

ANNUAL PROGRESS REPORT

July 2019 – June 2020

Mid North Coast Childhood Obesity Prevention
and Management Action Plan

July 2018 - June 2023

Healthy Children, Healthy Families, Healthy Futures.



Healthy Communities
Mid North Coast

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 second annual progress report for work undertaken from July 2019 to June 2020. 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.

The COVID-19 pandemic commenced during the last half of the 2019 – 2020 financial year period. Innovation and adaptability ensured that programs and initiatives within this Plan continued to be delivered, in altered forms.

Please note that photographs used within this document were taken prior to physical distancing requirements.

Strategic Priority	Objectives
1. Childhood and Educational Settings	<ul style="list-style-type: none">• 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.
2. Clinical and Related Settings	<ul style="list-style-type: none">• 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.
3. Community Settings	<ul style="list-style-type: none">• 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.
4. Food Environment and Industry Engagement	<ul style="list-style-type: none">• Increase the availability of healthy food choices and build sustainable relationships with the food industry.
5. Activity Environment	<ul style="list-style-type: none">• Increase the availability of healthy built environments that support and encourage increased physical activity among children, young people and families.
6. Research and Innovation	<ul style="list-style-type: none">• 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 and user-friendly and rapid translation.

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	– 97.1% of MNC Early Children's Services trained (102/106 services) – Targets for new Practices in Q4 2019-2020 were 65% trained Early Children's Services adopting 70% of program practices – MNC has 77% services adopting 70% of practices, as at 30/6/20 (79/102) State 65% – 75% of MNC Family Day Care Services trained (4/6) – 75% of trained MNC Family Day Care Services adopting 60% program practices (3/4) as at 30/6/20. State 69%	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	– Breakfast Program is operational and on offer for all children attending the preschool – Healthy eating messages and positive reinforcement through preschool activities and social platforms	DCJ	MNCLHD HP NGO sector MoH
1.3	Pilot the integration of the Munch & Move and Live Life Well @ School (LLW@S) 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	– Meetings held with key teaching staff at TAFE Early Childrens' Services integrating Munch & Move and Live Life Well @ School resources and key messages. – 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 HEAL (Healthy Eating Active Living) messages into 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	– 93% of MNC schools are trained in LLW@S (92/98 schools), NSW average 83% – 77% of schools achieving 80% more practices (state average 75%)	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. Number of MNC primary schools meeting Practice 5 of the Live Life Well @ School Program (Healthy Canteen Strategy) c. Increased availability of everyday healthy food and drink choices at local schools	– 74% of MNC schools achieving NSW Healthy School Canteen Strategy (state average 68%), a 35% increase from last financial year – Overall, increase in availability of healthy food and drink choices at school canteens – Positive feedback from canteen managers regarding children enjoying healthy options – Positive engagement MNC Canteen Network Facebook group	MNCLHD HP DoE	MoH CSO Independent Schools HKA
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. % of MNC schools receiving Great Food @ School Grant for implementing a whole-of-school approach to healthy eating	– 34 MNC primary schools applied for grant – Jun 2019: 8 schools received grant this financial year	MNCLHD HP	DoE CSO Independent Schools

	Strategic actions	Success measures	Progress	Lead	Partner
1.7	Engage and provide formal program resources and support services to Supported Playgroups (SPG). 1.7.1 Integrate key child and family HEAL (Healthy Eating Active Living) messages into routine program delivery.	a. % of MNC sites engaged b. Number of resources provided, ordered and disseminated	<ul style="list-style-type: none"> – 6/26 (23%) MNC SPG engaged directly or through auspice organisations in 2020 – One copy of SPG resources assembled – Provided support to 3/6 playgroup Auspice bodies in MNC in 2020 – Consulted with SPG about implementing a program for 3-6yr olds (Sprout Squad) 	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 HEAL (Healthy Eating Active Living) messages into routine program delivery.	a. % of MNC sites engaged b. Number of resources provided, ordered and disseminated c. Proportion of services attending online training	<ul style="list-style-type: none"> – Completed FY18-19 – 0% MNC OoSH face-to-face or individual email engagement – Survey regarding Eat Smart, Play Smart (ESPS) manuals disseminated – NESA (National Education Standards Authority) accreditation now available for completion of ESPS online training 	MNCLHD HP	MoH OoSH
1.9	Implement the Go4Fun program. 1.9.1 Ensure access to quality secondary prevention programs for children 7-13yrs old who are above a healthy weight and their families.	a. Number of programs delivered b. Number of participants registered c. % of participants completing the program d. Number of program locations across MNC e. Number of participants referred by a GP/health professional Note: MoH targets in place	<ul style="list-style-type: none"> – 5 programs delivered in 2020 – 84 participants enrolled – 92% of participants completed the program – 4 program locations across MNC – 20 participants referred by General Practitioner/health professional 	MNCLHD HP	MoH

	Strategic actions	Success measures	Progress	Lead	Partner
1.10	Promote Go4Fun online. 1.10.1 Enhance access to Go4Fun program delivery and resources through the online version.	a. Number of participants registered b. % of participants completing the program c. Number of participants referred by a GP/health professional Note: MoH targets in place	– 9 participants enrolled – 100% of participants completed the online program – 3 participants referred by General Practitioner/health professional	MNCLHD HP	MoH
1.11	Implement Aboriginal Go4Fun programs. 1.11.1 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. Number of participants referred by a GP/health professional f. Evidence of progress towards stage 3 in NSW Health implementation model Note: MoH targets in place	– 3 programs delivered – 32 participants enrolled – 93% participants completed the program – 2 program locations – 2 participants referred by General Practitioner/health professional – Established partnerships with Aboriginal organisations (Coffs Harbour and Kempsey) – Local Aboriginal contractors identified, trained and employed – Agreements developed and in progress to completion	MNCLHD HP	MoH MNCLHD AH ACCHO
1.12	Deliver nutrition and physical activity education through the PDHPE curriculum.	a. Number (%) of MNC primary schools delivering nutrition and physical activity education through the PDHPE curriculum	a. 88% of schools providing curriculum lessons regarding healthy eating and physical activity (state average 85%)	DoE	MNCLHD HP CSO Independent Schools Community and NGO sector

	Strategic actions	Success measures	Progress	Lead	Partner
1.13	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	<ul style="list-style-type: none"> All MNC schools supported to engage in Premiers Sporting Challenge through Live Life Well @ School There is currently no data to represent the % of schools participating 	MNCLHD HP DoE	LLW@S
1.14	Support MNC schools to achieve compliance with the policy of 150 minutes of physical activity per week in school time.	a. Number (%) of MNC primary schools participating in the PACE (Physical activity policy in NSW primary schools) program achieving compliance with policy target	<ul style="list-style-type: none"> 9 schools participated in PACE program Supporting schools to achieve compliance with the policy of 150 minutes of physical activity per week through research programs (HNELHD) 	DoE CSO	MNCLHD HP
1.15	Encourage school communities to participate in grassroots physical activity initiatives such as Kilometre Club (KM club) or related morning physical exercise programs operating in primary school settings.	a. Number (%) of MNC schools implementing KM club or morning physical exercise programs b. Participation rate (%) of school student population	<ul style="list-style-type: none"> 6 known schools participating in KM Club Participation rate across each school is on average 30-40% KM Club Evaluation reports distributed to MNC schools to share positive results and encourage uptake 	MNCLHD HP OPH	DoE CSO Independent Schools School Community
1.16	Investigate the feasibility of piloting the implementation of the NSW Health/Safe Work Australia NSW Get Healthy at 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 at Work program implemented b. Number of sites developing a Get Healthy at Work action plan for staff	<ul style="list-style-type: none"> Updated Get Healthy at Work Program released in July 2019 Get Healthy at Work Program promoted in 'Be Well, Teach Well' teacher wellbeing seminar 	MNCLHD HP	SafeWork Australia DoE, CSO, Independent Schools ECS OoSH sector NGO

	Strategic actions	Success measures	Progress	Lead	Partner
1.17	Include nutrition, health and food literacy in early childhood TAFE NSW (Northern Region) courses.	a. Nutrition and food preparation included in local TAFE teaching	– To be actioned through discussions with the TAFE sector	TAFE NSW (Northern Region)	MNCLHD HP
1.18	Incorporate a childhood obesity education module into the UNSW Rural Medical School curriculum.	a. Deliver a series of eight lectures on childhood obesity to UNSW Rural Clinical School students b. Number of students attending childhood obesity lectures	– Ethics approved – Pre-questionnaire has been completed – Lecture series has commenced	UNSW, Rural Clinical School, Port Macquarie Campus	MNCLHD HP
1.19	Support the delivery of key health promotion programs to increase physical activity and health literacy of Mid North Coast Community College students and broader community. 1.19.1 Promote HEAL (Healthy Eating Active Living) messages, Get Healthy Service, Get Healthy in Pregnancy, Get Healthy at Work. 1.19.2 Refer young adults to Get Healthy Services. 1.19.3 Support/ implement self-care programs incorporating health promotion messages and resources. 1.19.4 Students use Appreciative Inquiry and Participatory Research that evaluate health promotion programs.	a. Evidence of increased physical activity and health literacy (measured pre and post) b. Increased awareness of health promotion programs and campaigns (measured pre and post) c. Number of Get Healthy Service referrals for young people aged between 16-24yrs (baseline 0) d. Number of self-care programs delivered e. Participation in Appreciative Inquiry and Participatory Research that evaluate health promotion programs	– Regular contact with MNC Community College and HEAL activities are on track	MNC Community College	MNCLHD HP

	Strategic actions	Success measures	Progress	Lead	Partner
1.20	Continue to support MNC high schools to maintain and sustain the seven school physical activity practices of Physical Activity 4 Everyone (PA4E1).	a. % of physical activity practices met in each school b. Increase in adolescents daily minutes of MVPA (moderate to vigorous physical activity) c. Prevent excessive weight gain (BMI) d. Cost effectiveness of the program	– 2 schools met over 85% of practices and 3 schools met over 55% of practices by the end of the program	HNELHD MNCLHD HP	DoE UoN
1.21	Delivery of <i>Thirsty? Choose Water!</i> behavioral intervention in MNC high schools focusing on increased water and reduced sugary drinks consumption.	a. Recruitment of eleven MNC high schools to the program b. Delivery of program for all four intervention groups c. Provision of water refill stations to all schools	– Implementation and evaluation is now complete in all schools within MNC and HNE – 100% of teachers across Group 1 and Group 3 schools reported that teaching the program's key messages in PDHPE (personal development, health and physical education) classes as 'very to extremely effective' – Groups 2 and 3 schools' teachers reported the water chillers were well received by students – Physical Education teachers' surveys from Groups 1 and 3 had a good response rate – comments were positive and teachers reported they will continue to use the information in future class planning	CCLHD MNCLHD	HNELHD DoE Independent Schools University

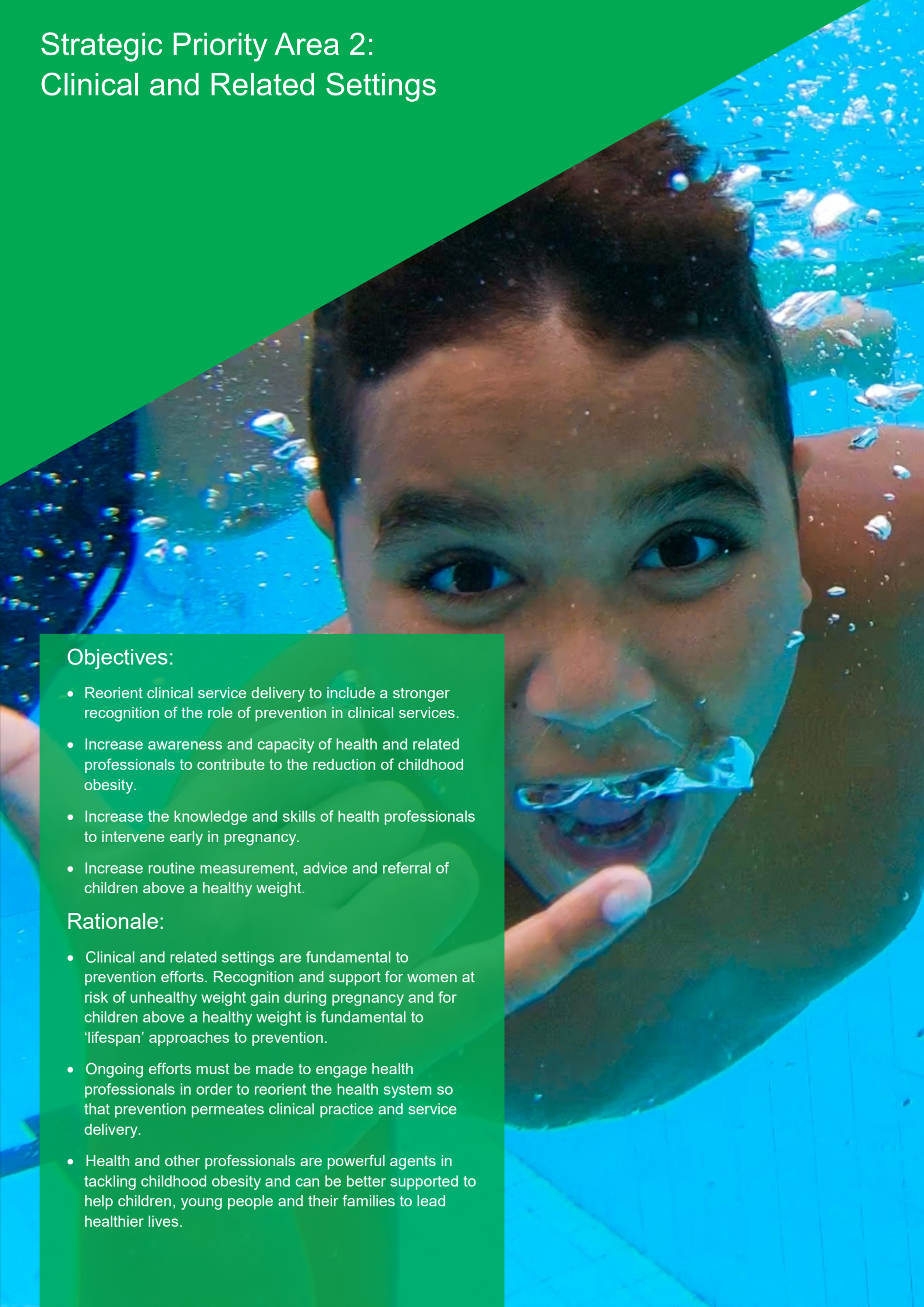
Strategic Priority Area 2: Clinical and Related Settings

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>e. Completion of a three-month nurse secondment to Health Promotion at Wauchope Memorial Hospital</p>	<p>– Equipment audit and order complete. Measure stations set up in all NSW Health services seeing children across MNC</p> <p>– 1 April – 30 June 2020 recording rate was 64%</p> <p>– 7% increase in recording rates from 1 July 2019 to 30 June 2020</p> <p>– MNC inpatient rates remain the highest in NSW (95%)</p> <p>– MNC recording rates are exceeding the state average in each setting (Inpatient, Outpatient, Oral Health and Community)</p> <p>– 26 registered referrals to Go4fun from MNCLHD health professionals</p> <p>– MNCLHD health professional referrals to Get Healthy service:</p> <p>– FY17/18 = 394 (160% target)</p> <p>– FY19/20 = 602 (245% target)</p>	<p>MNCLHD HP</p> <p>MNCLHD CS (C&FH, Acute Outpatient Paediatrics)</p> <p>MNCLHD OH</p> <p>MNCLHD PH</p>	

	Strategic actions	Success measures	Progress	Lead	Partner
2.2	Utilise regional data and intelligence to scope the feasibility and optimal strategic placement of secondary service models for childhood obesity intervention, e.g. 3-6yr old program (Sprout Squad).	a. Completion of comprehensive scoping exercise b. Consultation and co-design with key community stakeholders c. HP Staff and Aboriginal Health staff trained to deliver activities d. Partnerships with playgroups developed e. Workshop dates planned with playgroups f. Workshop dates sent to stakeholders (e.g. clinicians, playgroups)	– Scoping and literature review completed by UNSW students – 3-6yr old program (Sprout Squad) implementation plan developed in consultation with clinicians, Aboriginal Health, Go4Fun project managers, playgroup facilitators, Health Promotion team, playgroup parents across MNC – Development of program website and social media plan	MNCLHD HP	MNCLHD CS NCPHN

	Strategic actions	Success measures	Progress	Lead	Partner
2.3	<p>Work with 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 Assess General Practitioner's baseline knowledge of childhood obesity and barriers facing recommended practice.</p> <p>2.3.2 Provide quality improvement support to General Practices to increase recording of routine height and weight measurement processes within practices.</p> <p>2.3.3 Increase the awareness within Primary Care of the role that General Practice can play in the prevention and management of childhood obesity.</p> <p>2.3.4 Actively promote referral programs, such as Go4Fun, using social media and community newsletters to increase community awareness.</p>	<p>a. Completion of a cross-sectional survey study assessing General Practitioner's knowledge of childhood obesity</p> <p>b. Number of education sessions and professional development opportunities provided to General Practitioners to increase awareness of routine height and weight measurements</p> <p>c. Increased routine recording of accurate height and weight</p> <p>d. Increased referrals to relevant programs</p>	<p>– 24 GP referrals in FY19-20</p> <p>– Further engagement planning is underway for FY20-21</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>	a. Increased awareness of, and referrals to, GHiP	<ul style="list-style-type: none"> – Working in partnership with maternity departments to develop resources and effective strategies which will increase awareness of and referrals to GHiP – Communication plan developed – Healthy Pregnancy Working Group meetings are underway 	<p>MNCLHD HP</p> <p>MNCLHD</p> <p>MS</p>	<p>MNCLHD AH</p> <p>MNCLHD</p> <p>MCU</p> <p>NCPHN</p> <p>ACCHO</p> <p>Consumers and families</p>
2.5	<p>Increase awareness of HEAL (Healthy Eating Active Living) principles and resources available by integrating key messages into the MNCLHD priorities for implementing the NSW Youth Health Framework 2017–2024.</p>	<p>a. Increased integration of HEAL (Healthy Eating Active Living) resources and messages into the key activities and actions targeting youth health</p> <p>b. Enhanced workforce capacity to engage with young people about HEAL messaging through the integration of knowledge and skills within the Essential Youth Health Skills Training</p>	<ul style="list-style-type: none"> – Partnership created with Headspace – ‘Having the conversation with adolescents about growth assessments and healthy lifestyle’ education delivered to MNC clinical networks through the Essential Youth Health Skills Training sessions 	<p>MNCLHD HP</p> <p>MNCLHD</p> <p>ICFWU</p>	NCPHN

	Strategic actions	Success measures	Progress	Lead	Partner
2.6	<p>Educate and build awareness and capacity of Department of Communities and Justice (DCJ) MNC staff (caseworkers and managers).</p> <p>2.6.1 Deliver childhood obesity education seminars to DCJ staff and NGO Out of Home Care (OoHC) sector caseworkers.</p> <p>2.6.2 Commence pilot engagement with Director Community Services and Manager Port Macquarie.</p>	<p>a. Increased caseworker and manager knowledge of HEAL (Healthy Eating Active Living) principles</p> <p>b. Evidence of HEAL principles incorporated in caseworker practice</p>	<p>– Education seminar plans created</p> <p>– Collaboration between DCJ, MNCLHD Health Promotion, Child and Family, Maternity, and Tresillian Family Care Centre</p> <p>– Implementation and evaluation plan created with online sessions to commence in November 2020</p>	MNCLHD HP	DCJ CS NGO OoHC Sector
2.7	<p>Promote '8 for a healthy weight' resources, Get Healthy in Pregnancy and HEAL (Healthy Eating Active Living) resources for clients of Department of Communities and Justice (DCJ) MNC.</p> <p>2.7.1 Commence pilot engagement with Director Community Services and Manager Port Macquarie.</p>	<p>a. Clients receive relevant resources</p> <p>b. Caseworkers have an increased capacity to provide key messages to children and families</p>	<p>– Pilot engagement with Director Community Services and Manager Port Macquarie yet to commence</p>	DCJ CS	MNCLHDHP

	Strategic actions	Success measures	Progress	Lead	Partner
2.8	Investigate the incorporation of Healthy Eating Active Living (HEAL) principles in Department of Communities and Justice (DCJ) MNC Community Services (Quality Assurance Framework pilot project). 2.8.1 Commence pilot engagement with Director Community Services and Manager Port Macquarie.	a. Evidence of HEAL principles in DCJ MNC Quality Assurance Framework	– Pilot engagement with Director Community Services and Manager Port Macquarie yet to commence	DCJ CS	MNCLHD HP
2.9	Incorporate actions 2.6, 2.7, 2.8 in the MNC Department of Communities and Justice (DCJ) District Business Plan. 2.9.1 Commence pilot engagement with Director Community Services and Manager Port Macquarie.	a. Actions incorporated in to DCJ MNC District Business Plan	– Pilot engagement with Director Community Services and Manager Port Macquarie yet to commence	DCJ CS	MNCLHD HP
2.10	Provide Healthy Eating Active Living (HEAL) resources and education seminars to the MNCLHD Outside of Home Care (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	– In-service delivered to NSW Health OoHC staff (Coffs Clinical Network) in 2019	MNCLHD ICFWU	MNCLHD HP

	Strategic actions	Success measures	Progress	Lead	Partner
2.11	<p>Build capacity of Out of Home Care (OoHC) staff to incorporate Healthy Eating Active Living (HEAL) principles into their work with carers.</p> <p>2.11.1 Deliver childhood obesity education seminars to OoHC staff.</p> <p>2.11.2 Build awareness among OoHC staff about prevention programs for both carers and children.</p>	<p>a. Number of education seminars provided</p> <p>b. Inclusion of childhood obesity prevention programs in OoHC Health Pathways document</p> <p>c. Increased referrals to prevention programs such as Go4Fun and Get Healthy Service</p>	<p>– Physical assessments not completed by OoHC staff, OoHC role is to coordinate care</p>	<p>MNCLHD HP ICFWU</p>	<p>MNCLHD HP DCJ CS</p>
2.12	<p>Educate and build capacity of Aboriginal Medical Service (AMS) staff (medical, allied health and health promotion staff) to identify, address and intervene in childhood obesity.</p>	<p>a. Co-design and deliver resources and culturally appropriate educational seminars to AMS staff</p> <p>b. Evidence of increased staff knowledge and practice related to identification and management of childhood obesity</p>	<p>– Initial engagement with Durri AMS</p>	<p>MNCLHD HP</p>	<p>MNC-based AMS</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	– Active participation in the local consultations – Active role in the planning meetings for nutrition and physical activity strategies 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. Ongoing evaluation of a whole-of-community systems approach to childhood obesity prevention and management	– Initial discussions held with OPH – Recommendation to hold off progressing further to await findings from WSLHD Project Note: Aligns with 3.1 – for actions in new FY	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 Healthy Eating Active Living (HEAL) principles 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	<ul style="list-style-type: none"> – Regular contact with a range of Aboriginal Health Workers around HEAL – 2 Healthy on Track pilot programs held across the region (physical activity program), 2 more to be conducted prior to evaluation – Regular engagement with Aboriginal community through cooking programs 	MNCLHD HP	MNCLHD CS MNCLHD AH ACCHO
3.5	<p>Develop childhood obesity preventive strategies to support families of children 2-6yrs old.</p> <p>3.5.1 Scope existing services.</p> <p>3.5.2 Conduct community and clinician consultation.</p> <p>3.5.3 Develop implementation plan.</p>	<p>a. Completion of literature review</p> <p>b. Number of parents who complete consultation survey</p> <p>c. Number of clinician and community focus groups conducted</p> <p>d. Development of implementation plan</p>	<ul style="list-style-type: none"> – Formulating mapping spreadsheet 	MNCLHD HP	MNCLHD CS Consumers
3.6	<p>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.</p>	<p>a. Number of innovation fund applications addressing child health</p> <p>b. Quality of innovation fund applications</p> <p>c. Evidence of community engagement</p> <p>d. Evaluation reports provided at the conclusion of funded initiatives – noting scalability and sustainability</p>	<ul style="list-style-type: none"> – Round one 34/39 (87%) successful applications focusing on addressing childhood obesity – Round two is being finalised with 29/45 (64%) applications to focus on addressing childhood obesity – Partnership between MNCLHD and CSU to evaluate the Innovation Fund – ‘Creating, Understanding and Evaluating How Healthy Communities Work: A Collaborative Action Research Project’ - to be completed July 2020 – MNCLHD Innovation Award recipient 	MNCLHD HP	HCAC Community

	Strategic actions	Success measures	Progress	Lead	Partner
3.7	Intensify the promotion of Get Healthy Service 16yrs+ 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 16-24yrs old	<ul style="list-style-type: none"> – Promoted Get Healthy Service at 2019 Luminosity – Currently identifying other suitable platforms to reach youth 	MNCLHD HP	NGO sector (Youth)
3.8	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	<ul style="list-style-type: none"> – 251 peer educators recruited – 42 education recipients recruited – Planning underway to implement PICNIC in Sweden (Karolinska Institute) and ISLHD (Illawarra Shoalhaven Local Health District) – MNCLHD Innovation Award recipient 	MNCLHD HP	UoN Karolinska Institute ISLHD
3.9	Implement a peer to peer infant/child nutrition and feeding program in the Kempsey Aboriginal community to assess acceptability/feasibility.	a. Number of peer educators recruited b. Data collected from peer educators and analysis	<ul style="list-style-type: none"> – Consultation with key stakeholders (Macleay Vocational College), Department of Communities and Justice) completed – Planning for “BANDU” project has commenced, to start in 2021 	Macleay Vocational College MNCLHD HP	DCJ Macleay Vocational College
3.10	Scoping existing evidence-based programs focusing on youth Healthy Eating Active Living (HEAL) strategies, wellbeing and development. 3.10.1 Develop a co-designed youth health engagement approach to target HEAL messaging to adolescents and young people	a. Identifying and scoping existing programs that can be translated to a MNC community setting b. Completion of a needs assessment in consultation with other key stakeholder groups and engaging youth groups c. Develop a Youth Health Action Plan in collaboration with HCAC members and youth groups/agencies	<ul style="list-style-type: none"> – Scoping completed and provided to HCAC – Consultation with key stakeholders commenced (local youth council representatives, and youth NGOs) – Feedback provided suggested need to incorporate HEAL in to current youth-focused programs and initiatives – Youth Regional Taskforce and NSW Plan to be released—will review and identify possible linkages (in lieu of developing a specific youth health action plan) 	MNCLHD HP	HCAC ICFWU Hearspace 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	– 12 MNC sports clubs with Good Sports level 1 accreditation – Proposal developed for sports canteen incentive grants	MNCLHD HP	MoH Sporting Associations NSW OoS
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	– Food and Drink Policy and resources provided on request to Port Macquarie Hastings Council and Kempsey Council	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	– Health Consultant engaged to develop industry partnership case study on the Big Veggie Crunch (BVC) – Consultation with key stakeholders – Case study showed evidence of improved food choices during BVC events supported by Industry groups – Industry Partnership Framework in draft and awaiting MoH further development – Industry partnership work was used to inform the development of a new NSW State HEAL plan (awaiting further MoH development)	MNCLHD HP MoH	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	<ul style="list-style-type: none"> – Cook-of Trailer has been used extensively across the mid north coast at community events including 'Healthy Towns', University Orientation, Heart Week during 2018/2019 financial year – Heart Foundation have requested the return of the trailer, to be relocated with another organisation (in Casino, Northern NSW) 	MNCLHD HP	HCAC
4.5	Deliver cooking programs to targeted population groups (Aboriginal, CALD, youth) relating to healthy food budgeting and preparation.	a. Increased healthy food literacy b. Number and reach of cooking programs	<ul style="list-style-type: none"> – Engagement with Aboriginal community groups: <ul style="list-style-type: none"> – Delivered 2 Heart Foundation Koori Cooking programs (to local Lands Councils) – Delivered 1 cooking program to mums (Bowraville) – Delivered 2 Mission Australia transition to high school program which included a cooking component (Kempsey Primary School and Aldavilla Primary School) – Attended 3 NAIDOC events and delivered healthy food advice sessions (Nambucca Heads and Galambila) – Attended 3 Bowraville community events and delivered healthy food advice sessions – Engagement with CALD youth - delivered 1 cooking program 	MNCLHD HP DCJ KPP	Community NGO sector

	Strategic actions	Success measures	Progress	Lead	Partner
4.6	Work with community groups and individuals to establish and maintain community gardens.	a. Number of community gardens operating within Healthy Communities Mid North Coast Innovation Fund projects.	– Final numbers will be available next financial year (after round two of the Innovation Fund is complete)	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 DCJ 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	2019: <ul style="list-style-type: none"> – Bellingen: 2,261 (70% uptake) – Coffs Harbour: 13, 997 (69% uptake) – Kempsey: 4,042 (59% uptake) – Nambucca: 2,795 (61% uptake) – Port Macquarie-Hastings: 14,073 (70% uptake) 2020: <ul style="list-style-type: none"> – Bellingen: 964 (50% uptake) – Coffs Harbour: 6,315 (54% uptake) – Kempsey: 2,019 (45% uptake) – Nambucca: 1,252 (46% uptake) – Port Macquarie-Hastings: 6,889 (57% uptake) 	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	<ul style="list-style-type: none"> – Resources promoting MNC registered clubs by LGAs were distributed to all MNC primary schools, high schools, Munch & Move sites and clinical service managers at the start of Term 4, 2019 and start of Term 1, 2020 	MNCLHD HP	NSW OoS DPC
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. Increased availability of access to, and use of, green space and school grounds during school holiday periods	<ul style="list-style-type: none"> – 2 schools (Nana Glen and Medlow public schools) are utilising Share Our Space program – Further promotion planning underway 	DoE CSO	DSR

	Strategic actions	Success measures	Progress	Lead	Partner
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 MNC schools	<ul style="list-style-type: none"> – As part of Live Life Well @ School MNC schools receive snippets to include in the school newsletter promoting safe and active travel – Local Live Life Well @ School case study video with Corindi Public School developed with road safety focused messages 	DoE CSO	RMS* Bicycle Network NSW* Wheely Safe Kids*
5.5	<p>Establish a network of existing physical activity providers to support curriculum activities and programs in schools.</p> <p>5.5.1 Engage key physical activity service providers.</p> <p>5.5.2 Establish a mandate for working together to support schools with established physical activity programs.</p>	a. Number of service providers actively engaged in school programs	<ul style="list-style-type: none"> – Scoping and provider mapping is commencing in line with Active Kids Voucher project – Existing website hosting service providers has been identified 	MNCLHD HP	DSR* NSW OoS
5.6	<p>Work with Department of Planning, Industry and Environment (DPIE) to integrate Healthy Eating Active Living (HEAL) principles in Regional City Plans for Coffs Harbour and Port Macquarie.</p> <p>5.6.1 Principles 1-5 of the Regional City Plans (Live, Work, Meet, Play, Move) liveable spaces, sports infrastructure, open space and social infrastructure.</p>	a. Evidence of HEAL principles incorporated in Regional City Action Plans	<ul style="list-style-type: none"> – MNCLHD HP successfully submitted an EOI to be one of four LHDs to run an Active Living funded workshop for MNC Councils (4/5 local councils participated in workshop) – MNCLHD HP identified strategic alignment between HEAL principles and Regional City Plans and provided suggested actions to include in future local strategic planning statements – MNCLHD HP to comment on local strategic planning statements (due 2020) 	MNCLHD HP	Local government

	Strategic actions	Success measures	Progress	Lead	Partner
5.7	Conduct strategic workshops for local government to increase knowledge of healthy built environments (livability) which promote Healthy Eating Active Living (HEAL).	a. Number of workshops held b. Number of local government staff in attendance c. Increased knowledge in incorporating key livability and HEAL principles in to local government planning	– MNCLHD HP successfully submitted an EOI to be one of four LHDs to run an Active Living NSW funded workshop (in 2019) for MNC Councils – 4/5 local councils participated in workshop (20 local government participants)	MNCLHD HP	Active Living NSW MoH Local government
5.8	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. Promotion of suitable locations for physical activity	– Project scoping and mapping has commenced	MNCLHD HP	DoE HCAC NSW OoS Local government
5.9	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	– Planning not yet commenced	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	– 251 peer educators recruited – 42 education recipients recruited – Planning underway to implement PICNIC in Sweden (Karolinska Institute) and ISLHD (Illawarra Shoalhaven Local Health District) – MNCLHD Innovation Award recipient	MNCLHD HP	UoN Karolinska Institute ISLHD
6.2	Implement a peer to peer infant/child nutrition and feeding program in the Kempsey Aboriginal community to assess acceptability/feasibility.	a. Number of peer educators recruited b. Data collected from peer educators and analysis	– Consultation with key stakeholders (Macleay Vocational College), Department of Communities and Justice) completed – Planning for “BANDU” project has commenced, to start in 2021	Macleay Vocational College MNCLHD HP	DCJ Macleay Vocational College
6.3	Incorporate Healthy Eating Active Living (HEAL) principles and awareness of childhood obesity into the teaching of UNSW Rural Clinical School medical students. 6.3.1 Assess and compare the level of childhood obesity knowledge in UNSW Rural Clinical School medical students before and after delivery of a childhood obesity specific education module.	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	– Ethics approved – Pre-questionnaire has been completed – Lecture series has commenced	UNSW, Rural Clinical School, Port Macquarie Campus	MNCLHD HP

	Strategic actions	Success measures	Progress	Lead	Partner
6.4	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	<ul style="list-style-type: none"> – Newcastle University Partners: PICNIC, PACE, SWAP It, LaaP, Skoolbag – CSU: HCAC Innovation Fund, preventive health framework – UNSW: Rural Clinical Student Education 	MNCLHD HP	LHDs University Partners
6.5	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	<ul style="list-style-type: none"> – Triple P submission was not successful – Current TRGS Grants – SWAP It, PA4E1 and <i>Thirsty! Choose Water</i> 	MNCLHD HP	LHDs OPH University Partners Community Partners
6.6	Continue to participate in the Physical Activity for Everyone research to: 6.6.1 Assess the effectiveness and cost effectiveness of the program in increasing school implementation of the seven physical activity practices. 6.6.2 Assess the factors which influence maintenance and sustainability of the seven physical activity practices.	a. % of physical activity practices met in each school b. Increase in adolescents daily minutes of MVPA c. Prevent excessive weight gain (BMI) d. Cost effectiveness of the program	<ul style="list-style-type: none"> – 2 schools met over 85% of practices and 3 schools met over 55% of practices by the end of the program 	HNELHD MNCLHD HP	DoE UoN
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	Strategic actions	Success measures	Progress	Lead	Partner
6.7	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	<ul style="list-style-type: none"> – WAVE 1 – Program delivery schools (Macksville PS, Sandy Beach PS) are due to complete delivery 23 August 2020. Delayed support groups (Tyalla PS, Kororo PS, Wauchope PS) are receiving the program in 2020 – WAVE 2 – Program delivery schools (William Bayldon PS, Nana Glen PS, Corindi PS) are due to start program 22 July 2020. Delayed support group (Beechwood PS) is receiving the program in 2020 	HNELHD MNCLHD HP	OPH CCLHD
6.8	Delivery of <i>Thirsty? Choose Water!</i> behavioral intervention in MNC high schools focusing on increased water and reduced sugary drinks consumption.	a. Recruitment of eleven MNC high schools to the program b. Delivery of program for all four intervention groups c. Provision of water refill Stations to all schools	<ul style="list-style-type: none"> – Implementation and evaluation is now complete in all schools within MNC and HNE – 100% of teachers across Group 1 and Group 3 schools reported that teaching the program's key messages in PDHPE (personal development, health and physical education) classes as 'very to extremely effective' – Groups 2 and 3 schools' teachers reported the water chillers were well received by students – Physical Education teachers' surveys from Groups 1 and 3 had a good response rate – comments were positive and teachers reported they will continue to use the information in future class planning 	CCLHD MNCLHD	HNELHD DoE Independent Schools University

	Strategic actions	Success measures	Progress	Lead	Partner
6.9	Participate in a trial to use the SkoolBag App to provide health information to families. 6.9.1 Investigate potential to link this project to an enhancement of Live Life Well @ School (LLW@S).	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	– Due to the small uptake and technical complications of some schools to implement the SkoolBag App this form of messaging has not been implemented to use for the LLW@S program	HNELHD MNCLHD HP	CCLHD UoN
6.10	Participate in a model to enhance the implementation of a physical activity policy in NSW primary schools (PACE project).	a. Recruitment of MNC primary schools to the PACE program b. Delivery of intervention in 'trained' PACE schools c. Evidence relating to scaling up an effective model to enhance implementation of a mandatory physical activity policy in primary schools	– 17 schools recruited – 3 workshops with school champions – 13 schools have received MNCLHD HP support to complete the program – 4 schools completed the program without MNCLHD HP support – Program to be completed by the end of term 4 2019	HNELHD MNCLHD HP	CCLHD UoN
6.11	Collaborate as a LHD partner on a NHMRC <i>Excellence in Implementation for Community Chronic Disease Prevention</i> .	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
6.12	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).	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	<ul style="list-style-type: none"> – Round one 34/39 (87%) successful applications focusing on addressing childhood obesity – Round two is being finalised with 29/45 (64%) applications to focus on addressing childhood obesity – Partnership between MNCLHD and CSU to evaluate the Innovation Fund – ‘Creating, Understanding and Evaluating How Healthy Communities Work: A Collaborative Action Research Project’ - to be completed July 2020 – MNCLHD Innovation Award recipient 	MNCLHD HP	HCAC Community CSU

	Strategic actions	Success measures	Progress	Lead	Partner
6.13	<p>Support the delivery of key health promotion programs to increase physical activity and health literacy of Mid North Coast Community College students and broader community.</p> <p>6.13.1 Promote HEAL (Healthy Eating Active Living) messages, Get Healthy Service, Get Healthy in Pregnancy, Get Healthy at Work.</p> <p>6.13.2 Refer young adults to Get Healthy Services.</p> <p>6.13.3 Support/ implement self-care programs incorporating health promotion messages and resources.</p> <p>6.13.4 Students use Appreciative Inquiry and Participatory Research that evaluate health promotion programs.</p>	<p>a. Evidence of increased physical activity and health literacy (measured pre and post)</p> <p>b. Increased awareness of health promotion programs and campaigns (measured pre and post)</p> <p>c. Number of Get Healthy Service referrals for young people aged between 16-24yrs (baseline 0)</p> <p>d. Number of self-care programs delivered</p> <p>e. Participation in Appreciative Inquiry and Participatory Research that evaluate health promotion programs</p>	<p>– Regular contact with MNC Community College and HEAL activities are on track</p>	MNC Community College	MNCLHD HP

	Strategic actions	Success measures	Progress	Lead	Partner
6.14	Evaluate the effects of the Kilometre Club (KM Club) on physical activity behaviours of school children and the factors associated with successful program implementation for potential translation and upscaling across NSW.	<p>a. Completion of evaluation, and dissemination of evaluation outcomes, in partnership with the NSW Office of Preventive Health (OPH)</p> <p>b. Evidence of increased physical activity</p> <p>c. Evidence of factors which influence acceptability and feasibility through the perception of students, families and teachers at schools participating in KM Club</p>	<p>– All quantitative and qualitative data collected from 4 schools (Aldavilla, Hastings, Kendall, North Haven)</p> <p>– CIRCA KM Club Evaluation Report completed (qualitative)</p> <p>– School summary reports completed for each school</p> <p>– Drafting journal for peer-reviewed publication</p>	MNCLHD HP	DoE HNE UNSW
6.15	<p>Evaluate the implementation of routine growth assessments within MNCLHD.</p> <p>6.15.1 Assess the extent to which MNCLHD clinicians are utilizing the 4A approach to routine growth assessments.</p> <p>6.15.2 Explore parents' and clinician's experiences and perceptions of routine growth assessments.</p>	<p>a. Completion of a mixed-method study utilizing sequential explanatory design to assess the extent to which the 4A approach to growth assessments are used and to explore parents' and clinicians' experiences and perceptions</p> <p>b. Dissemination of final report to MNCLHD Senior Executives and MoH Childhood Obesity Working Group to influence future implementation plans</p>	<p>– Ethics approval completed</p> <p>– Clinician focus groups planned to commence in November 2020</p>	MNCLHD HP	HETI MoH UoN

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
AMS	Aboriginal Medical Service
CALD	Culturally and Linguistically Diverse
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
CSU	Charles Sturt University
DoE	NSW Department of Education
DPC	Department of Premier and Cabinet
DPIE	Department of Planning, Industry and Environment
DSR	Department of Sport and Recreation
ECS	Early Childhood Services
DCJ	Department of Communities and Justice
DCJ CS	Department of Communities and Justice Community Services
DCJ KPP	Department of Communities and Justice 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
HETI	Health Education and Training Institute
HMP	Health Management Plan
HKA	Healthy Kids Association
HNELHD	Hunter New England Local Health District
IRSD	Index of Relative Socioeconomic Disadvantage

ISLHD	Illawarra Shoalhaven Local Health District
LGA	Local Government Area
LHD	Local Health District
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
NAIDOC	National Aboriginal and Islanders Day Observance Committee
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
OoSH	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
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
USyd	University of Sydney
WSLHD	Western Sydney Local Health District

For further information, contact Healthy Communities Mid North Coast
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