

# 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**



Strategic actions	Success measures	Delivery lead	Delivery partners
1.1 Implement Munch & Move program, focusing on supporting achievement of hard to reach practices. 1.1.1 Integrate key child and family HEAL (Healthy Eating Active Living) messages into routine program delivery.	a. % of MNC Early Children's Services trained b. % trained Early Children's Services adopting 80% of revised program practices c. % of MNC Family Day Care Services trained d. % of Family Day Care Services adopting program practices <i>Note progressive KPI target established annually</i>	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	MNCLHD HP	NGO sector MoH
1.3 Pilot the integration of the Munch & Move and Live Life Well @ School key messages and resources in TAFE NSW (Northern Region) teaching modules.	a. Provision of professional learning and information sharing with staff within TAFE Early Children's Service course b. Munch & Move and Live Life Well @ School key practices and resources included in TAFE courses for trainee educators and teaching support staff	MNCLHD HP	TAFE NSW (Northern Region)
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 <i>Note progressive KPI target established annually</i>	MNCLHD HP	DoE CSO Independent Schools MoH
1.5 Implement the Go4Fun program. 1.5.1 Ensure access to quality secondary prevention programs for children 7-13yr 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 <i>Note MoH targets in place</i>	MNCLHD HP	MoH
1.6 Promote Go4Fun online. 1.6.1 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 <i>Note MoH targets in place</i>	MNCLHD HP	MoH

Strategic actions	Success measures	Delivery lead	Delivery partners
1.7 Implement Aboriginal Go4Fun programs. 1.7.1 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 <i>Note MoH targets in place</i>	MNCLHD HP	MoH MNCLHD AH ACCHO
1.8 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	DoE	MNCLHD HP CSO Independent Schools Community and NGO sector
1.9 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	DoE CSO	MNCLHD HP
1.10 Support MNC schools to achieve compliance with the policy of 150 mins of physical activity per week in school time.	a. Number of MNC primary schools participating in the PACE program achieving compliance with policy target	DoE CSO	MNCLHD HP
1.11 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 populations	MNCLHD HP	DoE CSO Independent Schools School Community

Strategic actions	Success measures	Delivery lead	Delivery partners
1.12 Investigate the feasibility of piloting the implementation of the NSW Health NSW Get Healthy at Work program for staff in MNC primary schools 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	MNCLHD HP	SafeWork Australia DoE, CSO, Independent Schools ECS OoSH sector NGO
1.13 Incorporate a childhood obesity education module into the UNSW Medicine Rural Clinical School curriculum.	a. Deliver a series of eight lectures on childhood obesity to UNSW Medicine Rural Clinical School students b. Number of students attending childhood obesity lectures	UNSW, Medicine Rural Clinical School, Port Macquarie Campus	MNCLHD HP
1.14 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. 1.14.1 Promote HEAL (Healthy Eating Active Living) messages, Get Healthy Service, Get Healthy in Pregnancy, Get Healthy at Work. 1.14.2 Refer young adults (16-24yrs) to Get Healthy Services. 1.14.3 Health Promotion Dietitian to support/ implement self-care programs incorporating Health Promotion messages and resources. 1.14.4 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 Services referrals for young people aged between 16—24 years (baseline 0) d. Number of self-care programs delivered e. Participation in Appreciative Inquiry and Participatory Research that evaluate health promotion programs	MNC Community College	MNCLHD HP
1.15 Continue to support MNC high schools to maintain and sustain the seven school physical activity practices of <i>Physical Activity 4 Everyone</i> .	a. % of schools actively maintaining program practices b. % of physical activity practices met in each school  <i>This initiative has been completed FY19-20</i>	HNELHD	DoE MNCLHD CCLHD SWLHD OPH UoN

Strategic actions	Success measures	Delivery lead	Delivery partners
1.16 Delivery of <i>Thirsty? Choose Water!</i> Behavioural intervention in MNC high schools focusing on increased water and reduced sugary drinks consumption.	a. Recruitment of 12 MNC high schools to the program b. Delivery of program for all four intervention groups c. Provision of Water-Refill Stations to all recruited schools  <i>This initiative has been completed FY19-20</i>	CCLHD MNCLHD	HNELHD DoE Independent Schools University
1.17 Deliver the SALSA program in MNC high schools utilizing a peer education model. 1.17.1 Engage with local universities to recruit students to peer educators. 1.17.2 Engage high schools to deliver the program to year 10 and year 8 students. 1.17.3 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	MNCLHD PERU	WSLHD WLHD USYD



Strategic actions		Success measures	Delivery lead	Delivery partners
<b>Clinical Settings</b>				
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 primary and secondary prevention services and programs for children above a healthy weight.</p> <p>2.1.3 Improve health professional understanding of electronic recording methods and reporting.</p>	<p>a. Equipment audit and equipment purchased and distributed</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 for overweight and obese children</p> <p>d. Increased rate of referral from MNCLHD health professionals (assessed at program entry level) to primary and secondary prevention services and programs, such as Go4Fun (against 2019 baseline)</p>	<p>MNCLHD HP</p> <p>MNCLHD CS (C&amp;FH, Acute Outpatient Paediatrics)</p> <p>MNCLHD OH</p> <p>MNCLHD PH</p>	
2.2	Embed Healthy Conversation training into the Essentials Youth Healthcare Skills Training.	a. Number of education sessions delivered	MNCLHD ICFWU	MNCLHD HP
2.3	Scope key prevention programs across the lifespan to improve access and referral pathways and increase access to secondary prevention programs.	a. Increased rate of referral from MNCLHD health professionals (assessed at program entry level) to prevention services and programs, such as PICNIC research, Sprout Squad, Go4Fun, TEXTBITES, Get Healthy Service 16yrs+ (against 2018 baseline)	MNCLHD HP	University of Sydney
2.4	Utilise regional data and intelligence to scope the feasibility and optimal strategic placement of secondary-service models for childhood obesity intervention.	<p>a. Completion of comprehensive scoping exercise</p> <p>b. Completion of a Business Case for the establishment of a secondary-service model</p>	MNCLHD HP	MNCLHD CS NCPHN

Strategic actions	Success measures	Delivery lead	Delivery partners
2.5 Expand PICNIC program (Parents in Child Nutrition Informing Community) to promote improved child-feeding practices for children aged 0-6 yrs old (expanding from original 0-2 yrs to 0-6yrs).	a. Needs assessment and consultation conducted with Aboriginal and non-Aboriginal families, Playgroup facilitators, Aboriginal Health Officers and MNCLHD health professionals b. Number of peer educators recruited (parents of 3-6 yr olds) c. Number of workshops held (parents of 3-6 yr olds)	MNCLHD HP	MNCLHD AH Clinical Networks SPG NGO's Partner organisations MoH Community
2.6 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. 2.6.1 Assess General Practitioner's baseline knowledge of childhood obesity and barriers facing recommended practice. 2.6.2 Provide quality improvement support to General Practices to increase recording of routine height and weight measurement processes within practices. 2.6.3 Increase the awareness within Primary Care sector of the role that General Practice can play in the prevention and management of childhood obesity. 2.6.4 Actively promote referral programs, such as Go4Fun, using social media and community newsletters to increase community awareness.	a. Completion of a cross sectional survey study assessing General Practitioner's knowledge of childhood obesity b. Number of education sessions and professional development opportunities provided to General Practitioners to increase awareness of routine height and weight measurements c. Increased routine recording of accurate height and weight d. Increased referrals to relevant health promotion and secondary prevention programs e. Increased HEAL messaging and activity on PHN Healthy North Coast social media, website and community newsletters	NCPHN	MNCLHD HP MNCLHD IPC Primary Care clinicians

Strategic actions		Success measures	Delivery lead	Delivery partners
2.7	<p>Intensify promotion of the Get Healthy in Pregnancy program to relevant health professionals.</p> <p>2.7.1 Raise the profile of Get Healthy in Pregnancy 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 Get Healthy in Pregnancy.</p> <p>2.7.3 Prioritise referrals to Get Healthy in Pregnancy through the MNCLHD Healthy Pregnancy working group structures.</p>	a. Increased awareness of, and referrals to, Get Healthy in Pregnancy	MNCLHD HP MNCLHD MS	MNCLHD AH MNCLHD MCU NCPHN ACCHO Consumers and families
2.8	Increase awareness of HEAL (Healthy Eating Active Living) principles and the resources available by integrating key messages into the MNCLHD priorities for implementing the NSW Youth Health Framework 2017– 2024.	<p>a. Increased integration of HEAL resources and messages into 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>	MNCLHD HP MNCLHD ICFWU	
<b>Department of Communities and Justice Services Setting</b>				
2.9	Conduct a webinar series to raise awareness of the First 2000 Days Framework, and build knowledge of the first 2000 days of life to service providers.	<p>a. Increased service providers knowledge of the first 2000 days of life</p> <p>b. Number of education sessions delivered to service providers</p> <p>c. Increased knowledge and skills of service providers</p> <p>d. Increased referrals for families into health promotion programs and initiatives by the Family Support Services sector</p>	MNCLHD HP	DCJ CS NGO OoHC Sector NGO Family Services
2.10	Provide Healthy Eating Active Living (HEAL) resources and education seminars to the MNCLHD OoHC program staff.	<p>a. Delivery of resources and educational seminars to OoHC program staff</p> <p>b. Evidence of increased staff knowledge and practice related to HEAL principles</p>	MNCLHD ICFWU	MNCLHD HP



Strategic actions		Success measures	Delivery lead	Delivery partners
2.11	Promote '8 Healthy Habits' resources, Get Healthy in Pregnancy and the HEAL resources for DCJ clients.	a. Clients receive relevant resources b. Caseworkers have an increased capacity to provide key messages to children and families	DCJ CS	MNCLHD HP
2.12	Investigate the incorporation of Healthy Eating Active Living (HEAL) principles in Department of Communities and Justice MNC Community Services (Quality Assurance Framework pilot project). 2.12.1 Commence pilot engagement with Director Community Services and Manager Port Macquarie.	a. Evidence of HEAL principles in DCJ MNC Quality Assurance Framework	DCJ CS	MNCLHD HP
2.13	Incorporate actions 2.10, 2.11, 2.12 in the MNC Department of Communities and Justice District Business Plan. 2.13.1 Commence pilot engagement with Director Community Services and Manager Port Macquarie.	a. Actions incorporated in to DCJ MNC District Business Plan	DCJ CS	MNCLHD HP
<b>Aboriginal Medical Services</b>				
2.14	Educate and build capacity of Aboriginal Medical Service staff (medical, allied health and Aboriginal Health Promotion officer) to identify, address and intervene in childhood obesity.	a. Co-design and delivery of 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	MNCLHD HP	MNC based Aboriginal Medical Services

Strategic actions	Success measures	Delivery lead	Delivery partners
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.	<ul style="list-style-type: none"> <li>a. Community consultation completed</li> <li>b. Proposal completed and endorsed</li> <li>c. Pilot community selected for initial implementation</li> <li>d. Delivery and implementation of key HCI programs and services</li> <li>e. Active engagement from community and key partners</li> </ul>	MNCLHD HP	MoH CPH OPH ACCHO Community Leaders Industry
3.2 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).	<ul style="list-style-type: none"> <li>a. Ongoing evaluation of a whole of community systems approach to childhood obesity prevention and management</li> </ul>	MNCLHD HP	OPH DPC LGA (to be identified)
3.3 Work with Aboriginal Health Workers and the ACCHO sector to integrate Healthy Eating Active Living (HEAL) principles in the child and family health context. 3.3.1 Ensure that Aboriginal people are actively involved in the design, delivery and evaluation of this work.	<ul style="list-style-type: none"> <li>a. Increased awareness of HEAL within Aboriginal Communities</li> </ul>	MNCLHD HP	MNCLHD CS MNCLHD AH ACCHO
3.4 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.	<ul style="list-style-type: none"> <li>a. Number of innovation fund applications addressing child health</li> <li>b. Quality of innovation fund applications</li> <li>c. Evidence of community engagement</li> <li>d. Evaluation reports provided at the conclusion of funded initiatives – noting scalability and sustainability</li> </ul>	MNCLHD HP	HCAC Community
3.5 Intensify the promotion of Get Healthy Service (GHS) 16years+ to target youth health providers and target youth focused community events.	<ul style="list-style-type: none"> <li>a. Number of GHS referrals for children and young people aged between 16-24yrs</li> </ul>	MNCLHD HP	NGO sector (Youth)

Strategic actions	Success measures	Delivery lead	Delivery partners
3.6 Implement Parents In Child Nutrition Informing Community (PICNIC research) program to promote improved child-feeding practices for children aged 0-2yrs old.	a. Number of workshops held b. Number of peer educator recipients (parents) c. Improvement in child-feeding practices and diet quality of peer educator recipients	MNCLHD HP	
3.7 Promote and implement the PICNIC program with Aboriginal families on the MNC with children aged 0-6yrs old.	a. Number of peer educators recruited (parents) b. Improvement in child-feeding practices and diet quality of peer educator recipients	MNCLHD HP	MNCLHD AH ACCHO
3.8 Develop childhood obesity preventive strategies to support families of children 3-6yrs old. 3.8.1 Scope existing services. 3.8.2 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	MNCLHD HP	MNCLHD CS MNCLHD AH Consumers

Strategic actions	Success measures	Delivery lead	Delivery partners
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	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. Audit process from MoH demonstrates compliance with NSW Healthy Food and Drink Framework benchmarks b. Elements of framework adopted by other 'like' organisations	MNCLHD HP	MoH MNCLHD MCU MNCLHD Clinical Networks
4.3 Deliver programs that focus on cooking, and/or sessions on healthy food, to targeted population groups (Aboriginal, CALD, youth health) relating to healthy food budgeting and preparation.	a. Increased healthy food literacy b. Number and reach of cooking programs c. Number and reach of healthy food sessions	MNCLHD HP DCJ KPP	Community NGO sector
4.4 Work with community groups and individuals to establish and maintain community gardens.	a. Number of community gardens operating within HCMNC Innovation Fund projects	MNCLHD HP HCMNC	Community NGO sector
4.5 Work with community groups to increase availability of food banks and food pantries.	a. Number and reach of food banks and food pantries supported by HCMNC Innovation Fund projects	MNCLHD HP HCMNC	Community NGO sector

Strategic actions		Success measures	Delivery lead	Delivery partners
5.1	Actively promote the Office of Sport Active Kids and Learn to Swim Voucher Schemes. 5.1.1 Promoting and distributing the MNC AKVS flyer to schools, ELC and clinicians.	a. Number (%) of vouchers redeemed across MNC compared with state average uptake	NSW OoS MNCLHD HP	MNCLHD HP
5.2	Target the promotion of the Office of Sport Active Kids and Learn to Swim Vouchers. 5.2.1 Encourage increased uptake within priority population groups by developing LGA specific promotional materials to assist families with identifying registered local sporting clubs. 5.2.2 Encourage local sporting clubs and swimming pools to register for the Active Kids and Learn to Swim Voucher.	a. Increased uptake of the Active Kids sports vouchers redeemed per MNC LGA b. Increase in registered local sporting clubs	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	DoE CSO	DSR
5.4	Implement road safety programs in schools to increase knowledge of road safety for students to confidently and safely ride to school.	a. Number of road safety programs implemented in Mid North Coast schools	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	MNCLHD HP	DSR* NSW OoS
5.6	Support local government to integrate Healthy Eating Active Living (HEAL) principles in strategic planning.	a. Evidence of HEAL principles in strategic planning b. Number of strategic planning documents commented on	MNCLHD HP	Local government HCAC

Strategic actions		Success measures	Delivery lead	Delivery partners
5.7	Conduct strategic workshops for local government sector to increase knowledge of healthy built environments which promote Healthy Eating Active Living (HEAL).	<ul style="list-style-type: none"> <li>a. Number of workshops held</li> <li>b. Number of local government areas represented</li> <li>c. Number of local government staff in attendance</li> <li>d. Increased knowledge in incorporating HEAL elements in to local government planning</li> </ul>	MNCLHD HP	MoH Local government
5.8	Identify and promote locations that facilitate physical activity (including local school grounds, Land Councils, community and cultural facilities, community sporting fields and open community spaces).	<ul style="list-style-type: none"> <li>a. Promotion of suitable locations for physical activity</li> </ul>	MNCLHD HP	DoE HCAC NSW OoS Local government



Strategic actions	Success measures	Delivery lead	Delivery partners
<b>Local Research Agenda</b>			
<p>6.1 Implement Parents In Child Nutrition Informing Community (PICNIC) research program to promote improved child-feeding practices for children aged 0-2yr olds.</p> <p>6.1.1 Scoping translation and scalability across NSW.</p>	<p>a. Number of peer educators recruited</p> <p>b. Number of peer educator recipients (new parents)</p> <p>c. Improvement in child-feeding practices and diet quality of peer educator recipients</p> <p>d. Enhanced reach of PICNIC research across NSW</p>	MNCLHD HP	Community Peer Educators CCLHD
<p>6.2 Incorporate Healthy Eating Active Living (HEAL) principles and awareness of childhood obesity into the teaching of UNSW Rural Clinical School medical students.</p> <p>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.</p> <p>6.3.2 Scope opportunities to extend the reach of childhood obesity education into the curriculum for Allied Health Students at SCU and CSU.</p>	<p>a. Completion of a cross-sectional observational study where knowledge of and confidence to treat (childhood) obesity are assessed before and after delivery of a childhood obesity specific education module</p> <p>b. Remodel and redesign the curriculum to suit an integrated approach to delivery across Allied Health students</p>	UNSW, Rural Clinical School, Port Macquarie Campus	MNCLHD HP CSU SCU
<p>6.3 Develop collaborative partnerships with other Local Health Districts (LHD) and MNC Regional University partners to foster the growth of childhood obesity prevention research.</p>	<p>a. Quality and output of established partnerships</p>	MNCLHD HP	LHDs University Partners

Strategic actions	Success measures	Delivery lead	Delivery partners
<b>Translational Research Grants Scheme (TRGS)</b>			
6.4 Actively engage in TRGS 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	MNCLHD HP	LHDs OPH University Partners Community Partners
6.5 Continue to participate in the <i>Physical Activity for Everyone</i> research. 6.5.1 Assess the effectiveness and cost effectiveness of the program in increasing school implementation of the seven physical activity practices. 6.5.2 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 <i>This initiative has been completed FY19-20</i>	HNELHD MNCLHD HP	DoE UoN
6.6 Participate in the Swap What's Packed in a Lunchbox (SWAP – IT) research project.	a. Number of primary schools participating in TRGS research project b. Evidence relating to efficacy of intervention to improve quality of contents of children's lunchboxes <i>This initiative has been completed FY19-20</i>	HNELHD MNCLHD HP	OPH CCLHD
<b>(Medical Research Future Fund (MRFF))</b>			
6.7 Participate in <i>Thirsty? Choose Water!</i>  <i>See also Childhood and Education Settings Agenda Action Item 1.21</i>	a. Evidence relating to efficacy of behavioural interventions and water stations in rural/remote secondary schools <i>This initiative has been completed FY19-20</i>	CCLHD MNCLHD	HNELHD
6.8 Participate in using the SkoolBag application to provide health information to families (under submission). 6.8.1 Investigate potential to link this project to an enhancement of Live Life Well @ School.	a. Evidence relating to using technology platforms to improve the use of chronic disease prevention services to reduce childhood obesity rates b. Evidence of program enhancement via messaging to families within Live Life Well @ School	HNELHD MNCLHD	CCLHD UoN

Strategic actions		Success measures	Delivery lead	Delivery partners
6.9	Participate in a model to enhance the implementation of a physical activity policy in NSW primary schools (PACE program).	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>This initiative has been completed FY19-20</i>	HNELHD MNCLHD	CCLHD UoN
6.10	Collaborate as a LHD partner on a NHMRC <i>Excellence in Implementation for Community Chronic Disease Prevention</i> submission.	a. Participation in translational research with a focus on evaluating the enhanced 'implementation of strategies' that support HCI programs	HNELHD	MNCLHD HP, MoH CCLHD, UoN, USyd, Monash, CQU, UOttawa
<b>Other Funding</b>				
6.11	Participate in <i>TEXTBITES</i> 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	USYD SCHN WSLHD WARC	MNCLHD
<b>Innovation</b>				
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). 6.12.1 Complete evaluation to understand and evaluate the impact of the Innovation Fund on health and wellbeing.	a. Number (%) of Innovation Fund applications from early childhood and primary school settings b. Quality of Innovation Fund applications – generation of evidence and potential for rapid replication and scaling c. Extent of child and parent engagement in funded projects d. Evaluation completed	MNCLHD HP	HCAC Community

Strategic actions	Success measures	Delivery lead	Delivery partners
<p>6.13 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 Health Promotion Dietitian to 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 Services referrals for young people aged between 16—24 yrs (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>	MNC Community College	MNCLHD HP
<p>6.14 Evaluate the effects of the Kilometre Club on physical activity behaviours of school children, and the factors associated with successful program implementation for potential translation and upscaling across NSW.</p>	<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>	MNCLHD HP	DoE OPH UNSW
<p>6.15 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 utilising sequential explanatory design to assess the extent to which the 4A approach to growth assessments is being utilized 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>	MNCLHD HP	HETI MoH UoN

## Glossary of Acronyms

ACCHO	Aboriginal Community Controlled Health Organisation	MNCLHD HP	Mid North Coast Local Health District (Health Promotion)
AIM	Accelerated Implementation Methodology	MNCLHD IPC	Mid North Coast Local Health District (Integrated Primary Care)
AMS	Aboriginal Medical Service	MNCLHD MCU	Mid North Coast Local Health District (Media and Communications Unit)
C&FH	Child and Family Health	MNCLHD MS	Mid North Coast Local Health District (Maternity Services)
CCLHD	Central Coast Local Health District	MNCLHD OH	Mid North Coast Local Health District (Oral Health)
CPH	Centre of Population Health	MNCLHD PH	Mid North Coast Local Health District (Population Health)
CQU	Central Queensland University	MoH	NSW Ministry of Health
CSO	Catholic Schools Office: Lismore Diocese	Monash	Monash University
DCJ CS	Department of Communities and Justice MNC Community Services	MRFF	Medical Research Future Fund
DCJ KPP	Department of Communities and Justice MNC Kempsey Place Plan	NCPHN	North Coast Primary Health Network
DoE	NSW Department of Education	NGO	Non-Government Organisations
DPC	Department of Premier and Cabinet	NHMRC	National Health and Medical Research Centre
DSR	Department of Sport and Recreation	NSW OoS	NSW Office of Sport
ECS	Early Children's Services	NSW OPH	NSW Office of Preventive Health
HCAC	Healthy Communities Mid North Coast Advisory Committee	OoHC	Out of Home Care
HCI	Healthy Children's Initiative	OoSH	Out of School Hours Care Services
HCMNC	Healthy Communities Mid North Coast	PA4E1	Physical Activity For Everyone
HEAL	NSW Healthy Eating Active Living Strategy	PICNIC	Parents in Child Nutrition Informing Community
HMP	Health Management Plan	RLE	Regional Leadership Executive
HKA	Healthy Kids Association	RMIT	Royal Melbourne Institute of Technology
HNELHD	Hunter New England Local Health District	RMS	Road Maritime Services
IRSD	Index of Relative Socioeconomic Disadvantage	TRGS	NSW Health Translational Research Grants Scheme
LGA	Local Government Area	UNSW	University of New South Wales
LHD	Local Health District	UoN	University of Newcastle
MNCLHD	Mid North Coast Local Health District	uOttawa	University of Ottawa
MNCLHD AH	Mid North Coast Local Health District (Aboriginal Health)	USyd	University of Sydney
MNCLHD ICFWU	Mid North Coast Local Health District (Integrated Child and Family Wellbeing Unit)	WSLHD	Western Sydney Local Health District
MNCLHD CS	Mid North Coast Local Health District (Clinical Services)		