the health promotion team. 65 key stakeholders, managers and directors received training on systems tools and applications.

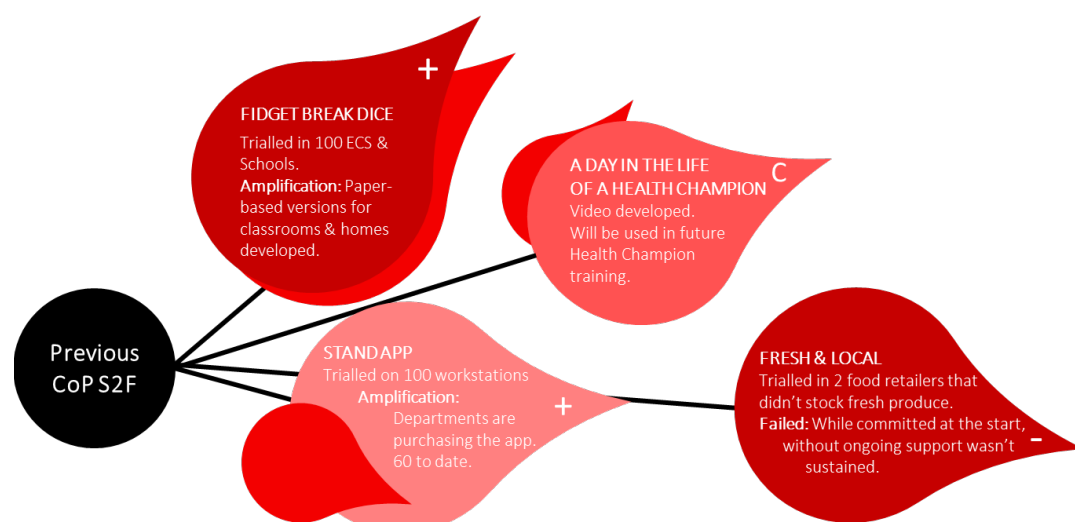


PREVENTION LEADERSHIP GROUP, REGIONAL

MHC identified the need to leverage off systems thinking and contemporary health promotion momentum created by HTV. In partnership with integrated health promotion funded services and Government Departments, a Prevention Leadership Group was established with 7 organisations. The group meets monthly and are currently examining opportunities to collaborate and strengthen joint priorities across the region. A workshop in partnership with Department of Health and Human Services was delivered to upskill 11 leaders from the group on collective impact and system tools.

Figure 4.1 Initial CoP Safe to Fails trialled – Stick it or Flick it

This diagram (R) is the S2Fs designed in partnership with HTC and HTGD at a previous CoP workshop (March 2015). This diagram outlines the outcomes of each S2F – amplified, completed, or failed.



COMMUNITIES OF PRACTICE, REGIONAL

Health Promotion Practitioners and leadership staff from MHC, HTGD and HTC continued to converge as a Community of Practice (CoP). In the CoP workshop, the themes were organisations as leverage points, challenging traditional thinking, amplifying previous Safe to Fails (S2F) and creating new S2Fs that engage different organisations. Four S2Fs were developed (Figure 4.1), learnings were obtained from failed S2Fs.

SYSTEM CHANGE LOGS⁵, INTERNAL

In line with HTV, MHC's health promotion practitioners' trialled event logs. Staff identified gaps in the event logs and consequently adapted them to encompass the system building blocks, leverage points and streamlined the data entry for data collation for evaluation. These System Change Logs are completed daily and collected monthly. Each entry documents observed system change or intervention. 643 entries over six months have been completed. Almost 65% of the entries tracked system change occurring in the early stages of Activation and Engagement. This is reflective of the current stage of the Health Promotion Team's interventions and the need to activate and engage to create sustained health change (please refer to appendix 3).

PLAYING A PART IN PUBLIC HEALTH & WELLBEING PLANS, REGIONAL

Input into the Municipal Public Health and Wellbeing Plan (MPHWP) ensures that MHC's priorities are represented and are strategically aligned with local government. A strong partnership with Cardinia Shire Council, City of Casey and City of Greater Dandenong has continued to evolve. Monash Health has contributed to all MPHWP across the region.

STICK IT OR FLICK IT – S2Fs, REGIONAL

As part of previous CoP workshops 5 S2Fs were designed (Figure 4.2). S2F designs included innovative ideas and strategies that would otherwise not be implemented in traditional health promotion. Over the past year 1 S2F failed and 4 were amplified. 3 of the 4 that were amplified have continued to be implemented. Results of the S2Fs were collated and learnings were shared. Additionally, 5 S2Fs were developed as part of either settings-based work or came out of systems-based training. These S2Fs were all implemented but did not require amplification at this point.

65

STAKEHOLDERS,
MANAGERS &
DIRECTORS
*trained in Systems
Thinking*

26

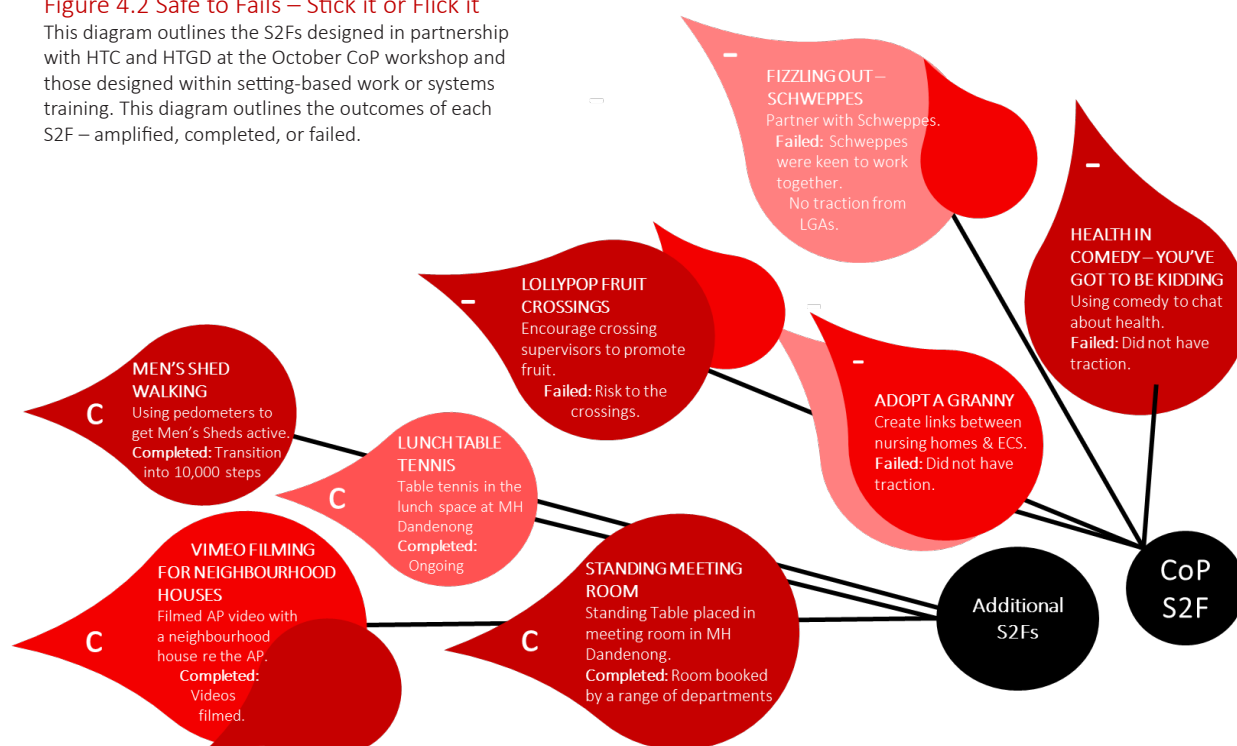
HEALTH PROMOTION
PRACTITIONERS
CONVERGED
*from 3 organisations to
form a CoP*

7

LEADING HEALTH,
COMMUNITY & LOCAL
GOVERNMENT
ORGANISATIONS
*formed a Prevention
Leadership Group*

Figure 4.2 Safe to Fails – Stick it or Flick it

This diagram outlines the S2Fs designed in partnership with HTC and HTGD at the October CoP workshop and those designed within setting-based work or systems training. This diagram outlines the outcomes of each S2F – amplified, completed, or failed.



FUTURE DIRECTIONS

Data collection and evaluation is not a silo process or an endpoint, rather it is an opportunity to reflect, question, and learn. It is the chance to look at the bigger picture, review the system and examine interventions' reach, failings and successes. To complete the 'feedback loop', the process of evaluation needs to strengthen the next steps.

For the Health Promotion Team at MHC, Growing Prevention will be used to direct further action, leverage opportunities and future initiatives.

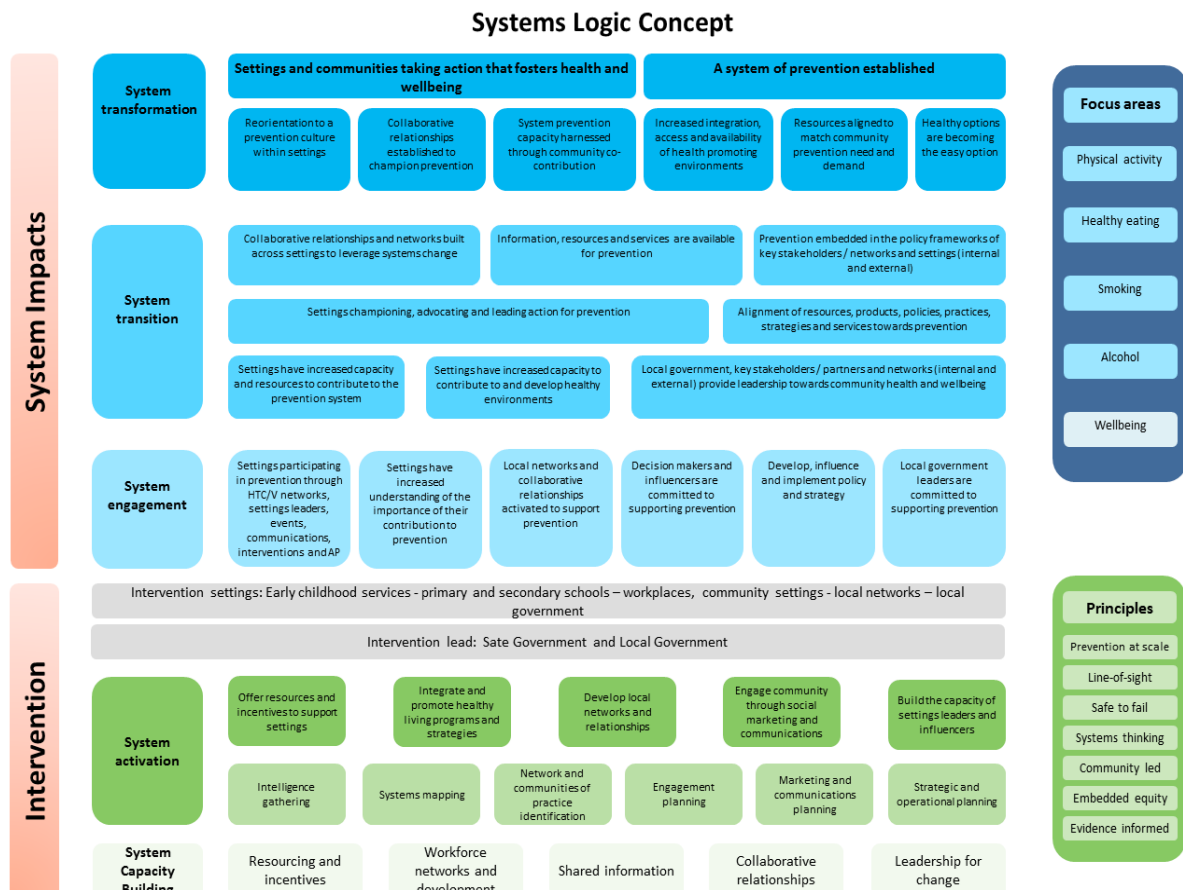
Additionally, the evaluation framework, process of data collection and the Growing Prevention report will be reviewed and refined by the team in consultation with partner organisations. Feedback will be sought from DHHS to inform evaluation measures and reporting for the following twelve months.

Innovative interventions within the system will be amplified, adapted if required and new strategies developed based on the previous year.

APPENDICES

APPENDIX 1:

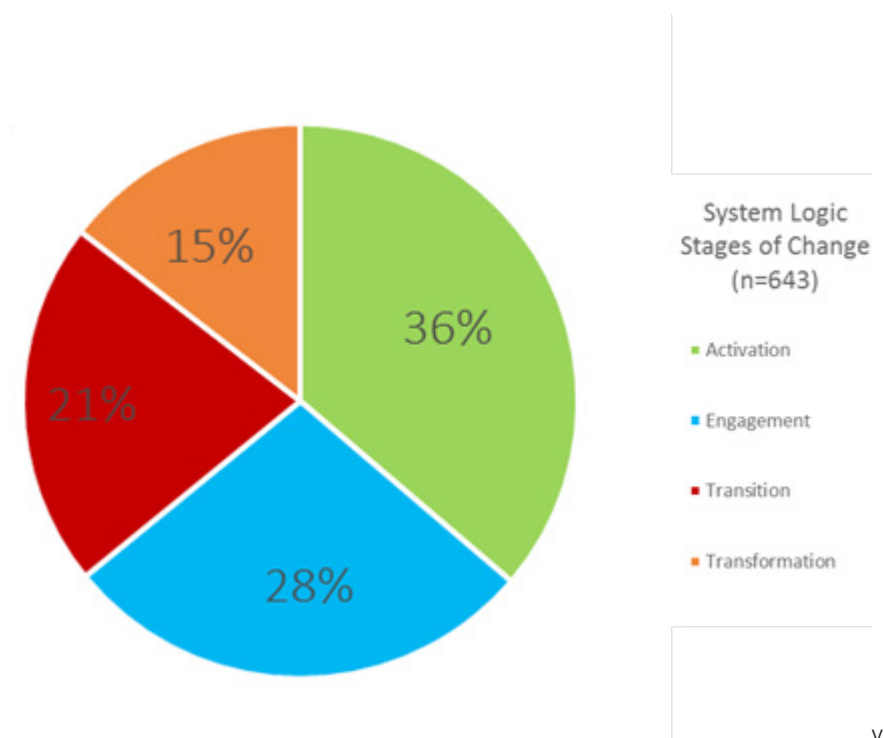
Systems Logic Concept (State Government Victoria 2015)



APPENDIX 2:

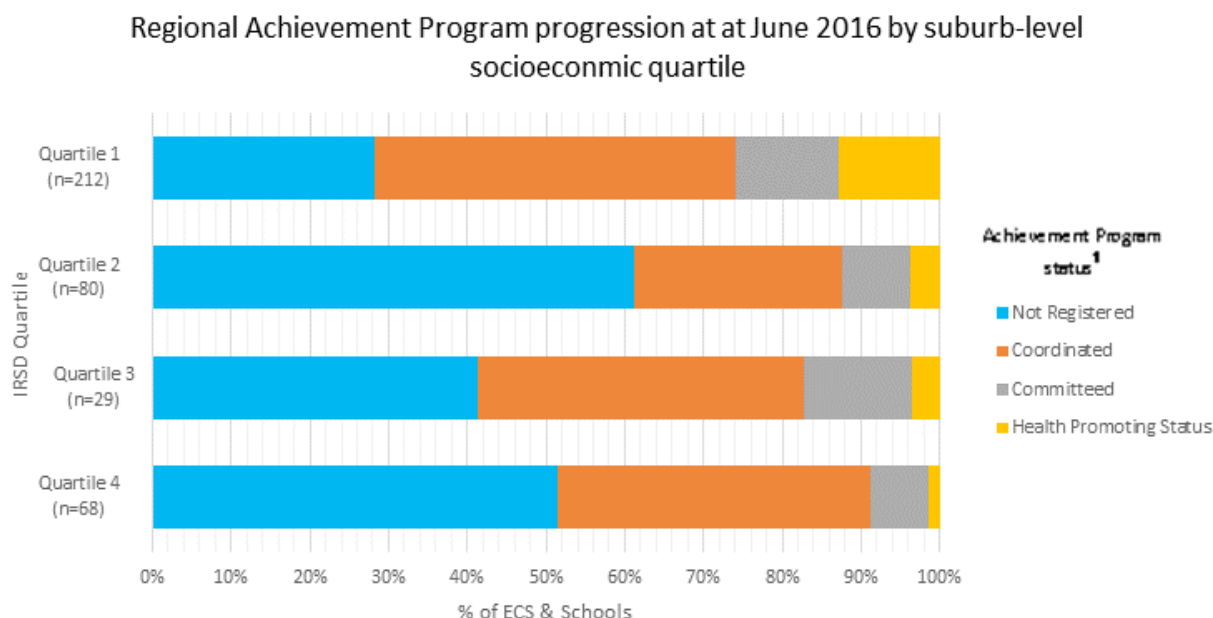
Analysis of System Change Logs and the Stages of Change

The chart breaks down the 643 entries in System Change Logs from the Health Promotion Team. These entries are from the last six months. Almost 65% of the entries are in the early stage of Activation and Engagement. 15% of entries noticed a Transformation in the system they are working with.



APPENDIX 3:

Regional Education Settings AP Progression as at June 2016 by suburb-level socioeconomic quartile



¹After voluntarily registering for the Achievement Program, ECS work through the Achievement Program cycle, which is made up of three phases. The first phase, Coordinate, involves establishment of a health and wellbeing team, exploration of current health and wellbeing practice and needs, and development of a health promotion charter. In the second phase, Create, ECS select two health priority areas to work towards. Services at this point are considered 'Committed'. The six priority areas to select from are healthy eating and oral health; mental health and wellbeing; physical activity and active play; safe environments; sun protection and tobacco control. After selecting priority areas, services develop action plans to work towards achieving evidence-based benchmarks for each of the selected areas. Services receive a certificate, electronic icon and metal sign stating that they are creating a 'Health Promoting Setting' or receive 'Health Promoting Status'.

²IRSD = Index of Relative Socio-economic Disadvantage. A low IRSD score indicates a high proportion of relatively disadvantaged individuals in an area. Services in quartile 1 are located in suburbs in the bottom 25% of suburbs within Victoria by IRSD score, services in quartile 2 in suburbs in the next 25%, services in quartile 3 in suburbs in the next 25%, and services in quartile 4 in suburbs in the top 25%.

GLOSSARY

¹ **Fidget Break Dice** was originally a Safe to Fail developed in partnership between MHC, Healthy Together Greater Dandenong and Healthy Together Cardinia Shire. It was a large soft dice with clear pockets. Each pocket had a range of small activities placed in it. Classrooms across the region were encouraged to break up long periods of sedentary behaviour with a fidget break. This has been amplified by MHC to include flat pack resources and teaching notes (pictured page 33).

² **Talking Health** was established by Cardinia Shire Council, MHC and Kooweerup Regional Health Service. Talking Health aims to build the capacity of hair and beauty professionals to manage their client's needs and their own mental health and wellbeing. It has been developed into six modules that include teaching notes, practical exercises, handouts, video clips of hairdressers talking about their experiences, visual presentations and a website. The modules are currently being embedded into Chisholm hair and beauty qualifications.

³ **Healthy Bites** was established by Cardinia Shire Council in partnership with MHC. It is a healthy dining initiative that aims to provide the community with healthier options in food outlets that are easily recognisable and accessible. Healthy Bites Vendors have a minimum of three items that meet the Healthy Bites criteria. Healthy Bites is currently expanding to City of Greater Dandenong.

⁴ **Volunteer Concierges** is a program developed by the MHC Refugee Health Team in 2015 for Asylum Seekers and Refugees. It aims to reduce isolation and build community while promoting healthy literacy and skills that will improve their employment prospects. Visitors to MHC site at 122 Thomas Street are guided to their appointments by concierges.

⁵ **System Change Logs** were developed as existing frameworks for data collection were not meeting the needs for reflective practice and evaluation. System Change Logs are an Excel spreadsheet that is built upon learnings from Event Logs and adapting them to encompass the system building blocks, leverage opportunities and barriers and streamline data for collation. Health Promotion Staff complete entries when they have seen or facilitated a system change. They enter the experience into the log, and then categorise the entry into Activation, Engagement, Transition and Transformation. This encourages staff to reflect the impact of this experience and assists in creating a narrative that documents a dynamic and changing path that is leading towards an outcome.

LINKS FOR ADDITIONAL INFORMATION & REFERENCES

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