

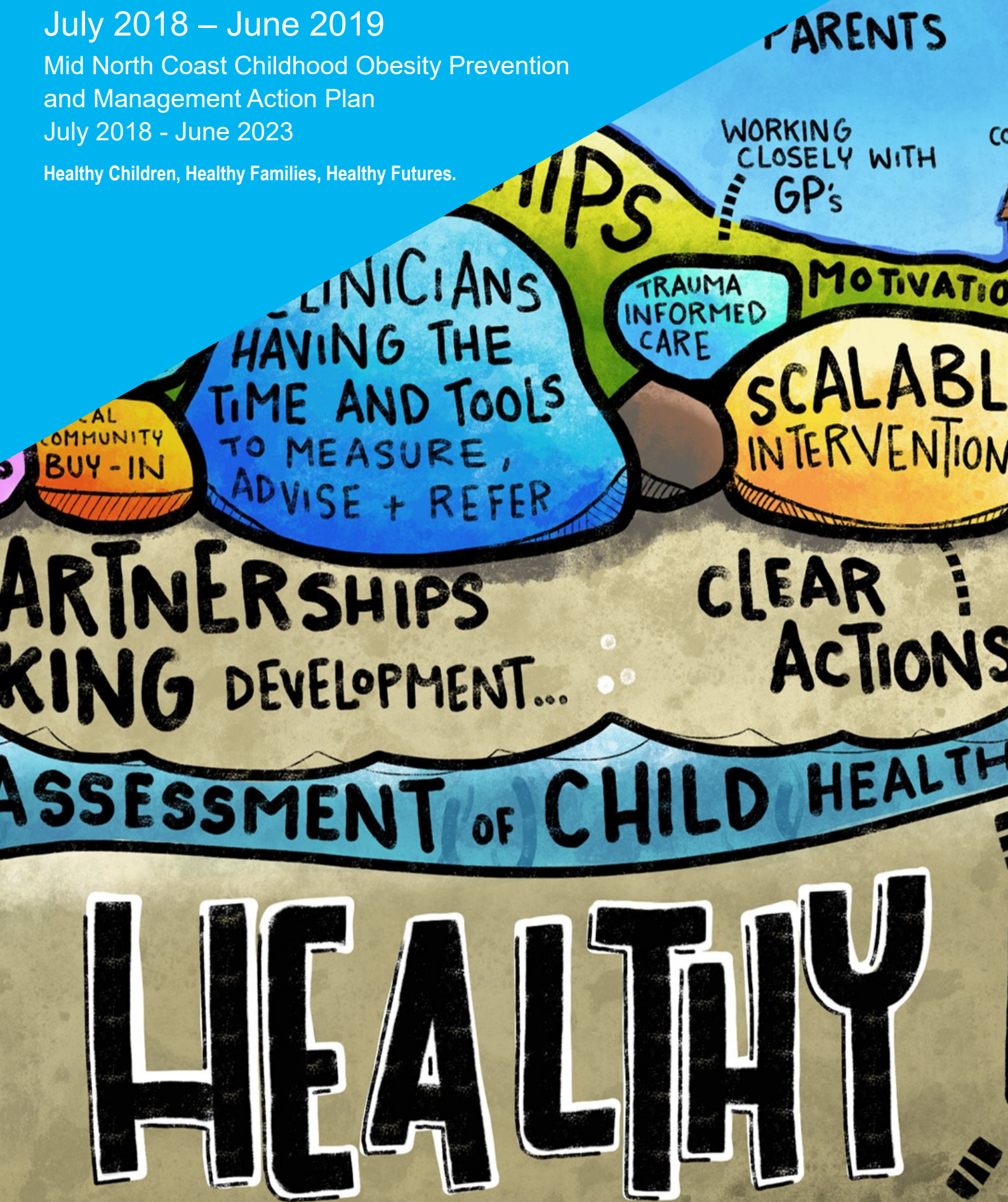
# ANNUAL PROGRESS REPORT

July 2018 – June 2019

Mid North Coast Childhood Obesity Prevention  
and Management Action Plan

July 2018 - June 2023

Healthy Children, Healthy Families, Healthy Futures.





# ACTION PLANNING



## Healthy Communities Mid North Coast

Healthy Communities Mid North Coast (Healthy Communities) is a collective partnership formed in early 2017 to bring together communities and cross-agency [partners in an effort to build a regional leadership model for preventive health on the Mid North Coast. While Healthy Communities focuses on prevention across the lifespan, childhood obesity was one of the key preventive health issues identified for enhanced effort.

The Mid North Coast Local Health District Health Promotion Unit is monitoring progress against the Mid North Coast Childhood Obesity Prevention and Management Action Plan 2018 - 2023 on behalf of Healthy Communities.

## The Plan

The purpose of the Mid North Coast Childhood Obesity Prevention and Management Action Plan (the Plan) is to coordinate cross-agency collaborative actions toward the reduction of childhood obesity on the Mid North Coast.

## Progress Report

This is the first annual progress report for work undertaken from July 2018 to June 2019. This report has been prepared by the Mid North Coast Local Health District Health Promotion Unit, on behalf of Healthy Communities. Progress has been detailed within each strategic priority area, as outlined below.

Strategic Priority	Objectives
1. Childhood and Educational Settings	<ul style="list-style-type: none"><li>• Ensure childhood and educational settings support teaching, learning and role modelling healthy eating and active lifestyle behaviours, and support healthy environments</li><li>• Build a future workforce with the capacity to respond to the challenge of childhood overweight and obesity rates.</li></ul>
2. Clinical and Related Settings	<ul style="list-style-type: none"><li>• Reorient clinical service delivery to include a stronger recognition of the role of prevention in clinical services</li><li>• Increase awareness and capacity of health and related professionals to contribute to the reduction of childhood obesity</li><li>• Increase the knowledge and skills of health professionals to intervene early in pregnancy</li><li>• Increase routine measurement, advice and referral of children above a healthy weight.</li></ul>
3. Community Settings	<ul style="list-style-type: none"><li>• Increase community awareness, knowledge and capacity to be actively involved in the prevention and management of childhood obesity</li><li>• Increase reach and traction of population health campaigns, informed by regional data, intelligence and equity.</li></ul>
4. Food Environment and Industry Engagement	<ul style="list-style-type: none"><li>• Increase the availability of healthy food choices and build sustainable relationships with the food industry.</li></ul>
5. Activity Environment	<ul style="list-style-type: none"><li>• Increase the availability of healthy built environments that support and encourage increased physical activity among children, young people and families.</li></ul>
6. Research and Innovation	<ul style="list-style-type: none"><li>• Use implementation science to enhance the impact of existing evidence-based interventions</li><li>• Contribute to the state-wide translational research agenda</li><li>• Engage communities through Participatory Action Research Models, ensuring co-design, robust and user-friendly and rapid translation.</li></ul>

# Strategic Priority Area 1: Childhood and Educational Settings

## Objectives:

- Ensure childhood and educational settings support teaching, learning and role modelling healthy eating and active lifestyle behaviours, and support healthy environments
- Build a future workforce with the capacity to respond to the challenge of childhood overweight and obesity rates.

## Rationale:

- NSW Health has developed and implemented high quality evidence-based healthy eating and active living programs in early childhood and primary school settings. These programs will continue, with a goal of higher levels of achieving practices that promote and support positive lifestyle habits for children
- Embedding an awareness and understanding of childhood obesity and preventive health measures in teaching modules for the tertiary education sector will create a workforce with the skills and knowledge to enable early intervention.



	Strategic actions	Success measures	Progress	Lead	Partner
1.1	Implement Munch & Move program, focusing on supporting achievement of hard to reach practices 1.1.1 Integrate key child and family health messages of the Make Healthy Normal campaign in routine program delivery	a. % of MNC Early Children's Services trained b. % trained Early Children's Services adopting 80% of program practices c. % of MNC Family Day Care Services trained d. % of Family Day Care Services adopting program practices Note: progressive KPI target established annually	a. 99.8% of MNC Early Children's Services trained (104/106 services) b. Target 2018/2019 60% trained Early Children's Services adopting 65% of program practices – 77% of MNC services adopting 65% of practices (80/104 services), NSW average 68% c. 50% of MNC Family Day Care Services trained (3/6 services) d. 66.7% of trained Family Day Care Services adopting 50% program practices (2/3 services)	MNCLHD HP	DoE MoH ECS
1.2	Facilitate the intensification of Munch & Move at Bowraville Preschool	a. Provision of a healthy breakfast program for preschool children b. Increased family engagement through the breakfast program and healthy eating and active living initiatives in preschools	a. Breakfast Program is operational and on offer for all children attending the preschool b. Healthy eating messages and positive reinforcement through preschool activities and social platforms	FACS	MNCLHD HP NGO sector MoH
1.3	Pilot the integration of the Munch & Move and Live Life Well @ School key messages and resources in TAFE NSW (Northern Region) teaching modules	a. Provision of professional learning and information sharing with staff within TAFE Early Children's Service b. Munch & Move and Live Life Well @ School key practices and resources included in TAFE courses for trainee educators and teaching support staff	a. Meetings held with key teaching staff at TAFE Early Childrens' Services b. Increased distribution of Munch & Move and LLW@S resources and key messages through TAFE course delivery	MNCLHD HP TAFE NSW (Northern Region)	MoH ECS

	Strategic actions	Success measures	Progress	Lead	Partner
1.4	Implement Live Life Well @ School program, focusing on supporting achievement of hard to reach practices 1.4.1 Integrate key child and family health messages of the Make Healthy Normal campaign in routine program delivery	a. % of MNC primary schools trained b. % of MNC trained schools adopting 80% of program practices Note: progressive KPI target established annually	a. 93% of MNC schools are trained in LLW@S (92/98 schools), NSW average 83% b. Target for 2018/2019 60% trained schools adopting 65% of program practices - 67% of MNC schools adopting 60% of program practices, NSW average 56%	MNCLHD HP	DoE CSO Independent Schools MoH
1.5	Apply the Accelerating Implementation methodology (AIM) to enhance implementation of <i>NSW Healthy School Canteens Strategy</i> across MNC primary schools	a. % of MNC schools who address and meet the Strategy Guidelines b. % of MNC schools receiving Great Food @ School Grant for implementing a whole of school approach to healthy eating c. Increased availability of everyday healthy food and drink choices at local schools	a. 39% of MNC schools meeting strategy guidelines b. 39% of schools received Great Food @ School Grant c. Overall, increase in availability of healthy food and drink choices at school canteens • Positive feedback from canteen managers regarding children enjoying healthy options	MNCLHD HP DoE	MoH CSO Independent Schools HKA



	Strategic actions	Success measures	Progress	Lead	Partner
1.6	Implement the MNCLHD Great Food @ School Grant (canteen incentive scheme) to accelerate uptake of the Healthy School Canteen Strategy across Mid North Coast schools	a. Number of MNC primary schools applying for incentive grant scheme b. Number of MNC primary schools meeting Practice 5 of the Live Life Well @ School Program (Healthy Canteen Strategy)	a. Incentive grant scheme data: <ul style="list-style-type: none"> <li>43 MNC schools applied for grant</li> <li>32 schools received the grant</li> </ul> b. 39% of MNC schools meeting practice 5 (strategy guidelines)	MNCLHD HP	DoE CSO Independent Schools
1.7	Engage and provide formal program resources and support services to Supported Playgroups 1.7.1 Integrate key child and family health messages of the Make Healthy Normal campaign in routine program delivery	a. % of MNC sites engaged b. Number of resources provided, ordered and disseminated	a. 100% MNC supported playgroups engaged directly or through auspice organisations in 2018 b. 24 supported playgroup resource folders disseminated including MHN messaging	MNCLHD HP	MoH NGO sector
1.8	Engage and provide formal program resources and support services to Out of School Hours Care Services (OoSH) 1.8.1 Integrate key child and family health messages of the Make Healthy Normal campaign in routine program delivery	a. % of MNC sites engaged b. Number of resources provided, ordered and disseminated c. Proportion of services attending online training	a. 100% MNC OoSH face to face engagement b. 31 Eat Smart, Play Smart manuals disseminated including MHN messaging c. NESAC accreditation is available soon for completion of online training resource <ul style="list-style-type: none"> <li>No OoSH services have attempted the online training</li> </ul>	MNCLHD HP	MoH OoSH

	Strategic actions	Success measures	Progress	Lead	Partner
1.9	Implement the Go4Fun program	a. Number of programs delivered b. Number of participants enrolled c. % of participants completing the program d. Number of program locations across MNC Note: MoH targets in place	a. 8 programs delivered b. 64 participants enrolled c. 97% participants completed the program d. 5 program locations across MNCLHD	MNCLHD HP	MoH
1.10	Implement Aboriginal Go4Fun programs 1.10.1 Ensure cultural sustainability by ensuring that consumers are actively involved as co-designers and evaluators	a. Number of MNC programs delivered b. Number of participants registered c. % of participants completing the program d. Number of program locations across MNC e. Evidence of robust and sustainable partnerships with the ACCHO sector in program delivery Note: MoH targets in place	a. 4 Aboriginal Go4Fun programs delivered b. 21 participants enrolled c. 100% participants completed program d. 2 program locations e. ACCHO sector partnerships: <ul style="list-style-type: none"> <li>• New partnership in progress (Coffs Harbour)</li> <li>• New partnership in development (Kempsey)</li> <li>• Local Aboriginal contractors identified, trained and employed. Agreements developed and in progress to completion</li> </ul>	MNCLHD HP	MoH MNCLHD AH ACCHO
1.11	Deliver nutrition and physical activity education through the PDHPE curriculum	a. Number (%) of MNC primary schools delivery of nutrition and physical activity education through the PDHPE curriculum	a. 85% of MNC schools providing curriculum lessons regarding healthy eating and physical activity	DoE	MNCLHD HP CSO Independent Schools Community and NGO sector

	Strategic actions	Success measures	Progress	Lead	Partner
1.12	Support and encourage MNC primary schools to participate in the Premier's Sporting Challenge	a. Number (%) of MNC primary schools engaged in the Premier's Sporting Challenge	a. Work yet to commence. DoE Sports Unit Coordination of Premier's Sporting Challenge	MNCLHD HP DoE	LLW@S
1.13	Support MNC schools to achieve compliance with the policy of 150 mins of physical activity per week in school time	a. Number (%) of MNC primary schools achieving compliance with policy target	a. Supporting schools to achieve compliance with the policy of 150 mins of physical activity per week through MRFF research/ PACE program	DoE CSO	MNCLHD HP
1.14	Encourage participation of school communities in the evaluation of grassroots physical activity initiatives such as Kilometre Club (KM club) or related morning physical exercise programs operating in primary school settings and develop a model for expansion across MNC primary schools	a. Number (%) of MNC schools implementing KM club or morning physical exercise programs b. Participation rate (%) of school student population c. Completion of evaluation, and dissemination of evaluation outcomes, in partnership with the NSW Office of Preventive Health (OPH)	a. Data to be collected b. Data collection for participating schools in progress c. Evaluation underway. Key outcomes to date: <ul style="list-style-type: none"> <li>Ethics application approved</li> <li>3/4 schools recruited</li> <li>Working in partnership with OPH and UNSW</li> <li>Proposed student, parent and teacher data collection dates: Aug-Nov 2018</li> <li>Circa to recruit parents, students and teachers for interviews</li> <li>MNCLHD HP to recruit students for quantitative data collection</li> </ul>	MNCLHD HP OPH	DoE CSO Independent Schools School Community



	Strategic actions	Success measures	Progress	Lead	Partner
1.15	Investigate the feasibility of piloting the implementation of the NSW Health / Safe Work Australia NSW Get Healthy @ Work program for staff in three MNC pilot primary school sites to increase exposure to positive role modelling of educators	a. Pilot schools identified and Get Healthy @ Work program implemented b. Number of sites developing a Get Healthy @ Work action plan for staff	a. Get Healthy @ Work program is currently under review and due to be released in mid-late 2019 b. Commenced scoping schools who may be interested	MNCLHD HP	SafeWork Australia DoE, CSO, Independent Schools ECS OoSH sector NGO
1.16	Include nutrition, health and food literacy in early childhood TAFE NSW (Northern Region) courses	a. Nutrition and food preparation included in local TAFE teaching	a. To be actioned through discussions with the TAFE sector	TAFE NSW (Northern Region)	MNCLHD HP
1.17	Incorporate Healthy Eating Active Living (HEAL) principles and awareness of childhood obesity in to the teaching of phase 1 medical students 1.17.1 Assess and compare the level of childhood obesity knowledge in first and final year medical students 1.17.2 In a sub-set of students (i.e. Rural Clinical School first and final year) assess whether levels have improved by a teaching module delivered by MNCLHD HP	a. Completion of a cross-sectional observational study where knowledge and perceptions on (childhood) obesity are assessed and compared between final year and first year medical students at UNSW b. Repeat the questionnaire for a subset of students after delivery of a childhood obesity specific education module	a. Observational study underway: • Ethics approved • Pre-questionnaire has been completed • Lecture Series has commenced b. Work yet to commence	UNSW, Rural Clinical School, Port Macquarie Campus	MNCLHD HP

## Strategic Priority Area 2: Clinical and Related Settings

### Objectives:

- Reorient clinical service delivery to include a stronger recognition of the role of prevention in clinical services
- Increase awareness and capacity of health and related professionals to contribute to the reduction of childhood obesity
- Increase the knowledge and skills of health professionals to intervene early in pregnancy
- Increase routine measurement, advice and referral of children above a healthy weight.

### Rationale:

- Clinical and related settings are fundamental to prevention efforts. Recognition and support for women at risk of unhealthy weight gain during pregnancy and for children above a healthy weight is fundamental to 'lifespan' approaches to prevention
- Ongoing efforts must be made to engage health professionals in order to reorient the health system so that prevention permeates clinical practice and service delivery
- Health and other professionals are powerful agents in tackling childhood obesity and can be better supported to help children, young people and their families to lead healthier lives.





	Strategic actions	Success measures	Progress	Lead	Partner
2.1	<p>Increase the recording of routine height and weight assessment of all children by health professionals working in MNCLHD</p> <p>2.1.1 Ensure health professionals have access to necessary equipment to conduct height and weight assessments</p> <p>2.1.2 Conduct training for and with health professionals to increase workforce capacity to accurately measure height and weight, provide brief advice and initiate referral to prevention programs for children above a healthy weight</p> <p>2.1.3 Identify and promote referral pathways to increase access to secondary prevention programs</p> <p>2.1.4 Improve health professional understanding of data collection methods</p>	<p>a. Equipment audit and equipment purchased</p> <p>b. Increased routine recording of accurate height and weight in all settings (MoH targets in place)</p> <p>c. Frequency of provision of brief intervention and appropriate resources and referrals for overweight and obese children</p> <p>d. Increased rate of referral from MNCLHD Health Professionals (assessed at program entry level) to secondary prevention services and programs, such as Go4Fun (against 2018 baseline)</p>	<p>a. Equipment audit and order completed. Measure stations set up in all NSW Health services seeing children across MNC</p> <p>b. MoH target 60% by June 2019 - 60% of MNC settings recording height and weight (20% increase from April - June 2018 baseline)</p> <p>c. RRCBP research project in development phase to assess 4A approach</p> <p>d. Referrals</p> <ul style="list-style-type: none"> <li>Go4Fun 18/19</li> <li>Total referrals = 16</li> <li>GP = 8</li> <li>Dietitian = 3</li> <li>Pediatrician = 4</li> <li>Other = 1</li> </ul> <p>e. MNCLHD health professional referrals to Get Healthy service:</p> <ul style="list-style-type: none"> <li>2017/2018 = 394 (160% target)</li> <li>2018/2019 = 602 (245% target)</li> </ul> <p>Note: RRCBP research project in development phase</p>	<p>MNCLHD HP</p> <p>MNCLHD CS (C&amp;FH, Acute Outpatient Paediatrics)</p> <p>MNCLHD OH</p> <p>MNCLHD PH</p>	
2.2	<p>Utilise regional data and intelligence to scope the feasibility and optimal strategic placement of secondary service models for childhood obesity intervention</p>	<p>a. Completion of comprehensive scoping exercise</p> <p>b. Establishment of secondary service models (weight management clinic) subject to outcome of scoping process</p>	<p>a. Existing secondary services across NSW identified</p> <p>b. Business case developed:</p> <ul style="list-style-type: none"> <li>Funding proposal rejected</li> <li>Plans to develop community based, lifestyle program for children 2-6 years</li> </ul>	<p>MNCLHD HP</p>	<p>MNCLHD CS</p> <p>NCPHN</p>



	Strategic actions	Success measures	Progress	Lead	Partner
2.3	<p>Work the MNC Primary Care sector to build awareness of the importance of routine height and weight measurement, brief advice and referral to increase referrals to prevention programs, such as Go4Fun</p> <p>2.3.1 Provide quality improvement support to General Practices to increase recording of routine height and weight measurement processes within practices</p> <p>2.3.2 Increase the awareness within Primary Care of the role that General Practice can play in the prevention and management of childhood obesity</p> <p>2.3.3 Actively promote referral programs, such as Go4Fun, using social media and community newsletters to increase community awareness</p>	<p>a. Increased referrals to relevant programs</p> <p>b. Increased routine recording of accurate height and weight</p> <p>c. Increased awareness of unhealthy weight prevention and management</p>	<p>a. 16 GP referrals to Go4Fun between Jan-June 2019</p> <p>b. Initial engagement with Primary Health Network about data sharing</p> <p>c. Face to face contact with 6 x GP practices in Hastings Macleay Clinical Network (22 General Practitioners and 7 nurses)</p>	NCPHN	<p>MNCLHD HP</p> <p>MNCLHD IPC</p> <p>Primary Care clinicians</p>

	Strategic actions	Success measures	Progress	Lead	Partner
2.4	<p>Intensify promotion of the Get Healthy in Pregnancy (GHiP) program to relevant Health Professionals</p> <p>2.4.1 Raise the profile of GHiP and its contribution to improving maternal health and reducing childhood obesity</p> <p>2.4.2 Develop a communication plan to intensify the promotion of GHiP</p> <p>2.4.3 Prioritise referrals to GHiP through the MNCLHD Healthy Pregnancy working group structures</p>	<p>a. Increased awareness of, and referrals to, GHiP</p> <p>b. Increased referrals to existing preventive health programs</p>	<p>a. Working in partnership with maternity departments to develop resources and effective strategies which will increase awareness of and referrals to GHiP</p> <ul style="list-style-type: none"> <li>• Healthy Pregnancy Working Group meetings are underway</li> <li>• Healthy Pregnancy resources are now ready for distribution</li> </ul> <p>b. Work yet to commence</p>	<p>MNCLHD HP MNCLHD MS</p>	<p>MNCLHD AH MNCLHD MCU NCPHN ACCHO Consumers and families</p>
2.5	<p>Increase awareness of the Make Healthy Normal campaign resources available to clinicians who work with children, youth and families</p> <p>2.5.1 Include as a priority in the MNCLHD Youth Health Framework</p>	<p>a. Increased awareness and dissemination of the Make Healthy Normal campaign resources</p> <p>b. The Make Healthy Normal campaign included in the MNCLHD Youth Health Framework</p>	<p>a. HEAL messages integrated in to the Youth Health Skills Training</p> <p>b. Work yet to commence</p>	<p>MNCLHD HP MNCLHD ICFWU</p>	<p>NCPHN</p>
2.6	<p>Educate and build awareness and capacity of FACS MNC staff (caseworkers and managers)</p> <p>2.6.1 Deliver childhood obesity education seminars to FACS staff and NGO Out of Home Care (OoHC) sector caseworkers</p>	<p>a. Increased caseworker and manager knowledge of HEAL principles</p> <p>b. Evidence of HEAL principles incorporated in caseworker practice</p>	<p>a. (and b) Commence pilot engagement with Director Community Services and Manager Port Macquarie</p> <p>b. Evidence yet to be collected</p>	<p>MNCLHD HP</p>	<p>FACS CS NGO OoHC Sector</p>

	Strategic actions	Success measures	Progress	Lead	Partner
2.7	Promote '8 for a healthy weight' resources, Get Healthy in Pregnancy and the Make Healthy Normal campaign resources to clients	a. Clients receive relevant resources b. Caseworkers have an increased capacity to provide key messages to children and families	a. (and b) Commence pilot engagement with Director Community Services and Manager Port Macquarie	FACS CS	MNCLHD HP
2.8	Investigate the incorporation of Healthy Eating Active Living (HEAL) principles in FACS MNC Community Services (Quality Assurance Framework pilot project)	a. Evidence of HEAL principles in FACS MNC Quality Assurance Framework	a. Commence pilot engagement with Director Community Services and Manager Port Macquarie	FACS CS	MNCLHD HP
2.9	Incorporate actions 2.6, 2.7, 2.8 in the MNC Department of Families and Community Services (FACS) District Business Plan	a. Actions incorporated in to FACS MNC District Business Plan	a. Commence pilot engagement with Director Community Services and Manager Port Macquarie	FACS CS	MNCLHD HP
2.10	Provide Healthy Eating Active Living (HEAL) resources and education seminars to the MNCLHD OoHC program staff	a. Delivery of resources and educational seminars to OoHC program staff b. Evidence of increased staff knowledge and practice related to HEAL principles	a. (and b) Commenced structured approach to education and staff development	MNCLHD ICFWU	MNCLHD HP



	Strategic actions	Success measures	Progress	Lead	Partner
2.11	<p>Incorporate Healthy Eating Active Living (HEAL) principles in paediatric assessments for children in Out of Home Care (OoHC)</p> <p>2.11.1 Routine screening for height and weight and referral to prevention programs, such as Go4Fun, as part of the annual child health check built in to Health Management Plan (HMP) and include in the clinical practice guidelines for children in OoHC, updating the screening tools for the primary health assessment by GP and Child and Family Health Nurse and the comprehensive paediatric assessment</p>	<p>a. Evidence of HEAL principles incorporated in paediatric assessments</p> <p>b. Evidence of inclusion of height and weight measurements in HMP and clinical practice guidelines</p>	<p>a. Physical assessments not completed by OoHC staff. OoHC role is to coordinate care</p> <p>b. No evidence yet</p>	<p>MNCLHD ICFWU</p>	<p>NCLHD HP FACS CS</p>

# Strategic Priority Area 3: Community Settings



## Objectives:

- Increase community awareness, knowledge and capacity to be actively involved in the prevention and management of childhood obesity
- Increase reach and traction of population health campaigns, informed by regional data, intelligence and equity.

## Rationale:

- Communities are a powerful setting for addressing childhood obesity. It is critical that we listen to, and work with, communities to ensure that we are addressing need. We acknowledge that communities bring their own expertise to the challenge
- We will ensure maximum and equitable reach of population health campaigns such as Make Healthy Normal. Our response will emphasise the positive benefits from healthy eating and active living for children, families and communities.



	Strategic actions	Success measures	Progress	Lead	Partner
3.1	Develop and implement a pilot project to intensify existing Healthy Children's Initiative (HCI) in a targeted LGA, based on population health data and equity	a. Community consultation completed b. Proposal completed and endorsed c. Pilot community selected for initial implementation d. Delivery and Implementation of key HCI programs and services e. Active engagement from community and key partners	Work yet to commence	MNCLHD HP	MoH CPH OPH ACCHO Community Leaders Industry
3.2	Integrate Healthy Eating Active Living (HEAL) principles in North Coast Primary Health Network (NCPHN) 'Healthy Towns' initiatives in Woolgoolga, South West Rocks and Lake Cathie	a. Focus groups conducted and community needs established b. HEAL principles adapted and implemented	a. MNCLHD HP actively participated in the local consultations b. MNCLHD HP actively involved in the planning meetings for nutrition and physical activity strategies in all three towns • Planning for Healthy Towns Events in all three towns	NCPHN	MNCLHD HP
3.3	Scope the application of whole of community systems approach to addressing childhood obesity (e.g. South Western Sydney Local Health District Growing Healthy Kids Project, Healthy Together Victoria)	a. Completion of scoping exercise and identification and engagement of suitable LGA b. Commencement and ongoing evaluation of a whole of community systems approach to childhood obesity prevention and management in identified LGA	a. Initial discussions held with OPH b. Scoping work commencing in 2019/2020 in alignment with 3.1 Note: Aligns with 3.1 – for actions in 2019/2020	MNCLHD HP	OPH DPC LGA (to be identified)



	Strategic actions	Success measures	Progress	Lead	Partner
3.4	<p>Work with Aboriginal Health workers and the ACCHO sector to integrate the principles of the Healthy Eating Active Living Strategy (HEAL) and the Make Healthy Normal campaign in the community work in the child and family health context</p> <p>3.4.1 Ensure that Aboriginal people are actively involved in the design, delivery and evaluation of this work</p>	a. Increased awareness of HEAL within Aboriginal Communities	<p>a. Work underway:</p> <ul style="list-style-type: none"> <li>• Regular contact with a range of Aboriginal Health Workers around HEAL principles</li> <li>• Two Healthy on Track pilot programs held across the region (physical activity program), two more to be conducted prior to evaluation</li> <li>• Regular engagement with Aboriginal community through cooking programs</li> <li>• Regular promotion of Make Healthy Normal at community events and programs</li> </ul>	MNCLHD HP	<p>MNCLHD CS</p> <p>MNCLHD AH</p> <p>ACCHO</p>
3.5	<p>Implement a comprehensive communication plan to promote key child and family messages of the Make Healthy Normal campaign across all settings</p> <p>3.5.1 Map settings where children and parents can be exposed to the Make Healthy Normal Campaign</p> <p>3.5.2 Socialise the Make Healthy Normal campaign through the consumer engagement mechanisms of each HCAC partner</p>	a. Promotion, reach and traction of the Make Healthy Normal campaign, particularly with children and families	a. Formulating mapping spreadsheet	<p>MNCLHD</p> <p>MCU</p> <p>MNCLHD HP</p>	<p>HCAC</p> <p>MNCLHD CS</p> <p>NCPHN</p> <p>Consumers</p>

	Strategic actions	Success measures	Progress	Lead	Partner
3.6	Actively work with key communities to encourage and support development of community-driven prevention initiatives (child and family specific) under the Healthy Communities Mid North Coast Innovation Fund grants process	a. Number of innovation fund applications addressing child health b. Quality of innovation fund applications c. Evidence of community engagement d. Evaluation reports provided at the conclusion of funded initiatives – noting scalability and sustainability	a. Two rounds conducted: <ul style="list-style-type: none"> <li>Round one 34/39 (87%) successful applications focusing on addressing childhood obesity</li> <li>Round two is being finalised with 29/45 (64%) applications to focus on addressing childhood obesity</li> <li>Planning to increase reach to youth health, Aboriginal health and healthy ageing audiences for round three funding</li> </ul> b. Round one project reports currently being submitted and reviewed c. The amount of interest from community is evident given the high amount of applications received over two rounds, 88 in total (some did not meet funding criteria) d. Partnership between HCMNC and CSU to undertake an evaluation research project of the Innovation Fund – “Creating, Understanding and Evaluating How Healthy Communities Work: A Collaborative Action Research Project. This project will commence August 2019	MNCLHD HP	HCAC Community
3.7	Intensify the promotion of Get Healthy Service 16 years + to target youth health providers and target youth focused community events	a. Number of Get Healthy Service referrals for children and young people aged between 16-24 years	a. Promoted Get Healthy Service at Luminosity. Currently identifying other suitable platforms to reach youth e.g. CSU events in 2019	MNCLHD HP	NGO sector (Youth)

# Strategic Priority Area 4: Food Environment and Industry Engagement

## Objective:

- Increase the availability of healthy food choices and build sustainable relationships with the food industry.

## Rationale:

- The food environment refers to what foods are available, how much they cost and how they are marketed. Equitable access to an affordable and nutritious food environment is key to increasing the availability of healthier food
- Vulnerable groups and those with complex needs will require more targeted interventions
- The food industry is a key partner and strong, transparent and innovative engagement with the food industry will help to improve the quality of the food environment to which children and families are exposed.



	Strategic actions	Success measures	Progress	Lead	Partner
4.1	Engage with local sporting associations to promote Finish with the Right Stuff	a. % of clubs (above 2018 baseline) participating in Finish with the Right Stuff b. Increased healthy food and drink choices at local sporting events	a. 12 MNC sports clubs with Good Sports level 1 accreditation b. Proposal developed for sports canteen incentive grants	MNCLHD HP	MoH CPH OPH ACCHO Community Leaders Industry
4.2	Implementation of NSW Healthy Food and Drink Framework to increase the availability of healthy choices in NSW Health Facilities 4.2.1 Investigate expansion of key elements of the NSW Healthy Food and Drink Framework to other 'like' organisations	a. MoH audit process demonstrates compliance with NSW Healthy Food and Drink Framework benchmarks b. Elements of framework adopted by other 'like' organisations	a. MNCLHD demonstrated 100% compliance during 2019 audit process b. Food and Drink Policy and resources provided on request to partners	MNCLHD HP	MoH MNCLHD MCU MNCLHD Clinical Networks
4.3	Work with Ministry of Health to pilot the development of an Industry Partnership Framework which encourages key industries to partner with MNCLHD to contribute to healthier food environments	a. Proof of concept demonstrated b. Development of Industry Partnership Framework c. Evidence of Industry effort to improve food choices	a. Health Consultant engaged to develop industry partnership case study <ul style="list-style-type: none"> <li>Consultation with all key stakeholder groups about the Big Vegie Crunch case study</li> </ul> b. Industry Partnership Framework in draft c. Evidence of improved food choices during Big Vegie Crunch events supported by Industry groups	MNCLHD HP OPH	Industry groups

	Strategic actions	Success measures	Progress	Lead	Partner
4.4	Actively facilitate the use of the Make Healthy Normal Koori Cook-Off Trailer to build food literacy in MNC communities 4.4.1 Equity approach to target high need communities	a. Number and reach of Cook-Off events	a. Cook-off Trailer has been used on 10 occasions during 2018/2019, including 'Healthy Towns' events, University Orientation, Heart Week.  Note: Heart Foundation put out tender for the trailer and relocated to Casino, Northern NSW	MNCLHD HP	HCAC
4.5	Deliver cooking programs to targeted population groups relating to healthy food budgeting and preparation	a. Increased healthy food literacy b. Number and reach of cooking programs	a. Food literacy was increased through regular engagement in cooking programs, including: <ul style="list-style-type: none"> <li>Cooking programs were held with targeted social housing tenants in partnership with New Horizons, Kempsey</li> <li>Men's BBQ cooking program was held in partnership with Kempsey Neighbourhood Centre</li> <li>Red Cross Food Redi program held with local preschool families in Kempsey</li> </ul> b. In 2018/2019 three different programs were completed over six months	MNCLHD HP FACS KPP	Community NGO sector
4.6	Work with community groups and individuals to establish and maintain community gardens	a. Number of community gardens operating b. Number of participants	Work yet to commence	MNCLHD HP FACS KPP	Community NGO sector
4.7	Work with community groups to increase availability of food banks and food pantries	a. Number and reach of food banks and food pantries operating b. Utilisation of these services	Work yet to commence	MNCLHD HP FACS KPP	Community NGO sector



# Strategic Priority Area 5: Activity Environment



## Objective:

- Increase the availability of healthy built environments that support and encourage increased physical activity among children, young people and families.

## Rationale:

- Built environments which include consideration of physical design, patterns of land use and the transport system positively influence opportunities for physical activity
- Environments that encourage and support children, young people and families to be physically active make an important contribution to the improved health of communities and help to reduce childhood obesity.



Strategic actions	Success measures	Progress	Lead	Partner
5.1	Actively promote the Office of Sport Active Kids Voucher Scheme	a. Number (%) of vouchers redeemed across MNC compared with state average uptake	a. Sports clubs within MNCLHD scoped for future engagement <ul style="list-style-type: none"> <li>• Vouchers redeemed as at 17.5.2019:               <ul style="list-style-type: none"> <li>• Port Macquarie 45-49%</li> <li>• Coffs Harbour 40-44%</li> <li>• Kempsey 35-39%</li> <li>• Bellingen 45-49%</li> <li>• Nambucca 35-39%</li> <li>• NSW average 48.5%</li> </ul> </li> <li>• Newsletter distributed to 97 schools</li> <li>• Mapping underway:               <ul style="list-style-type: none"> <li>• Mapped all existing clubs and non-registered clubs</li> <li>• Contacting non-registered clubs to increase registration</li> <li>• Compiling document of details of Active Kids Voucher registered clubs by post code – to include in school newsletters to enhance promotion</li> </ul> </li> <li>• Link to MNC registered clubs on Healthy Communities website (<a href="http://www.healthycommunitiesmnc.com.au">www.healthycommunitiesmnc.com.au</a>)</li> </ul>	NSW OoS MNCLHD HP
5.2	Target the promotion of the Office of Sport Active Kids Vouchers, in particular 5.2.1 Encourage increased uptake within priority population groups	a. Increased uptake of the Active Kids sports voucher by priority demographic groups	a. Developing mapping document to identify gaps in uptake, also identifying more cost effective providers	MNCLHD HP NSW OoS DPC



	Strategic actions	Success measures	Progress	Lead	Partner
5.3	Promote and encourage local sport facilities and schools to participate in the Share Our Space Program	a. Number of schools participating in the program b. Number of schools receiving \$5000 grant to upgrade facilities for community and school use c. Increased availability of access to, and use of, green space and school grounds during school holiday periods	a. Two school assemblies are utilising Share Our Space b. Grant availability no longer an option c. Work yet to commence	DoE CSO	DSR
5.4	Implement road safety programs in schools to increase knowledge of road safety for students to confidently and safely ride to school	a. Number of road safety programs implemented in Mid North Coast schools b. Numbers of children riding bicycles to school	a. LLW@S schools receive snippets to include in the school newsletter promoting safe and active travel b. Local LLW@S Case Study Video ( <a href="https://education.nsw.gov.au/student-wellbeing/whole-school-approach/live-life-well-@-school">https://education.nsw.gov.au/student-wellbeing/whole-school-approach/live-life-well-@-school</a> ) with Corindi Public School developed with road safety focused messages	DoE CSO	RMS* Bicycle Network NSW* Wheely Safe Kids*
5.5	Establish a network of existing physical activity providers to support curriculum activities and programs in schools 5.5.1 Engage key physical activity service providers 5.5.2 Establish a mandate for working together to support schools with established physical activity programs	a. Number of service providers actively engaged in school programs	a. Scoping and provider mapping is commencing in line with Active Kids Voucher project <ul style="list-style-type: none"> <li>Existing website hosting service providers has been identified</li> </ul>	MNCLHD HP	DSR* NSW OoS

	Strategic actions	Success measures	Progress	Lead	Partner
5.6	Implement Physical Activity for Everyone (PA4E1) research to better understand the factors associated with increased physical activity in secondary school student cohort	a. Research outcomes published, disseminated and translated into practice	a. Mid program data complete: <ul style="list-style-type: none"> <li>• Concludes September 2019</li> <li>• Considering sustainability post September 2019</li> <li>• Participating MNC schools are above average in terms of practices being met</li> </ul>	HNELHD MNCLHD HP	DoE
5.7	Work with Department of Planning and Environment to integrate Healthy Eating Active Living (HEAL) principles in Regional City Plans for Coffs Harbour and Port Macquarie 5.7.1 Principles 1- 5 of the Regional City Plans (Live, Work, Meet, Play, Move) liveable spaces, sports infrastructure, open space and social infrastructure	a. Evidence of HEAL principles incorporated in Regional City Action Plans	a. Work yet to commence	MNCLHD HP	DPE
5.8	Support Local Government sector to identify integrate Healthy Eating Active Living (HEAL) principles in Council Community Strategic Plans	a. Evidence of HEAL elements in Community Strategic Planning	a. MNCLHD HP was successful in receiving an Active Living NSW funded liveability workshop for MNCLHD HP and local Council staff (3 October 2019). The workshop aims to help participants to embed HEAL principles within Council's strategic planning policy	MNCLHD HP	Local Government

	Strategic actions	Success measures	Progress	Lead	Partner
5.9	Conduct strategic workshops for Local Government sector to increase knowledge of healthy built environments which promote Healthy Eating Active Living (HEAL)	a. Workshop held b. Number of Local Government staff in attendance c. Increased knowledge in incorporating HEAL elements in to Local Government planning	a. Workshop held 23 August 2018 b. 39 participants, including 15 Local Government staff (38%) c. MNCLHD HP was successful in receiving an Active Living NSW funded liveability workshop for MNCLHD HP and local Council staff (3 October 2019). The workshop aims to help participants to embed HEAL principles within Council's strategic planning policy (see 5.8.a)	MNCLHD HP	RMIT Local Government
5.10	Identify and encourage/facilitate access to suitable locations for activities (including local school grounds, Land Councils, community and cultural facilities, community sporting fields and open community spaces)	a. Increased use of suitable locations for physical activity	a. Project scoping and mapping has commenced b. Engagement with local councils commenced	MNCLHD HP	DoE HCAC NSW OoS Local Government
5.11	Progressively audit built environments to identify required improvements to amenability (well-lit areas, undercover spaces, clean and usable facilities) to increase the probability of physical activity in community spaces utilised predominantly by children and families	a. Targeted facility audits conducted by MNCLHD HP and improvements made where required within the limits of each Local Council's resources and priorities or funding from other Government or non-Government sources of funding	a. Planning for this to be undertaken in 2020 when healthy built environment portfolio more established within MNCLHD HP portfolio	MNCLHD HP	Local Government



# Strategic Priority Area 6: Research and Innovation

## Objectives:

- Use implementation science to enhance the impact of existing evidence-based interventions
- Contribute to the state-wide translational research agenda
- Engage communities through Participatory Action Research models, ensuring co-design, robust end user validity and rapid translation.

## Rationale:

- Translational research with the capacity to quickly build evidence regarding effective interventions will extend the knowledge base. Innovation, particularly through new and enhanced initiatives developed in co-design partnerships with local communities, is critical to ensuring that current interventions are intensified and new innovations identified and scaled across communities.



	Strategic actions	Success measures	Progress	Lead	Partner
6.1	Implement Parents in Child Nutrition Informing Community (PICNIC) research program to promote improved child feeding practices for children aged 0-2yrs	a. Number of peer educators recruited b. Number of peer educator recipients (new parents) c. Improvement in child feeding practices and diet quality of peer educator recipients	a. 92 peer Educators recruited b. 35 peer education recipients c. No data analysed for feeding practices and diet quality as yet	MNCLHD HP	Community Peer Educators CCLHD
6.2	Incorporate Healthy Eating Active Living (HEAL) principles and awareness of childhood obesity in to the teaching of phase 1 medical students 6.2.1 Assess and compare the level of childhood obesity knowledge in first and final year medical students 6.2.2 In a sub-set of students (i.e. Rural Clinical School first and final year) assess whether levels have improved by a teaching module delivered by MNCLHD HP	a. Completion of a cross-sectional observational study where knowledge and perceptions on (childhood) obesity are assessed and compared between final year and first year medical students at UNSW after delivery of a childhood obesity specific education module	a. Study underway: <ul style="list-style-type: none"> <li>• Ethics approved</li> <li>• Pre-questionnaire has been completed</li> <li>• Lecture series has commenced</li> </ul>	UNSW, Rural Clinical School, Port Macquarie Campus	MNCLHD HP
6.3	Develop collaborative partnerships with other Local Health Districts (LHD) and MNC Regional University partners to foster the growth of childhood obesity prevention research	a. Number, quality and output of established partnerships	a. Partnerships established: <ul style="list-style-type: none"> <li>• Newcastle University Partners: PICNIC, PACE, SWAP It, Skoolbag, PA4E1</li> <li>• CSU: HCAC Innovation Fund</li> <li>• UNSW: Rural Medical Student Education</li> <li>• NHMRC Centre of Research Excellence</li> </ul>	MNCLHD HP	LHDs University Partners

	Strategic actions	Success measures	Progress	Lead	Partner
6.4	Actively engage in research projects with the potential to build the evidence-base in relation to childhood obesity	a. Number of TRGS grants in which MNCLHD HP is a participant	a. TRGS grants submitted: <ul style="list-style-type: none"> <li>• Triple P Submission was not successful</li> <li>• Current TRGS Grants – SWAP It, PA4E1 and Thirsty “Choose Water”</li> </ul>	MNCLHD HP	LHDs OPH University Partners Community Partners
6.5	Implement Physical Activity for Everyone (PA4E1) research to better understand the factors associated with increased physical activity in secondary school student cohort	a. Research outcomes published, disseminated and translated in to practice	a. Mid program data complete: <ul style="list-style-type: none"> <li>• One term remaining (term 3)</li> <li>• Term 2 face-to-face meeting complete</li> <li>• Concludes September 2019</li> <li>• Considering sustainability post September 2019</li> <li>• MNC schools participating - above average in terms of practices being met</li> </ul>	HNELHD MNCLHD HP	DoE UoN
6.6	Participate in the Swap What’s Packed in a Lunchbox (SWAP – IT) research project (under submission)	a. Participation in TRGS research project b. Evidence relating to efficacy of intervention to improve quality of contents of children’s lunchboxes	a. Public schools agreed to participate, 2 waves: <ul style="list-style-type: none"> <li>• Wave 1 – 2 program delivery schools (Macksville, Sandy Beach) underway. 3 delayed support schools (Tyalla, Kororo, Wauchope) are receiving the program in 2020</li> <li>• Wave 2 – 3 program delivery schools (William Bayldon, Nana Glen, Corindi) underway. 1 delayed support school (Beechwood) is receiving the program in 2020</li> </ul> b. Work yet to commence	HNELHD MNCLHD HP CCLHD	OPH



	Strategic actions	Success measures	Progress	Lead	Partner
6.7	Participate in Thirsty? Choose Water! (under submission)	a. Evidence relating to efficacy of behavioural Interventions and water stations in rural/remote secondary schools	a. Project underway: <ul style="list-style-type: none"> <li>• 13/26 secondary schools eligible for program</li> <li>• Recruitment for these schools began 2.07.2019</li> </ul>	CCLHD MNCLHD HP HNELHD	
6.8	Participate in using the SkoolBag application to provide health information to families (under submission) 6.8.1 Investigate potential to link this project to an enhancement of Live Life Well @ School	a. Evidence relating to using technology platforms to improve the use of chronic disease prevention services to reduce childhood obesity rates b. Evidence of enhancement to messaging to families within Live Life Well @ School	a. Project underway: <ul style="list-style-type: none"> <li>• 4 schools agreed to participate</li> <li>• 4 schools declined</li> <li>• Awaiting response from 7 schools</li> <li>• Withholding contact from 4 schools due to confounding factors</li> </ul> b. Implementation and evaluation yet to commence	HNELHD MNCLHD HP	CCLHD UoN
6.9	Participate in a model to enhance the implementation of a physical activity policy in NSW primary schools (PACE project)	a. Evidence relating to scaling up an effective model to enhance implementation of a mandatory physical activity policy in primary schools across three NSW jurisdictions	a. Project underway: <ul style="list-style-type: none"> <li>• 17 schools recruited</li> <li>• 3 workshops with school champions</li> <li>• 13 schools have received MNCLHD HP support to complete the program</li> <li>• 4 schools completed the program without MNCLHD HP support</li> <li>• Program to be completed by the end of term 4 2019</li> </ul>	HNELHD MNCLHD HP	CCLHD UoN
6.10	Collaborate as a LHD partner on a NHMRC <i>Excellence in Implementation for Community Chronic Disease Prevention</i> submission (under submission)	a. Participation in translational research with a focus on evaluating the enhanced 'implementation of strategies' that support the Premier's Priority and HCI programs	a. Current HCI research project partnerships under the MRFF and TRGS grants scheme support the NHMRC Centre for Research Excellence	HNELHD	MNCLHD HP, MoH CCLHD, UoN, USyd, Monash, CQU, uOttawa

	Strategic actions	Success measures	Progress	Lead	Partner
6.11	Implement the <i>Healthy Communities Mid North Coast</i> Innovation Fund, over three years, with a targeted focus on facilitating and supporting projects that show capacity to address childhood obesity and/or projects that serve to intensify existing settings based approaches (early childhood and primary school settings)	<p>a. Number (%) of Innovation Fund applications from early childhood and primary school settings</p> <p>b. Quality of Innovation Fund applications – generation of evidence and potential for rapid replication and scaling</p> <p>c. Extent of child and parent engagement in funded projects</p>	<p>a. Two rounds conducted:</p> <ul style="list-style-type: none"> <li>Round one 34/39 (87%) successful applications focusing on addressing childhood obesity</li> <li>Round two is being finalised with 29/45 (64%) applications to focus on addressing childhood obesity</li> <li>Planning to increase reach to youth health, Aboriginal health and healthy ageing audiences for round three funding</li> </ul> <p>b. Round one project reports currently being submitted and reviewed</p> <p>c. The amount of interest from community is evident given the high amount of applications received over two rounds, 88 in total (some did not meet funding criteria)</p> <p>d. Partnership between HCMNC and CSU to undertake an evaluation research project of the Innovation Fund – “Creating, Understanding and Evaluating How Healthy Communities Work: A Collaborative Action Research Project. This project will commence August 2019</p>	MNCLHD HP	HCAC Community CSU

# Definitions

Within NSW Health, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW. Throughout this document, the word 'Aboriginal' will be used to represent Aboriginal and Torres Strait Islander people.

\*Agencies that we have identified but not yet engaged.

## Glossary of Acronyms

ACCHO	Aboriginal Community Controlled Health Organisation
AIM	Accelerated Implementation Methodology
C&FH	Child and Family Health
CCLHD	Central Coast Local Health District
CPH	Centre of Population Health
CQU	Central Queensland University
CSO	Catholic Schools Office: Lismore Diocese
DoE	NSW Department of Education
DPC	Department of Premier and Cabinet
DPE	Department of Planning and Environment
DSR	Department of Sport and Recreation
ECS	Early Childhood Services
FACS CS	Family and Community Services MNC Community Services
FACS KPP	Family and Community Services MNC Kempsey Place Plan
GHIP	Get Healthy in Pregnancy
GHS	Get Healthy Service
HCAC	Healthy Communities Mid North Coast Advisory Committee
HCI	Healthy Children's Initiative
HCMNC	Healthy Communities Mid North Coast
HEAL	NSW Healthy Eating Active Living Strategy
HMP	Health Management Plan
HKA	Healthy Kids Association
HNELHD	Hunter New England Local Health District
IRSD	Index of Relative Socioeconomic Disadvantage
LGA	Local Government Area
LHD	Local Health District
LOTE	Language other than English
MLHD	Murrumbidgee LHD
MNCLHD	Mid North Coast Local Health District



MNCLHD AH	Mid North Coast Local Health District (Aboriginal Health)
MNCLHD ICFWU	Mid North Coast Local Health District (Integrated Child and Family Wellbeing Unit)
MNCLHD CS	Mid North Coast Local Health District (Clinical Services)
MNCLHD HP	Mid North Coast Local Health District (Health Promotion)
MNCLHD IPC	Mid North Coast Local Health District (Integrated Primary Care)
MNCLHD MCU	Mid North Coast Local Health District (Media and Communications Unit)
MNCLHD MS	Mid North Coast Local Health District (Maternity Services)
MNCLHD OH	Mid North Coast Local Health District (Oral Health)
MNCLHD PH	Mid North Coast Local Health District (Population Health)
MoH	NSW Ministry of Health
Monash	Monash University
MRFF	Medical Research Future Fund
NCPHN	North Coast Primary Health Network
NESA	National Education Standards Authority
NGO	Non-Government Organisations
NHMRC	National Health and Medical Research Centre
NSW OoS	NSW Office of Sport
NSW OPH	NSW Office of Preventive Health
OoHC	Out of Home Care
OoSC	Out of School Hours Care Services
PA4E1	Physical Activity For Everyone
PACE	Physical activity policy in NSW primary schools research project
PICNIC	Parents in Child Nutrition Informing Community
RLE	Regional Leadership Executive
RMIT	Royal Melbourne Institute of Technology
RMS	Road Maritime Services
RRCBP	Rural Research Capacity Building Program
TRGS	NSW Health Translational Research Grants Scheme
UNSW	University of New South Wales
UoN	University of Newcastle
uOttawa	University of Ottawa
UQ	University of Queensland
USyd	University of Sydney
WSLHD	Western Sydney Local Health District

For further information, contact Healthy Communities Mid North Coast  
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