

JULY 2020 - JUNE 2021

ANNUAL PROGRESS REPORT

Mid North Coast Childhood Obesity Prevention and Management
Action Plan, July 2018 - June 2023



Healthy Communities
Mid North Coast

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 third annual progress report for work undertaken from July 2020 to June 2021. This report has been prepared by Mid North Coast Local Health District Health Promotion, on behalf of Healthy Communities. Progress has been detailed within each strategic priority area, as outlined below. This report includes strategic actions that have been completed in previous financial year periods, as noted within the progress column to avoid duplication.

The COVID-19 pandemic and flooding events across the Mid North Coast have impacted on project deliverables during this period. Innovation and adaptability has ensured that many programs and initiatives were able to continue or be modified to virtual delivery.

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	a. 95.37% of MNC Early Children's Services trained (103/108 services) b. 86% services adopting 70% of practices (88/102) NSW Average 66% c. 67% of MNC Family Day Care Services trained (4/6) d. 75% of trained MNC Family Day Care Services adopting 60% program practices , NSW Average 71%	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 the preschool	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	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	<i>Not progressed further due to COVID-19 impact on service delivery</i>	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	a. 93% of MNC schools are trained in LLW@S (92/98 schools), NSW average 83% b. 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	a. 77% of MNC schools achieving NSW Healthy School Canteen Strategy (state average 75%) b. DoE only schools. 94% MNC schools achieving NSW Healthy School Canteen Strategy (state average 91%) c. Overall, increase in availability of healthy food and drink choices at school canteens d. Positive feedback from canteen managers regarding children enjoying healthy options	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	a. 34 MNC primary schools applied for a grant b. June 2020: 9 schools received grant this financial year c. 18 schools in total received the grant d. 20% of MNC schools received the grant for implementing a whole of school approach to healthy eating	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 1.7.2 Investigate opportunities to pilot a 3-6yr old primary prevention program through SPG setting	a. % of MNC sites engaged and provided with HEAL information b. Number of resources provided, ordered and disseminated c. Stakeholder engagement about the pilot program with SPG across the District	a. <i>Completed in 2018-2019 financial year</i> b. <i>Completed in 2018-2019 financial year.</i> Ongoing support and resources provided through MNCLHD HP trialed online virtual session during COVID-19 c. SPG parents participated in consultation about their perceived needs in HEAL areas. SPG facilitator on working group for pilot program development. Pilot planned for two SPG settings, Coffs Harbour and Port Macquarie	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	<i>Completed in 2018-2019 financial year</i>	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	a. 2 programs delivered <i>before face-to-face programs cancelled due to COVID-19 impact on service delivery</i> b. 16 participants registered. c. 93% of participants completed the program d. 2 program locations across MNC e. 5 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	a. 17 participants enrolled b. 94.% of participants completed the online program c. 11 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	a. 1 program delivered <i>before face-to-face programs cancelled due to COVID-19 impact on service delivery</i> b. 10 participants enrolled c. 100% participants completed the program d. 1 program location e. 1 participant referred by General Practitioner/health professional f. 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 in primary schools	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	a. 44 schools (65%) engaged in premiers sporting challenge	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	a. 9 schools participated in PACE program. Planning underway for a scale up of PACE in 2022	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	a. 6 schools identified participation in KM Club b. No data available during this period	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	a. On hold due to COVID-19 priorities for NSW Health and schools b. Be Well, Teach Well Online Workshops held to support teacher and Early Childhood Educators to focus on wellbeing – 92 Primary School – 174 High School and ELC educators	MNCLHD HP	SafeWork Australia DoE, CSO, Independent Schools ECS OoSH sector NGO

	Strategic actions	Success measures	Progress	Lead	Partner
1.17	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	<i>Completed in 2019-2020 financial year</i>	UNSW, Rural Clinical School, Port Macquarie Campus	MNCLHD HP
1.18	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 1.18.1 Promote HEAL (Healthy Eating Active Living) messages, Get Healthy Service, Get Healthy in Pregnancy, Get Healthy at Work 1.18.2 Refer young adults to Get Healthy Services 1.18.3 Support/ implement self-care programs incorporating health promotion messages and resources 1.18.4 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	<i>Not progressed due to COVID-19 impact on service delivery.</i> Review current HEAL activities and adapt strategies as required	MNC Community College	MNCLHD HP

	Strategic actions	Success measures	Progress	Lead	Partner
1.19	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	<i>Completed in 2019-2020 financial year</i>	HNELHD MNCLHD HP	DoE UoN
1.20	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	<i>Completed in 2019-2020 financial year</i>	CCLHD MNCLHD	HNELHD DoE Independent Schools University
1.21	Deliver the SALSA program in MNC high schools utilizing a peer education model 1.21.1 Engage with local universities to recruit students to peer educators 1.21.2 Engage high schools to deliver the program to year-10 and year-8 students 1.21.3 Deliver an online pilot version of the SALSA program	a. Number of MNC high schools recruited b. Number of university peer educators engaged in the program delivery c. Number of programs delivered in MNC d. Number of online programs delivered e. Improvement in student HEAL (Healthy Eating Active Living) behaviours	a. 1 MNC high school recruited to online b. Peer educators not required given online delivery model c. COVID-19 impact on service delivery resulted in MNCLHD HP partnering with PERU to pilot an online delivery model d. 1 online version of the SALSA program delivered e. Qualitative data demonstrated a perceived increase in knowledge regarding healthy eating and leadership	MNCLHD PERU	WSLHD WLHD USYD

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.
- 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
2.1	<p>Increase the recording of routine growth 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 growth 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 Improve health professional understanding of electronic recording methods and reporting</p> <p>2.1.4 Pilot an embedded health promotion clinician to support the inclusion of preventive health strategies in to clinical care</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. Increased recording of routine child growth assessment in clinical team with the piloted embedded clinician</p>	<p>a. Equipment audit and order complete. Measure stations set up in all NSW Health services seeing children across MNC</p> <p>b. 64% recording rate</p> <p>c. Clinicians have reported an increase in frequency of provision of brief intervention and confidence to provide appropriate resources for families in scope</p> <p>d. 21 referrals to Go4Fun There is currently no access to complete referral data. Due to COVID-19 impact there has been a reduction in face-to-face clinical appointments</p> <p>e. A three-month clinical nurse specialist seconded to health promotion at Wauchope Memorial Hospital has resulted in increase recording of growth assessments from 12% in Q4 FY18-19 to 78% in Q4 FY20-21</p>	<p>MNCLHD HP MNCLHD CS (C&FH, Acute Outpatient Paediatrics) MNCLHD OH MNCLHD PH</p>	
2.2	<p>Embed Healthy Conversation Training into Essentials Youth Healthcare Skills Training</p>	<p>a. Number of education sessions delivered</p>	<p>a. 1 face-to-face education session held—<i>the remaining were cancelled due to impact of COVID-19</i>. Weight and healthy lifestyle conversations is currently embedded in to Essential Youth Health Skills Training</p>	<p>MNCLHD ICFWU</p>	<p>MNCLHD HP</p>

	Strategic actions	Success measures	Progress	Lead	Partner
2.3	Scope key prevention programs across the lifespan to improve access and referral pathways and increase access to primary and secondary prevention programs	a. Increased knowledge and access for MNCLHD health professionals to advise of prevention services and programs, such as PICNIC, PICNIC 3-6, Go4Fun, TEXTBITES, Get Healthy Service 16yrs+	a. Health promotion partnered with clinical departments to co-design a resource to increase MNCLHD health professional knowledge and access to primary and secondary prevention programs	MNCLHD HP	
2.4	Utilise regional data and intelligence to scope the feasibility and optimal strategic placement of secondary service models for childhood obesity intervention	a. Completion of comprehensive scoping exercise b. Completion of a business case for the establishment of a secondary-service model	<i>Completed in 2019-2020 financial year</i>	MNCLHD HP	MNCLHD CS NCPHN
2.5	Scope, co-design, implement and evaluate a pilot healthy lifestyle program (PICNIC 3-6) targeting parents and families of 3-6yr olds	a. Completion of comprehensive scoping and literature review b. Conduct a needs assessment and consultation with Aboriginal and non-Aboriginal families, Playgroup facilitators, Aboriginal Health Officers and MNCLHD Health Professionals c. Development of online platforms to promote the program and engage families d. Development of program implementation and evaluation plans and facilitator manuals. e. Number of sessions completed	a. Scoping and literature review completed b. Needs assessment and consultation conducted c. Stakeholder working group formed to support with co-design of online platform material d. Program delivery, program content and facilitator manual e. 2 models planned to be piloted in SPG settings (one in Coffs Harbour and one in PMQ) and 2 community online workshops – held off due to COVID surge response	MNCLHD HP	MNCLHD AH Clinical Networks SPG NGO's Partner organisations MoH Community

	Strategic actions	Success measures	Progress	Lead	Partner
2.6	<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>2.6.1 Assess General Practitioner's baseline knowledge of childhood obesity and barriers facing recommended practice</p> <p>2.6.2 Provide quality improvement support to General Practices to increase recording of routine height and weight measurement processes within practices</p> <p>2.6.3 Increase the awareness within Primary Care of the role that General Practice can play in the prevention and management of childhood obesity</p> <p>2.6.4 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>e. Increased HEAL messaging and activity on PHN Healthy North Coast social media, website and community newsletters</p>	<p>a. Study completed by UNSW student on GP knowledge as part of UNSW childhood obesity project</p> <p>b. Provided 1 education session and professional development opportunity to 20 health professionals at the Nambucca PHN Clinical Society meeting to increase awareness of routine growth measurements</p> <p>c. No data currently available to report on this</p> <p>d. 28 Health Professional referrals to Go4Fun for FY20/21. 21 referrals to PICNIC</p> <p>e. MNCLHD HP share HEAL messaging and program information to Healthy North Coast for publishing in social media and newsletters</p>	NCPHN	<p>MNCLHD HP</p> <p>MNCLHD IPC</p> <p>Primary Care clinicians</p>

	Strategic actions	Success measures	Progress	Lead	Partner
2.7	<p>Intensify promotion of the Get Healthy in Pregnancy (GHiP) program to relevant Health Professionals</p> <p>2.7.1 Raise the profile of GHiP and its contribution to improving maternal health and reducing childhood obesity</p> <p>2.7.2 Develop a communication plan to intensify the promotion of GHiP</p> <p>2.7.3 Prioritise referrals to GHiP through the MNCLHD Healthy Pregnancy working group structures</p>	<p>a. Increased awareness of, and referrals to, GHiP</p>	<p>a. 608 of 2508 women booked in to antenatal services in MNC were referred to GHiP. 140 women enrolled in to GHiP and 37 women accessed brief interventions.</p> <p>Key strategies implemented include:</p> <ul style="list-style-type: none"> – Continuing to work in partnership with MNC maternity to develop resources and effective strategies which will increase awareness of and referrals to GHiP – Communication plan developed (social media content created using localized imagery, including a 6-week social media campaign – Healthy Pregnancy Working Group meetings held every quarter 	<p>MNCLHD HP MNCLHD MS</p>	<p>MNCLHD AH MNCLHD MCU NCPHN ACCHO Consumers and families</p>
2.8	<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>	<p>a. HCMNC consultations conducted with young people and organisations who support young people</p> <p>b. ‘Having the conversation with adolescents about growth assessments and healthy lifestyle’ education delivered through the Essential Youth Health Skills Training sessions</p>	<p>MNCLHD HP MNCLHD ICFWU</p>	<p>NCPHN</p>

	Strategic actions	Success measures	Progress	Lead	Partner
2.9	Educate and build awareness and capacity of Department of Communities and Justice (DCJ) MNC staff (caseworkers and managers) 2.9.1 Deliver childhood obesity education seminars to DCJ staff and NGO Out of Home Care (OoHC) sector caseworkers 2.9.2 Commence pilot engagement with Director Community Services and Manager Port Macquarie	a. Increased caseworker and manager knowledge of HEAL (Healthy Eating Active Living) principles b. Evidence of HEAL principles incorporated in caseworker practice c. Number of education sessions delivered to support NGO family support services d. Increased referrals for families into health promotion programs and initiatives by the family support services sector	a. MNCLHD HP co-designed a webinar series with DCJ to support NGO Family Caseworker's knowledge of the First 2000 Days and HEAL principles. Partnership extended to Bluesky Communities and Child Interagency networks to increase reach to services that support families b. No data available during this period c. 6 sessions Planned on First 2000 Days (antenatal care, early breastfeeding, smoking cessation support, sleep, behavior, feeding and nutrition). d. No data available during this period	MNCLHD HP	DCJ CS NGO OoHC Sector
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	<i>Completed in 2018-2019 financial year</i>	MNCLHD ICFWU	MNCLHD HP

	Strategic actions	Success measures	Progress	Lead	Partner
2.11	<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>2.11.1 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>a. Resources provided to DCJ staff for their clients. Further information was provided in the first 2000 days webinar series (see 2.9)</p> <p>b. Caseworkers have increased capacity to provide key HEAL messages to clients (see 2.9)</p>	DCJ CS	MNCLHDHP
2.12	<p>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)</p> <p>2.12.1 Commence pilot engagement with Director Community Services and Manager Port Macquarie</p>	<p>a. Evidence of HEAL principles in DCJ MNC Quality Assurance Framework</p>	<i>Action not progressed due to COVID-19 priorities</i>	DCJ CS	MNCLHD HP
2.13	<p>Incorporate actions 2.10, 2.11, 2.12 in the MNC Department of Communities and Justice (DCJ) District Business Plan</p> <p>2.9.1 Commence pilot engagement with Director Community Services and Manager Port Macquarie</p>	<p>a. Actions incorporated in to DCJ MNC District Business Plan</p>	<i>Action not progressed due to COVID-19 priorities</i>	DCJ CS	MNCLHD HP

	Strategic actions	Success measures	Progress	Lead	Partner
2.14	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	a. Co-design and deliver resources and culturally appropriate educational seminars to AMS staff b. Evidence of increased staff knowledge and practice related to identification and management of childhood obesity	a. Aboriginal community flyer developed and disseminated b. Engaged with Durri AMS regarding provision of childhood obesity training for staff <i>Further work on hold due to COVID-19 impact on service delivery</i>	MNCLHD HP	MNC-based AMS

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	<i>Action not progressed due to COVID-19 priorities impacting capacity, community focus and acceptability</i>	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	<i>Completed 2019-2020 financial year</i>	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	<i>Action not progressed due to COVID1-9 priorities impacting capacity, community focus and acceptability</i>	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	a. Regular contact with a range of Aboriginal Health Workers around HEAL principles and program promotion	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>	<i>Completed in 2018-2019 financial year</i>	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>	<p>a. 63 applications received in round 1 (2018) and round 2 (2019)</p> <p>b. An evaluation conducted by HCMNC and CSU reported that 86% of recipients said that the grant enabled them to meet their project objectives completely or exceeded expectations</p> <p>c. Over 80 applications received since 2018 with opportunities to engage via project support, production of case studies and videos and evaluation consultation</p> <p>d. All recipients completed a project report outlining challenges and successes</p>	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	<i>Youth events cancelled due to impact of COVID-19</i>	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	a. 108 new parents participated in the PICNIC program online workshops. <i>Peer educators and peer educator recipients are now referred to as PICNIC participants</i> b. As above c. No data available during this period	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	<i>Action not progressed due to COVID-19 priorities impacting capacity, community focus and acceptability</i>	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	a. Scoping commenced via HCMNC. TEXTBITES promoted to MNCLHD clinicians as a referral service for youth who are above a healthy weight. b. Consultation and needs assessment commenced <i>yet did not progress further due to COVID-19 impact.</i> c. HCMNC and agreed to progress youth engagement through the Innovation Fund grant scheme with a focus on youth health	MNCLHD HP	HCAC ICFWU Headspace NGO sector (youth)

	Strategic actions	Success measures	Progress	Lead	Partner
3.11	Develop childhood obesity preventive strategies to support families of children 3-6yrs old 3.11.1 Scope existing services. 3.11.2 Design, development and implementation of local pilot program in consultation with key stakeholder groups	a. Completion of literature review b. Conduct community and clinician consultation c. Development of implementation plan d. Program website and resources developed e. Pilot programs delivered and evaluated	a. Completed literature review b. Consultation conducted with community members and clinicians – Project Advisory Committee formed c. Work commenced to trial implementation in supported playgroups and discussions ongoing relating to implementation d. Website content and resources developed. Website development commenced. e. Agreed to pilot in supported playgroup setting	MNCLHD HP	NGO sector (Youth)

Strategic Priority Area 4: Food environment and industry engagement

Objectives:

- 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	<i>Not progressed due to COVID-19 impact on service delivery</i>	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	a. Audit conducted and all retailers reached full compliance with the framework, with some challenges due to COVID-19 noted for vending machine suppliers. <i>Acknowledgment of the impact of COVID-19 on supply chain and access for retailers</i> b. Not progressed further at this time service delivery	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	<i>Completed in 2019-2020 financial year</i>	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	<i>Completed in 2019-2020 financial year</i>	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	<i>Not progressed due to COVID-19 impact on service delivery</i>	MNCLHD HP DCJ KPP	Community NGO sector
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.	a. 14 community gardens funded since 2018	MNCLHD HP	Community NGO sector
4.7	Work with community groups to increase availability of food banks and food pantries	Number and reach of food banks and food pantries operating Utilisation of these services	<i>Not progressed due to COVID-19 impact on service delivery</i>	MNCLHD HP DCJ KPP	Community NGO sector

Strategic Priority Area 5: Activity environment

Objectives:

- 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 V1 = voucher 1 V2 = voucher 2	a. 2020: Bellingen: V1: 1163 (55.8%) V2: 528 (25.8%) Coffs Harbour: V1: 7235 (57%) V2: 3954 (31.2%) Kempsey: V1: 2255 (47.6%) V2: 941 (19.8%) Nambucca: V1: 1455 (49.7%) V2: 701 (24.0%) Port Mac-Hastings: V1: 7665 (59.6%) V2: 3941 (30.7%) 2021: Bellingen: V1: 1196 (57.3%) V2: 451 (21.6%) Coffs Harbour: V1: 7606 (60%) V2: 3596 (28.4%) Kempsey: V1: 2383 (50.3%) V2: 778 (16.4%) Nambucca: V1: 1535 (32.5%) V2: 805 (27.5%) Port Mac-Hastings: V1: 7916 (61.6%) V2: 3566 (27.7%)	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. Resources promoting MNC registered clubs by LGAs were distributed to all MNC primary schools, high schools, Munch & Move sites and clinical service managers	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. Increased availability of access to, and use of, green space and school grounds during school holiday periods	<i>No schools participated in Share our Space during this period due to COVID-19 restrictions</i>	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 MNC schools	a. As part of Live Life Well @ School MNC schools receive snippets to include in the school newsletter promoting safe and active travel	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	<i>Not progressed due to COVID-19 impact on service delivery</i>	MNCLHD HP	DSR* NSW OoS

	Strategic actions	Success measures	Progress	Lead	Partner
5.6	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 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	a. Evidence of HEAL principles incorporated in Regional City Action Plans	a. Evidence of HEAL incorporated in all local strategic planning statement with quality inclusion of evidence-based HEAL principles. MNCLHD HP provide input in to all MNC councils planning statements	MNCLHD HP	Local government
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	<i>Completed in 2019-2020 financial year.</i> Opportunity to conduct further workshops as required	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	<i>Not progressed due to COVID-19 impact on service delivery</i>	MNCLHD HP	DoE HCAC NSW OoS Local government

	Strategic actions	Success measures	Progress	Lead	Partner
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	<i>Not progressed due to COVID -19 impact on service delivery</i>	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. 108 new parents participated in the PICNIC program online workshops. <i>Peer educators and peer educator recipients are now referred to as PICNIC participants</i> b. As above c. No data available during this period	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	<i>Not progressed due to COVID-19 impact on service delivery</i>	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	a. Childhood obesity education module delivered and pre and post questionnaires completed. Ongoing discussions about plans to embed childhood obesity education into medical and allied health curriculums with UNSW and CSU	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	a. Partnerships below: <ul style="list-style-type: none"> – Newcastle University Partners: PICNIC, PACE, SWAP It, LaaP, Skoolbag – NCoIS: National Centre of Impelemtnation Science partnership with Australian and international universities. – Charles Sturt University: HCMNC Innovation Fund & Preventive Health Framework – University of NSW: Rural Medical Student childhood obesity and overweight prevention 	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	a. Ongoing delivery partnership from 2019-2020 (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: <p>6.6.1 Assess the effectiveness and cost effectiveness of the program in increasing school implementation of the seven physical activity practices</p> <p>6.6.2 Assess the factors which influence maintenance and sustainability of the seven physical activity practices</p>	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	<i>Completed in 2019-2020 financial year</i>	HNELHD MNCLHD HP	DoE UoN

	Strategic actions	Success measures	Progress	Lead	Partner
6.7	Participate in the Swap What's Packed in a Lunchbox (SWAP – IT) research project	a. Participation in TRGS research project b. Evidence relating to efficacy of intervention to improve quality of contents of children's lunchboxes	<i>Completed in 2019-2020 financial year</i> New project evaluation for SWAP-IT at scale to come in FY2122	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	<i>Completed in 2019-2020 financial year</i>	CCLHD MNCLHD	HNELHD DoE Independent Schools University
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	<i>Completed in 2019-2020 financial year</i>	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	<i>Completed in 2019-2020 financial year</i>	HNELHD MNCLHD HP	CCLHD UoN

	Strategic actions	Success measures	Progress	Lead	Partner
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. NHMRC CRE formed NCoIS (National Centre of Implementation Science): Current HCI research project partnerships under the MRFF and TRGS grants scheme are supported through the NCIOs Collaboration on a number of Capacity building initiatives for MNCLHD HP staff including workshops and research forums	HNELHD	MNCLHD HP, MoH CCLHD, UoN, USyd, Monash, CQU, uOttawa
6.12	Participate in TEXTBITES research study	a. Number of young people recruited to the TEXTBITES program from MNC b. Evidence relating to text-based interactive information and advice on areas such as nutrition, physical activity sent to young people above a healthy weight to improve health and wellbeing	<i>No young people recruited to TEXTBITES during this period due to COVID-19 impact on service delivery</i>	USYD SCHN WSLHD WARC	MNCLHD

	Strategic actions	Success measures	Progress	Lead	Partner
6.13	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)	<ul style="list-style-type: none"> 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"> a. 63 applications received in round 1 (2018) and round 2 (2019) b. An evaluation conducted by HCMNC and CSU reported that 86% of recipients said that the grant enabled them to meet their project objectives completely or exceeded expectations c. Over 80 applications received since 2018 with opportunities to engage via project support, production of case studies and videos and evaluation consultation d. All recipients completed a project report outlining challenges and successes 	MNCLHD HP	HCAC Community CSU

	Strategic actions	Success measures	Progress	Lead	Partner
6.14	<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>6.14.1 Promote HEAL (Healthy Eating Active Living) messages, Get Healthy Service, Get Healthy in Pregnancy, Get Healthy at Work.</p> <p>6.14.2 Refer young adults to Get Healthy Services</p> <p>6.14.3 Support/ implement self-care programs incorporating health promotion messages and resources</p> <p>6.14.4 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><i>Not progressed due to COVID-19 impact on service delivery.</i></p> <p>Review current HEAL activities and adapt strategies as required</p>	<p>MNC Community College</p>	<p>MNCLHD HP</p>

	Strategic actions	Success measures	Progress	Lead	Partner
6.15	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	a. Completion of evaluation, and dissemination of evaluation outcomes, in partnership with the NSW Office of Preventive Health (OPH) b. Evidence of increased physical activity c. Evidence of factors which influence acceptability and feasibility through the perception of students, families and teachers at schools participating in KM Club	<i>Completed in 2019-2020 financial year</i>	MNCLHD HP	DoE HNE UNSW
6.16	Evaluate the implementation of routine growth assessments within MNCLHD 6.16.1 Assess the extent to which MNCLHD clinicians are utilizing the 4A approach to routine growth assessments 6.16.2 Explore parents' and clinician's experiences and perceptions of routine growth assessments	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 b. Dissemination of final report to MNCLHD Senior Executives and MoH Childhood Obesity Working Group to influence future implementation plans	a. Phase 1 which explores clinician experiences and perceptions of implementing routine growth assessments complete b. <i>Not progressed due to COVID-19 impact on service delivery.</i>	MNCLHD HP	HETI MoH UoN

Definitions and Glossary of Acronyms

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.

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
NCOIS	National Centre of Implementation Science
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
PERU	Prevention Education and Research Unit
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
Contact, mnclhd-healthycommunities@health.nsw.gov.au
www.healthycommunitiesmnc.com.au