



Collective Impact Mapping and Evaluation in the Outer East
Working towards a common goal:

Water as the drink of choice where we live, work and play

Applicants:

Julia Bazan (jcbaz2@student.monash.edu)

Tess Handrinos (tmb1a4@student.monash.edu)

Jaime Edge (jaime.edge@oepcp.org)

In conjunction with **Yarra Ranges Council, Outer East Primary Care Partnership, Inspiro, Women's Health East & Eastern Health.**

Affiliation: Monash University

Contents

1. **Executive Summary**
 1. Introduction
 2. Vision, Goals and Objectives
 3. Methods
 4. Key Findings & Recommendations
 5. Conclusion
 6. Infographic
2. **Background/Context Information**
 1. The impact of sugar-sweetened beverages on health
 2. Previous attempts to reduce SSB consumption in Australia
 3. Why undertake this project in the Yarra Ranges Municipality?
 4. How the IHP group was formed?
 5. What is Collective Impact and why is it being used in this project?
3. **Process Methods**
 1. Limitations and enablers
 2. Formal communication
 3. Dissemination of information
4. **Collective Contribution of IHPG**
 1. Past/Current Projects and Initiatives
 1. Yarra Ranges Council
 2. Eastern Health
 3. Inspiro
 2. Contribution of steering committee
 1. OEPCP
 2. Women's Health East
 3. Policy context of current/past initiatives
 4. Social Determinants Analysis of current/past initiatives
 5. Past and Current Initiatives - Geographical Reach
5. **Partnerships**
 1. 100 Partners Exercise
 2. Results
 1. Government
 2. Business
 3. Community
 4. Voluntary
 3. Top Recommended Partnerships
 4. Meeting Activity Results: 100 Partners Exercise
 5. Potential Partnerships: Geographical reach
 6. Kumu Stakeholder Analysis
6. **Wilder Collaboration Tool**
 1. What is it and how was it used?
 2. Methods of data collection & analysis
 3. Results
 1. Qualitative
 2. Quantitative
 4. Recommendations
 1. Qualitative
 2. Quantitative
 5. Conclusion
7. **Literature Review**
 1. Wilder Collaboration
 1. Methods
 2. Results and recommendations
 2. Collective Impact
 1. Methods
 2. Results and recommendations

3. Suggested Tools and frameworks
 3. Public Health Nutrition
 1. Methods
 2. Results and recommendations
 4. Sugar-sweetened beverage and water consumption
 1. Methods
 2. Results and recommendations
 5. Sustainability of initiatives
 1. Methods
 2. Results and recommendations
 3. Suggested Tools and Frameworks
8. Summary of Recommendations
9. Future Directions
 1. Significance of Student Project
 1. The Outer East Primary Care Partnership (OEPCP)
 2. The Integrated Health Planning Group (IHPG)
 3. Public Health (Addressing Sugar-Sweetened Beverage & Water Consumption)
10. Appendix
 1. Wilder Collaboration Inventory Tool Table of Results
 2. Sustainability Framework
11. References

1.0 Executive Summary

1.1 Introduction

The Integrated Health Planning Group* (IHPG) is a group of health and wellbeing focused organisations coming together under a Collective Impact approach (see Section 2.4 for *Collective Impact*). Through their collaborative work, the IHPG aims to improve the health of those in the Yarra Ranges through the implementation of initiatives that address reducing the consumption of sugar-sweetened beverages, and increasing the consumption of water. This forms the body of work towards one of their three priority areas: nutrition, physical activity and the prevention of violence against women.

Working in a more collaborative, integrated and cooperative way increases the scope and impact of interventions, and utilises the unique expertise and resources of each organisation.

*Organisations currently represented within the Integrated Health Planning Group include **Eastern Health, Inspiro, Women’s Health East, Yarra Ranges Council and Outer East Primary Care Partnership (OEPCP)**. More information on these organisations involvement in the group can be found in Sections 2.4: *Background Information* and 3.1 & 3.2: *Collective Contribution*.

1.2 Vision

To help guide and facilitate the direction of the Yarra Ranges Integrated Health Planning Group* whom are currently working towards a common vision of: 'Water as the drink of choice where we live, work and play.'

Goals

1. To increase awareness of the IHPG members regarding current and future initiatives aimed at reducing SSB consumption within the Yarra Ranges Municipality by 09/05/2018.
2. To increase the ability of the IHPG to work collaboratively under the collective impact framework by 09/05/2018.

Objectives/Actions

1. Map and analyse current and future initiatives.
2. Determine the capacity of current partners to work collaboratively under the Collective Impact framework.
3. To identify, engage with and gather data from potential partners.
4. Conduct a literature review to guide future initiatives based on best practice evidence.

1.3 Methods

Process Methods:

Duration

Students completed their public health placement for four-days per week for 8 weeks from 19/03/18 - 17/05/18.

Location

Students were primarily based on-site at the Outer East Primary Care Partnership located in Ringwood, Victoria. Students also spent time working off-site at Monash University Clayton Campus on days where office space was limited. Meetings were attended either at the Outer East Primary Care Partnership in person or over telephone communication, or at the locations of other partnering organisations: Yarra Ranges Council, Box Hill Hospital (Eastern Health) and Inspiro (Lilydale Centre).

Resources required

- Internet access (for research, emails, google sites access)
- Canva (Online graphic design software used for: Infographic, visual diagrams and tables)
- Kumu (Online mapping software. Used for: stakeholder mapping and analysis)
- Google Sites (Website editing program. Used for: Creation of IHPG private website)
- Google My Maps (Geographical mapping program. Used for: geographical mapping of past, current and potential initiatives implementation sites)
- Monash University Library Database (Access to journal articles. Used for: background information and literature review)

Formal Communication

- 22/03/18: Cathi Walker - Yarra Ranges Council
- 27/03/18: Benjamin Brewin - Eastern Health
- 27/03/18 Jen Riley - Navigating Outcomes
- 29/03/18 IHPG Meeting 1
- 29/03/18 Team/Staff Meeting OEPCP
- 03/04/18 Tara Heneghan - Vic Health
- 9/04/18 Alcohol Flagship Group
- 19/04/18 Mid-Placement Feedback with Jaime Edge and Laura Newstead
- 19/04/18 Team/Staff Meeting OEPCP
- 24/04/18 VicHealth - Harnessing the Power of Digital Technology Workshop
- 09/05/18 IHPG Meeting 2
- Weekly Meetings with Jaime Edge to check student progress.

Limitations:

- Part time supervision - this required students to work independently and required effective, timely communication
- Complexity of working under collective impact model - contacting a large number of people, it was hard to make collective decisions with multiple agendas. Many of the members work part-time hours. Change of staff members into new roles.
- Complexity of working in public health space - this required students to be flexible, and understand the often slow progression of public health work.
- Difficulty to define goals and objectives due to prematurity of the group.

Enablers:

- Availability of Resources
 - Different staff had different skills/resources which we had access to e.g. Collective impact information including contact with Jen Riley, a Collective Impact consultant.
 - Access to past student projects
 - Access to organisational documents which helped inform the student project e.g. OEPCP strategic plan (publicly unavailable)
 - Previous relationships established with other members of IHPG allowed for exchange of information, meetings and email discussion which helped to clarify student queries.
- Duration of placement
 - Increased understanding of the processes behind public health initiative implementation.
 - Enabled students to attend additional meetings which provided ideas for project such as the Alcohol Flagship Group and VicHealth - Harnessing the power of digital technology workshop.
 - Allowed students to develop relationships with other stakeholders/members across the span of the placement period.
- Meetings with IHPG
 - Scheduled early in the placement timeline allowing for relationships to be formed earlier/open up communication with these members
 - Provided more information for the progression of the project.

Project Methods:

Objective 1. Map and analyse current and future initiatives

The researchers liaised with current partners to gain a solid understanding of current initiatives. This included data collection from a spreadsheet which was distributed via email to all members of the IHPG, clarification via email and face-to-face meetings. Further details regarding meeting dates can be viewed in Section 3.2.

The results were then determined using four alternative methods These included:

- An in depth review and analysis of current and future initiatives. This review includes information about the initiatives target population, aims, strategies, background, results and future direction.
- Geographical mapping of current and potential future initiatives using the Google My Maps Software.
- Links between global, national, state and local policies were drawn to provide context and direction for the project.
- Current and future initiatives were analysed according to The Social Determinants of Health Model to determine areas of improvement regarding project equity.

Objective 2. Determine the capacity of current partners to work collaboratively under the Collective Impact Framework.

The capacity of the IHPG was determined by completion of the Wilder Collaboration Factors Inventory Tool. This tool was distributed via email to all 16 members of the IHPG. It consisted of 40 quantitative questions and 2 qualitative questions which took approximately 15 minutes to complete. Results were then analysed based on current literature and recommendations were provided.

Objective 3. To identify, engage with and gather data from potential partners.

The researchers undertook the Born 100 Partners exercise where they identified 100 partners collectively from government, voluntary organisations, business and community sectors.

The results were then ranked according to potential benefit to the IHPG and the top 3 results from each sectors were analysed further. This analysis included a background of the organisation, potential involvement capacity, perceived relationship strength and vision alignment.

The initial 100 partners were further ranked according to the VicHealth Partnership Analysis Tool which categorised these partnerships into networking, coordinating, cooperating and collaborating relationships.

Next, potential partnerships (where feasible) were mapped geographically using the Google My Maps software.

The researchers contacted members from the IHPG to gain approval to contact potential partners for additional information, however this stage has not been completed as per the request of the IHPG.

A stakeholder mapping exercise was conducted using the software, Kumu. This identifies current and potential partnerships alongside the strength and nature of the relationship.

Objective 4. Conduct a literature review to guide future initiatives based on best practice evidence.

The researchers conducted five literature reviews to provide a solid evidence base for recommendations. These reviews addressed collective impact, sugar-sweetened beverage and water interventions, public health nutrition interventions, the wider collaboration factors inventory and project sustainability.

The researchers used six databases for this literature review (Ovid, Cochrane, Cinahl, Scopus, Psych Info and Informit). Search terms and inclusion/exclusion criteria were consistent between researchers.

A PRISMA flow diagram was created for each review to show the inclusion and exclusion criteria and process of data extraction. This is standard practice for systematic literature reviews. These diagrams can be viewed in the literature review section of this report in section 7.

Abstracts were first screened individually by researchers and then collectively. Due to time constraints, included papers were then classified according to strength of feasibility to IHPG. Papers which ranked $\geq 3/5$ were included. These full text papers underwent a modified data extraction process. A thematic analysis was undertaken in which key recommendations and limitations were identified.

1.4 Key Findings & Recommendations

Current and Past Initiatives by the IHPG

The current work of the IHPG predominantly involves the implementation of Healthy Choices Guidelines within various settings. Whilst Eastern Health and INSPIRO have implemented these guidelines within their own sites and community centres, Yarra Ranges Council has been working towards addressing the whole of Yarra Ranges area, with more concentrated efforts through their Water in Sports initiative.

Other initiatives include partnerships with AFL Yarra Ranges and Yarra Valley Water to assist in the implementation of the Choose Tap campaign, the social media campaign H30 and the Healthy Picks project in Mooroolbark cafes.

Finally, in partnership with Eastern Health, INSPIRO have implemented their Munch, Sip and Move program formally known as the Crunch and Munch program as well as the Achievement program formally known as Smiles4Miles.

Currently there are projects aimed at the entire YR community. There is a particular focus on sport and recreational facilities with the support Belgravia and pre-school and primary school aged children. Eastern Health and Yarra Ranges Council are facilitating internal projects to improve the health and wellbeing of their employees, visitors, patients and contractors.

With the help of the IHPG, we identified potential communities which are yet to be targeted by these interventions.

Through our initial research it would appear that these interventions might not be reaching the following populations:

- Elderly
- Aboriginal and Torres Strait Islander Community
- Refugees
- Rural communities
- Low socioeconomic status groups.

Potential Partnerships

Top 12 potential partnerships identified through the Born 100 Partners exercise include:

- **Government:** Department of Education, Public Transport Victoria and Parks Victoria.
- **Business:** Bendigo Bank, BUPA and Little Athletics Victoria
- **Community:** Parents' Voice, Maternal and Child Health Centres and The Australian Men's Shed Association
- **Voluntary:** Kidney Health Australia, Diabetes Australia and Healesville Indigenous Community Service Association (HICSA)

Discussion during the IHPG meeting on 9th of May, 2018 indicated that already established partnerships should be built on, developed and prioritised over partnerships that require "starting over".

Wilder Collaboration Factors Inventory Tool

Overall, the results from the Wilder Collaboration Factors Inventory Tool were positive. 35% of categories were classified as a 'strength' of the group and 60% of categories were classified as 'borderline - needs discussion.' Only 5% of categories contained issues, which need to be addressed as soon as possible.

Potential ways to enhance the collaboration of the group include:

- Clearly defining the goals and individual roles of the IHPG that is translatable to group and general public
- Increasing cross-sectoral partnerships and community engagement
- Identify powerful actors and champions for the group
- Create sustainability within the group. This includes planning for changes in staffing, funding and political agendas.

Collective Impact and Collaboration Literature Review:

The results from the literature review on the Wilder Collaboration Factors Inventory Tool showed that open communication, informal relationships and utilising member skill sets were key to the success of a collective impact group working harmoniously. To establish effective collaboration, it is suggested that it is beneficial for members to learn from one another's experiences in collaboration, provide additional training in collaboration skills or bring on a member with these skills already established into the group. It is important to utilise past experience, client experiences, and collective experience of partners to strengthen collaboration.

Meeting attendance alone is not effective in ensuring collaboration. Informal relationships need to be established between members of the group (this is the only variable that predicts collaboration in isolation). Informal relationships enable difficult conversations, create a sense of shared purpose and help to dissolve uncertainty. To further enhance informal relationships and foster trust within the collective impact team, capacity building activities and professional development opportunities are recommended. The development of these connections creates a foundation for respect, understanding and trust.

Finally, it is recommended to have a broad range of perspectives represented within the group, but each with their own defined roles. Clearly defined roles and responsibilities of group members were important for creating a common agenda.

'Adding new participants may help increase ownership, boost trust and buy-in from the general community, and facilitate goal attainment.'

Defining the roles of members in the group may involve differentiating between working committee and steering committee. For example, IHPG can be seen as its own organisation in more of a working committee role which has its own structure. Community partners may have different agendas depending on which organisation they represent, therefore it is recommended to utilise them as a 'steering committee' external to the working committee.

A common difficulty discussed in the literature was the ability to create shared measurement tools due to different visions and agendas. The lack of resources and time available were key factors, which hindered this process.

Of particular interest is the community involvement theme, which emerged. Community members need to be involved in the planning, implementation and evaluation stages of the intervention in order for it to be effective and sustainable. Without community involvement, a core principle of Collective Impact remains unaddressed.

Key themes identified include: effective collaboration, continuous communication, common agenda, shared measurement, mutually reinforcing activities, backbone support and community involvement.

Public Health Nutrition Interventions Literature Review:

Results from the literature suggest that higher levels of community involvement including community consultation, shared project ownership, community champions and the use of peers as advocates have a greater impact on the health outcomes of the target population.

Future initiatives should incorporate a range of tactics to achieve health outcomes, for example, the provision of resources and training to support change or the implementation of policy to facilitate environmental change.

The working group should seek to implement measurable goals that assist in planning for future evaluation and longevity of interventions.

Initiatives should be relevant and appropriate to the target audience (culture, age, gender). Appropriateness should be advised by those affected by the issue and consultation with these groups/individuals should take place at the planning, implementation and evaluation stages of the project.

Key themes identified include: provision of information, community involvement, culturally appropriate, settings-based approach, policy implementation, use of champions, longevity of interventions and program measurement and evaluation planning.

Sugar-Sweetened Beverage and Water Consumption Interventions Literature Review:

The most effective way to reduce sugar-sweetened beverages within a population is through policy changes. However these cannot be facilitated alone. Interventions need to be conducted as part of a multi-arm strategy, which includes parental involvement, peer education, and the provision of educational resources.

Community involvement in the intervention is important to create a shared understanding of the issue, resulting in a more targeted, meaningful message. This can help shape the direction of effective mass-media strategies and create champions who can ensure the longevity and sustainability of the program.

Further research is required to establish the most effective duration of an intervention.

Key themes identified include: parental involvement, peer education, use of mass media, multi-arm strategies, community involvement, policy change, collaborating with local business, provision of resources and longevity of interventions.

Sustainability of Interventions Literature Review:

In regards to sustainability and longevity of interventions, preparation is key. Building relationships, assessing the 'fit' of the initiative within policy/organisational contexts, nurturing community champions through capacity building, and being willing to adapt programs based on available resources were promising strategies for maintaining sustainability.

Overall, it is important for groups to cultivate a sustainability mind-set for the initiative as a whole, focusing on the future and using a range of strategies to address sustainability in all stages of the intervention.

Key themes identified include: Program champions, assessing the "fit", program adaptation, building relationships, planning for sustainability

1.5 Conclusion

The core principles of Collective Impact have been demonstrated to some degree in a range of initiatives nationally and internationally, however this is not often in their entirety. This report demonstrates the meaning of Collective Impact and how it can be used, whilst also delving into Collective Impact in the context of a newly established group.

In the public health space, this research could provide guidance as to the steps required to build upon and develop a successful Collective Impact initiative based on best practice evidence and lived examples.

At an organisational level, this report has contextualised and justified the OEPCP's role within a Collective Impact group and highlighted their unique skill sets that allow these particular groups to prosper.

In addition to this, this report provides a wealth of information, which can guide the future direction of the IHPG. The researchers have chosen to highlight a few key points, which they perceived to be the most feasible in terms of time and resources available to the IHPG:

It is important to engage community members at every stage of the intervention through the planning, implementation and evaluation stages. The IHPG might choose to facilitate this through conducting focus groups or interviews with community members, alongside including key community stakeholders at the IHPG table. They can enhance community engagement by establishing community advocates and champions, which promote the vision of the IHPG. Champions could be members of the community, which are not currently represented in the IHPG such as those who identify as Indigenous Australians, refugees, older adults or the youth population.

In order for the work of the IHPG to be effective, they need to embark on multi-arm strategies, which focus on environmental change, policy change and the provision of resources. For example, implementing a canteen policy regarding eliminating sugar-sweetened beverages needs to be accompanied by education of students, peers and their parents.

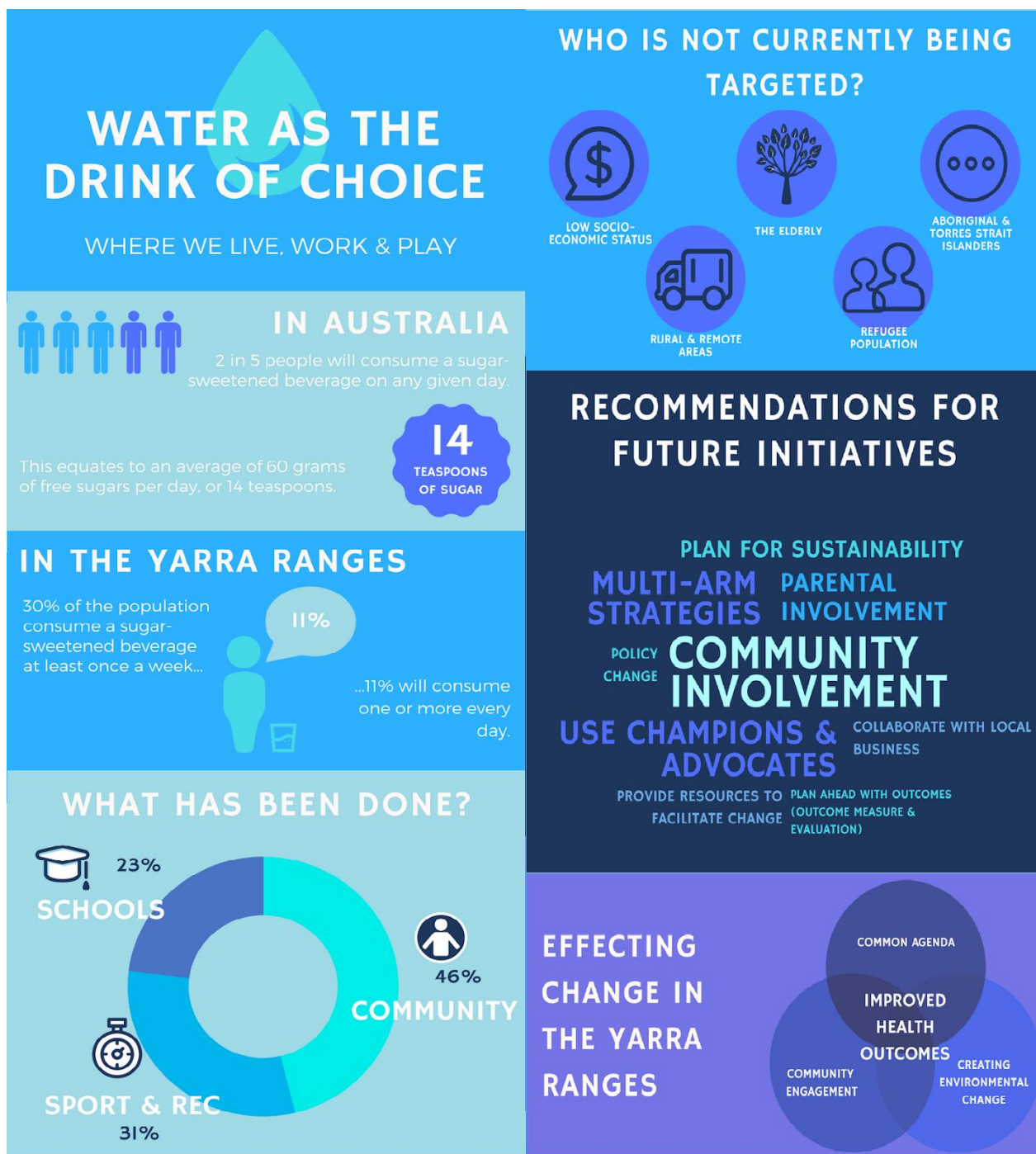
It has been identified that in order for the IHPG to work successfully in a collaborative manner, that the roles of the IHPG need to be clearly defined. It has been suggested that the formation of a 'working group' and steering committee' might be the best way to overcome this barrier. Furthermore, it is important to broaden the informal communication channels through the facilitation of workshops, 'ice-breaker activities' and professional development opportunities. It is these informal relationships which help foster trust, enhance communication and create difficult conversations which lead to sustainable change.

The report will assist in conceptualising future workings of the group, upskilling members on collective impact, provide an external perspective on the current workings of the group and provide inspiration for future projects.

Combined these findings will lead the Integrated Health Planning Group from a newly established group to a cohesive collaboration of organisations creating a strong impact on the health of those in the Yarra Ranges.

1.6 Infographic

Figure 1. Infographic of researchers work alongside IHPG*



*created using online graphic design program: Canva [1]

2.0 Background Information

2.1 The impact of sugar-sweetened beverages on health.

Collectively referred to as sugar sweetened beverages (SSBs), drinks such as soft drinks, sweetened fruit juices, cordials, energy and sports drinks, and flavoured milks have become a high priority public health focus. This is due to their association with adverse health outcomes. In particular, the role SSBs play in weight gain, which contributes to an increased risk of overweight and obesity. [2, 3, 4] A high consumption of these beverages has been correlated with various other health consequences such as type 2 diabetes mellitus, metabolic syndrome, poor dental health, poor bone health, high blood cholesterol, high blood pressure and abdominal adiposity. [5, 6, 7, 8] This is likely due to their large contribution to dietary energy intake and the potential displacement of healthier food and beverage options in favour of sweeter alternatives. [2,5] SSBs are considered to be discretionary items as they provide little contribution to our nutritional requirements.

In Australia alone, two in five people will consume a sugar-sweetened beverage on any given day. This equates to an average of 60 grams of free sugars daily, or 14 teaspoons. [2] Globally, this large consumption translates to over 180,000 deaths annually and over 8.5 million disability adjusted life years lost are linked to sugar sweetened beverage consumption. [9] The high consumption of SSBs may be attributed to lower relative cost to non-SSBs, increased availability, marketing exposure and increasing serving sizes. It may also be influenced by other social, economic and behavioural determinants of health. [10]

2.2 Previous attempts to reduce SSB consumption in Australia.

The complexity of this issue warrants a multifaceted approach, which many studies have sought to implement in the hope of reducing the impact of SSBs on health. Many initiatives have addressed overconsumption of SSBs by implementing restrictions to availability, visibility and promotional advertising material. [11,12] Others have targeted product labelling, trialled campaigns that increase public awareness and proposed taxes and subsidies to indirectly guide consumer choice with varying degrees of success. [13, 14, 15, 16] This variation is evident particularly when child and adult audiences are differentiated, with children often exhibiting a more significant benefit. [12]

The strongest predictor of SSB consumption is the underlying attitudes, values and behaviours of individuals towards these products. Studies which displayed the largest reduction in SSB consumption, were those which targeted these underlying determinants and utilised behavioural theories and constructs to structure the intervention. [11, 12, 13, 17]

In the context of the Outer East Region and the work of organisations represented within the IHPG, initiatives undertaken have primarily involved the implementation of the Healthy Choices Guidelines. [18] The primary target of these guidelines are in various workplace and community settings such as sports and recreational centres. Specifically, these guidelines have been implemented within Eastern Health sites, and are set to be implemented as part of the Water in Sports Program under the Yarra Ranges Council in addition to recreational centres and workplaces under the work of INSPIRO.

Other initiatives include school based programs such as Munch and Crunch (Eastern Health) and Smiles4Miles (INSPIRO), and community initiatives outside the work of the IHPG such as The Alfred Health - Healthy Choices Guidelines, Lara Pool Kiosk and Healthy Bites Cardinia. [19, 20, 21, 22, 23, 24]

Future initiatives under the responsibility of the IHPG, guided by the results of the project, will aim to address the gaps in current and planned health programs. Relevant literature, community need and available resources have been considered.

2.3 Why undertake this project in the Yarra Ranges Municipality?

The overarching goal for the IHPG strongly aligns with global, federal, state and local government initiatives. [25 -37] As can be seen Section 4.3, there are strong recommendations across all levels of influence to decrease the consumption of sugar- sweetened beverages and increase the consumption of water. [25-37]

At a local level, it is important to recognise the diversity in urban and rural areas within this municipality. [38] 70% of the population of the Yarra Ranges reside in urban areas which equates to approximately 3% of the entire land mass. [38] Although considered a metropolitan region, the infrastructure and feasibility of projects differs to that of typical metropolitan councils. [38] In addition to this, the Yarra Ranges council area has a higher proportion of Aboriginal and Torres Strait Islander (ATSI) population (0.9%) compared to that of Greater Melbourne (0.5%). [38] The National Health Survey recently identified that intake of SSBs is generally higher in those of ATSI descent. [2]

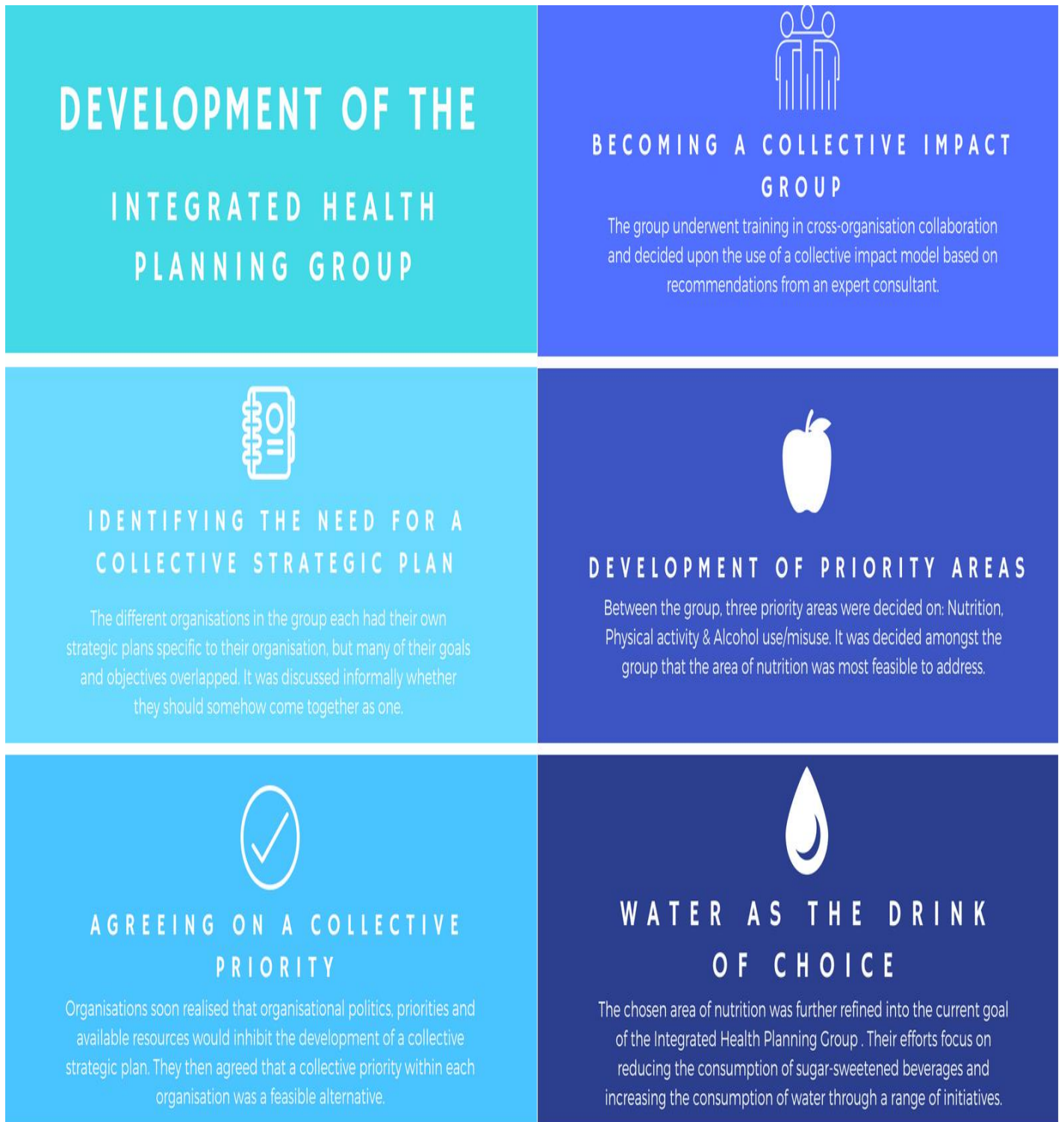
Of further importance is the distribution of young people within this municipality. Yarra Ranges is commonly referred to as a 'young shire' due to the large proportion of people aged between 5- 17 years. [38] The Australian Government recognises that the health and wellbeing of this population not only affects young Australians in the short term, but it also shapes the health of the nation moving forward into the future. [39] The Council of Australian Government (COAG) strengthens this notion by including this concept in their national priority areas through a collective impact framework. [40]

On the surface, the data collected by the Yarra Ranges Health and Wellbeing Profile 2017 looks promising for this Shire. [41] The Yarra Ranges has 'above average' median incomes when compared to the state average. [41] However, when delving deeper, there is a moderate level of income inequality. [41] In regard to the residents' health; slightly lower levels of overweight and obesity than the average population in Victoria can be observed. [41] However, 30% of the population consumes SSBs at least once per week, which is not dissimilar to the rest of the state (31%). [41] In fact, 11% of the Yarra Ranges population consumes SSB on a daily basis. [41] Residents in the Yarra Ranges suffer much higher levels of psychological distress (20%) compared to the rest of Victoria (12.6%). [41] As mentioned above, there are many reasons an individual may consume excessive quantities of SSBs, therefore this is an important fact to consider.

Young Australians appear to be the main target population of current initiatives within the Yarra Ranges Municipality. The IHPG are working under a Collective Impact framework to tackle the complex nature of obesity within the Yarra Ranges municipality, including the adult population.

2.4 History of the IHPG

Figure 2. History of the development of the IHPG



2.5 What is Collective Impact and why is it being used in this project?

As mentioned previously, there are a plethora of compounding reasons which may lead individuals and populations to consume excessive quantities of SSBs. With this understanding, it is logical to try and tackle this ‘obesity epidemic’ from a multi-pronged, multi-organisational approach. Collective Impact (CI) is a framework created by Kania and Kramer, which facilitates this process and helps to achieve large-scale social changes. [42, 43] CI’s main objective is to enable important actors from cross-sectional organisations, to work together to achieve a common agenda, in order to solve a specific social problem. [42, 43] Although this appears to be a relatively novel way to approach public health issues, its influence and popularity within public health, education and community development sectors is gaining momentum. [44]

Unlike other partnerships, groups operating under a CI Framework work within a specific dynamic which includes a backbone organisation, working committee and steering committee (See table 1. below). [45] All organisations within the group represent an equal level of authority, however, the contribution of each organisation differs based on their role within the group.

Table 1. Roles and Models for Practice for a Collective Impact group dynamic. [45]

	Roles	Models for Practice
Backbone Organisation	<ul style="list-style-type: none"> • Guide vision and strategy • Support aligned activities • Establish shared measurement practices: • Build public will • Advance policy • Mobilize resources 	<p><i>Funder-Based:</i> One funder initiates a collective impact strategy as planner, financier, and convener</p> <p><i>New Nonprofit:</i> New entity is created, often by private funding, to serve as backbone</p> <p><i>Existing Nonprofit:</i> Established nonprofit takes the lead in coordinating strategy</p> <p><i>Government:</i> Government entity, either at local or state level, drives the effort</p> <p><i>Shared Across Multiple Organizations:</i> Numerous organizations take ownership of the wins</p>
Working Committee	<p>Identify effective strategies to support achievement of goals:</p> <ul style="list-style-type: none"> • Collect research on effective evidence-informed strategies • Use data to inform identification of strategies • Suggest refinement of indicators based on strategy development (as needed) • Identify funding sources and local agencies to support strategies <p>Community engagement:</p> <ul style="list-style-type: none"> • Convene relevant stakeholder dialogues and 	N/A

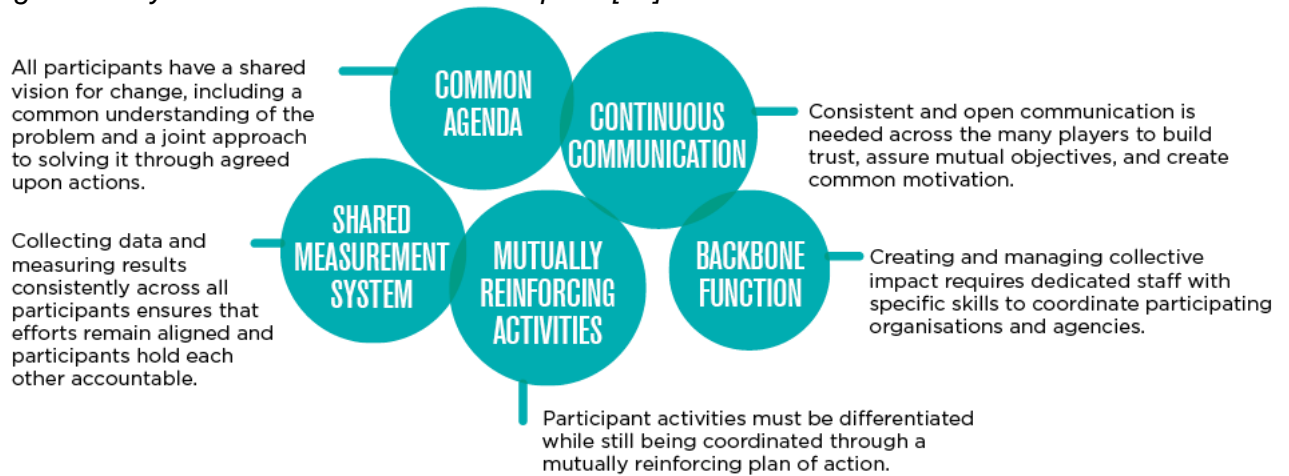
	<p>other forms of community engagement</p> <ul style="list-style-type: none"> • Coordinate communications messages and strategy with other working groups <p>Implementation:</p> <ul style="list-style-type: none"> • Coordinate activities among working group member agencies and others in the community to implement strategies • Dedicate time to tactics of planning events, identifying volunteers, and other tasks 	
<p>Steering Committee*</p>	<ul style="list-style-type: none"> • Provide long term strategic direction to the initiative • Oversee the work of the backbone • Determine staff and resource needs to ensure sustainability, in coordination with the Executive Team • Monitor progress against common agenda goals and indicators to ensure continued advancement and to uncover any obstacles • Review data and using it to inform changes in stakeholder engagement, working group composition, or strategies • Provide guidance to working groups' efforts • Champion the effort broadly in the community 	<p><i>Decision Makers:</i> Members should be at the CEO/President Level and able to drive systems change relevant to effort</p> <p><i>Representative:</i> Geographic coverage of effort (counties and subregional steering committees) as well as sector</p> <p><i>Influential Champions:</i> Command respect of broader set of stakeholders (and perceived so). Can bring stakeholders to the table and keep them there. Can champion the strategy with the broader community</p> <p><i>Content Expertise/Practitioners:</i> Familiar with subject matter to contribute substantively</p> <p><i>Passion and Urgency:</i> Passionate about issue and feel real urgency for the need to change</p> <p><i>Focused on the Greater Interest:</i> Represent needs of their own organizations but able to think and act in the greater interest of the community</p> <p><i>Commitment:</i> Willing and able to commit time and energy to attend meetings and get work done</p> <p><i>Lived Experience:</i> Residents or community members with lived experience on the issue being addressed by the initiative</p>

**In modern applications of collective impact, the role of the steering group is often expanded to meet the capabilities of the organisations represented, ensuring that the full extent of their expertise is utilised.*

The CI framework itself is not a solution to an existing issue, however it is a structured process that allows for solutions to emerge through the application of the framework. It acknowledges the complexity of 'wicked problems', and how these problems comprise of complex interactions between many interdependent factors and variables. [45] Complex issues of this nature have no known solutions, and therefore require input and knowledge from a range of stakeholders across different sectors to address their many determinants, hence the use of a Collective Impact approach.

In order to be effective, there are five conditions of collective impact which need to be met. These are outlined in Figure 3. below. [46]

Figure 3. Key elements of the collective impact. [46]



In 2016, Cabaj and Weaver created the Collective Impact Framework 3.0, which aimed to enhance community aspiration and engagement, and provide a more strategic learning environment. [47] This led to partnerships with additional organisations which operated in equal leadership roles instead of under the leadership of a backbone organisation. [47] As this is a relatively new approach, the majority of published literature focuses on using the traditional framework highlighted in Figure 3, which will also be used in the context of this project.

At a federal level, COAG is already implementing a collective impact framework within their national strategic framework for child and youth health. [48] At a state level, the Victorian Health and WellBeing Plan supports a systems level approach with the collective effort of actors from multiple organisations. [49] At a local level, the Yarra Ranges Municipality includes the utilisation of the collective impact framework within their health and wellbeing plan for 2017- 2021. [34]

At a project level, the IHPG identified the best method of approaching their three priority areas was through a collective impact approach. If this pilot program is effective in meeting its goals and objectives, a collective impact model will be used to tackle the remaining priority areas in the Yarra Ranges Municipality. These priority areas include the prevention of violence against women and physical activity.

3.0 Process Methods

3.1 Limitations and Enablers

Limitations

Due to the nature of the public health sector, the students were under part time supervision. This required the students to work independently, use their time effectively and build on their strong communication skills. It meant that they were very mindful of their upcoming meetings with their supervisor and came to meetings prepared with questions, updates on progress and were open to feedback.

In addition to this, the students had never experienced working under a collective impact framework prior to their placement at OEPCP. They discovered quite quickly the complexity of working within such approach. Whilst there are fantastic outcomes, which prevail from working collaboratively, the students found that getting in contact with a large number of people made it difficult to finalise decisions. Many organisations have different agendas, which adds a further layer of complexity. Many of the members of the IHPG work part-time hours, which again added to the communication barriers. At the time of the student placement, one organisation had just employed a new staff member who was new to the IHPG.

The students learnt to be flexible and adapt to change wherever necessary. They learnt the complexity of working in public health space. This included 'hot desks', different organisational priorities and the barriers that need to be overcome in collaborative decision-making.

Finally, the students found it difficult to define specific and measurable goals and objectives of their project due to prematurity of the IHPG.

Enablers

The availability of resources available to the students throughout their placement enhanced their project progression. The students had access to a wide range of staff members who all had different skills and resources. For example, through Kelly Naughton's course in Collective Impact, the students had access to a teleconference with Jen Riley who helped shape two important areas of their project. The students also had access to organisational documents, which provided context for their project such as updated strategic plans. The students had access to past student projects which provided them with inspiration for their project work and final presentation of outcomes.

The previously established relationships with OEPCP staff members and the IHPG allowed for an easy exchange of information, implementation of meetings and email discussions, which helped students to clarify key questions.

The duration of placement enabled the students to enhance their understanding of processes behind public health initiative implementation. The students were able to understand the principles of public health initiatives alongside developing an understanding of what needed to be done in order to make these initiatives feasible, sustainable and successful. The duration of the placement enabled students to attend additional meetings such as the Alcohol Flagship Group and VicHealth - Harnessing the power of digital technology workshop. These meetings provided ideas for the current student project whilst providing a context for their future career opportunities. In addition to this, the length of the student placement allowed the students to develop relationships with other IHPG members throughout their project. This enhanced communication, collaboration and provided a platform for mutual trust and respect.

The initial meeting with the IHPG was conducted at the conclusion of week two of the student project. This enabled relationships to be formed early in the placement which opened communication channels with these members and provided more detailed information which shaped the progression of the project.

3.2 Formal Communication:

Meeting Date	Location	Team Members Present	Outcomes
22/03/2018	Outer East Primary Care Partnership	Julia Bazan, Tess Handrinis, Cathi Walker (Social Planner - Yarra Ranges Council)	<ul style="list-style-type: none"> • Potential evaluation framework from DHHS • Action Food Plan for Yarra Ranges Council • Understanding of how the IHPG works/key members • Clear expectations for initial student presentation
27/03/2018	Box Hill Hospital	Julia Bazan, Benjamin Brewin (Health Promotion Officer, Eastern Health)	<ul style="list-style-type: none"> • A thorough understanding of the Healthy Choices Guidelines at Eastern Health, The Achievement Program and Crunch and Munch. • Highlighted potential areas for improvement in sustainability of future projects • Further understanding of the dynamic of the IHPG
27/03/2018	Outer East Primary Care Partnership	Tess Handrinis, Jamie Edge, Jen Riley (Founder and Director of Navigating Outcomes - present via phone conferencing)	<ul style="list-style-type: none"> • Provided a thorough understanding of the Collective Impact Framework • Highlighted the need for community involvement at every stage of the way. This includes planning, implementation and evaluation. • Highlighted that not all 'key players' are represented at the IHPG table. • Suggested use of Wilder Collaboration Factors Inventory Tool to measure how collaboratively the IHPG are working together.

			<ul style="list-style-type: none"> • Suggested Born 100 partners tool to identify members of government, business, community and voluntary organisations who are not yet represented. • Highlighted the importance of having members with different opinions. It is this 'mess' which will help to create a positive change in society.
29/03/2018 Yarra Ranges Integrated Health Planning Group Meeting	Yarra Ranges Council	Julia Bazan, Tess Handrinis, Cathi Walker (Yarra Ranges Council), Isha Scott (Yarra Ranges Council), Laura Newstead (OEPCP), Jaime Edge (OEPCP), Tracey Higgins (INSPIRO), Toby Ware (INSPIRO), Rachel Messer (INSPIRO), Jo Stanford (Eastern Health), 2 x Deakin Dietetics Students	<ul style="list-style-type: none"> • Students presented current findings in a 30 minute presentation as part of the 2 hour IHPG meeting. • Provided an opportunity to meet IHPG, understand their needs and expectations. • Wilder Collaboration Factors Inventory Tool and 100 Partners exercise were well received. • Minor adjustments to current and future projects were required. • Suggested an infographic would be useful for IHPG. • Overall, IHPG members were happy with the goals, objectives and future direction of the students project.
29/03/2018 OEPCP Team Meeting	Outer East Primary Care Partnership	Julia Bazan, Tess Handrinis, Laura Newstead, Jaime Edge, Jacky Close, Danni Rhodes, Jean Crewe, Kelly Naughton, Kylie Osborne	<ul style="list-style-type: none"> • At staff meeting, students briefly relayed their presentation. • OEPCP members were interested and look forward to the outcomes of the student project.
03/04/2018	Out of office -	Julia Bazan, Tess	<ul style="list-style-type: none"> • Provided context for

	Teleconference	Handrinis, Tara Heneghan (VicHealth, Senior Project Officer - Healthy Eating)	<p>Water in Sport Initiative and how 'involved' VicHealth are.</p> <ul style="list-style-type: none"> • Provided geographical data for other municipalities which received the Water In Sport grant which assisted geographical mapping of partnerships.
09/04/2018 Alcohol Flagship Group Meeting	Outer East Primary Care Partnership	Julia Bazan, Tess Handrinis, Laura Newstead, Jaime Edge & numerous alcohol flagship team members.	<ul style="list-style-type: none"> • Provided students with an interesting insight into the dynamic of a different, more established multi-organisational group. • Students gained an insight into the importance of MOU's in this dynamic. • Students saw how successful a cloud-based sharing system can be known as 'BaseCamp.'
19/04/2018 Mid-Placement Feedback Meeting	Outer East Primary Care Partnership	Julia Bazan, Laura Newstead, Jaime Edge	<ul style="list-style-type: none"> • Positive feedback for both students helped boost self confidence and reassured them that they were on the right track. • Provided an opportunity to discuss any queries and future career opportunities in Public Health Nutrition
19/04/2018 Mid-Placement Feedback Meeting	Outer East Primary Care Partnership	Tess Handrinis, Laura Newstead, Jaime Edge	<ul style="list-style-type: none"> • Positive feedback for both students helped boost self confidence and reassured them that they were on the right track. • Provided an opportunity to discuss any queries and future career opportunities in Public Health Nutrition
19/04/2018 OEPCP	Outer East Primary Care	Julia Bazan, Tess Handrinis, Laura	<ul style="list-style-type: none"> • Students briefly showed the team the

Team Meeting	Partnership	Newstead, Jaime Edge, Jacky Close, Danni Rhodes, Jean Crewe, Kelly Naughton, Kylie Osborne	<p>creation of their Google Site and the geographical mapping.</p> <ul style="list-style-type: none"> • Team were again impressed which motivated the students.
24/04/2018 Harnessing the Power of Digital Technology Workshop	Wheeler Centre, Melbourne CBD	Julia Bazan, Tess Handrinos, Laura Newstead, Jaime Edge and numerous other health professionals.	<ul style="list-style-type: none"> • Students were inspired to see the future of public health and how digital technology can be used. • An interesting point to note, was that 'we' have so much data already, we don't need to spend more time collecting data, 'we' need to work out how to interpret this data instead.
09/05/2018 Yarra Ranges Integrated Health Planning Group Meeting	INSPIRO, Lilydale	Julia Bazan, Tess Handrinos, Jaime Edge (OEPCP), Cathi Walker (Yarra Ranges Council), April Pierce (Women's Health East), Barbara Dobson (INSPIRO), Irene Dunne Pfeiffer (Eastern Health), Jo Stanford (Eastern Health), Tracey Higgins (INSPIRO), Belinda Vaughan (EACH)	<ul style="list-style-type: none"> • Students presented their final findings in a 2.5 hour workshop at INSPIRO. Here they showed their geographical mapping, stakeholder analysis, social determinants of health analysis, current project overview, 100 partners exercise, Wilder Collaboration Factors Inventory Results and 5 literature review results. They also conducted the 100 partners exercise with the IHPG to facilitate discussion. • Members were happy with the results but did not provide too much feedback on the day as they were digesting the information from the session.
Weekly student placement meeting	Outer East Primary Care Partnership	Julia Bazan, Tess Handrinos, Jaime Edge	<ul style="list-style-type: none"> • Provided an opportunity to ask questions and raise any concerns whilst feeding back

			<p>findings from research.</p> <ul style="list-style-type: none">• Provided an opportunity to check progress and ensure goals and objectives of OEPCP and IHPG were met.• Provided an opportunity to discuss career progression and the structure of the public health sector.
--	--	--	---

3.3 Dissemination of information.

At the completion of their placement, students will provide a hard copy and electronic copy of this report to OEPCP.

Additionally, they have created a private website available only to members of the IHPG which contains all of this information. Access to this website can be requested and provided at the discretion of the IHPG.

The students will present their key findings to OEPCP staff members at their staff meeting on 17/05/18.

Finally, students will present their key findings on 01/06/18 at Monash University through a 3-minute poster presentation.

4.0 Collective Contribution of Integrated Health Planning Group

4.1 Past/Current Projects and Initiatives



4.1.1 Yarra Ranges Council
Cathi Walker, Isha Scott



Internal Yarra Ranges Project [34, 41, 50]

Target: Whole of Yarra Ranges

Strategies: Shift in vending machine options, ensuring appropriate catering, improved provision of drinking water in public spaces

Background:

Within Yarra Ranges:

- 49.5% of residents are overweight or obese
- 52% of residents consumed sugar-sweetened soft drinks regularly, compared to 46% across Victoria. This includes 11% who consume them daily and 30% who consume them at least weekly
- A relatively high level of residents drinks no water, at 6% compared to 3% for Victoria. Water consumption is well below average for those who do drink water
- Yarra Ranges has the highest rate in the Eastern Metropolitan Region of emergency department presentations for dental abscesses, the highest rate for toothache and the second-highest rate for other dental issues. It has the second-highest rate in the region of preventable hospital admissions for dental conditions
- Preschoolers in Yarra Ranges are more like to have dental decay than the Victorian average; teenagers in Yarra Ranges have a higher average number of decayed/missing/filled teeth.

Environment:

- The current environment is one which offers a high level of access to, affordability of and promotion of the 'discretionary foods' which are key contributors to poor diets. Less healthy choices dominate food options in the everyday settings where the population works, commutes, learns and lives.

Community Input:

- There is a current lack of understanding on what a healthy drink is, with over a quarter of parents placing juice as a healthier option than water and over a

third believing that their children require sports drinks in order to recover from physical activity

- 8 asks relating to sugar sweetened beverage consumption were identified by the Citizens Jury on Obesity including:
 - Make drinking fountains and taps freely available, accessible and visible at public events and places, parks and shopping centres.
 - Restrict visibility and accessibility of 'red traffic light' drinks and foods at the point of sale (where you complete the sale).
 - Ban "junk food" and beverage marketing to children under the age of 16 years.
 - Provide only healthy food and drinks in Victorian schools.
 - Increase level of taxation by imposing an additional tax at point of purchase on sugar-sweetened beverages to raise prices and create disincentives for consumption - tax of at least 20%.
 - Government mandated health star labelling. No self-regulation of labelling in the food and beverage industry.
 - All donations to political parties, decision makers and regulatory organisations from food and beverage interest groups must be publicly declared.
 - Limit the ability of food and beverage producers to market unhealthy products by advertising a healthy component of an unhealthy product.

Future Direction:

- Working towards Healthy Choices Guideline implementation
- Aiming to implement a catering policy that makes healthy choices more available and visible



Water in Sports Program [51, 52, 53, 54]

Target: Canteens/retail food outlets in local sport and active recreational activities (Including facility participants, coaches, spectators and volunteers).

Current locations include: Geelong, Frankston, Melton, Greater Shepparton, Bendigo, Grampians, Yarra Ranges and East Gippsland.

Strategies: Making changes to available drinks using one of two 'nudges' based on recommendations under the Healthy Choices Guidelines.

Background:

- Many sport and recreation facilities currently offer drinks with added sugar through canteens, kiosks, vending machines or bars. Drinking water instead of sugary drinks is not only better for health, but important for hydration before, during and after playing sport and being active.
- VicHealth is supporting Victorian local governments to make it easier to choose water as the drink of choice in canteens/retail food outlets in local sport and active recreation facilities
 - Their main role is as a funding body and providing broad oversight of the initiative
 - Other roles include: providing training to participating councils on Healthy Choices Guideline implementation, conducting evaluations with assistance from Deakin University and appointing project officers to lead changes through council
- Through a grant round, a small number of local governments have received funds to undertake a 'nudge' intervention in Council-owned sports and recreation facilities' retail outlets which sell SSB
 - Nudges will involve either limiting to less than 20% or removing SSBs (red) from display and increasing availability, accessibility and promotion of water and healthy drinks (green) to greater than 50%
- The funded Councils are required to have a dedicated project manager and implement Council policies and practices that support longer-term change

Future Direction:

- Implementation of Healthy Choices Guidelines (current initiative a "stepping stone" towards HCG as making changes to drink availability is an easier first step)
- Future implementation may delve further into the food offered in addition to drinks.
- Working with communities that have high levels of sugary drink consumption and poor health for future implementation

For more information: <https://www.vichealth.vic.gov.au/funding/water-in-sport-grants-2017-2020>



Food Action Plan [55]

Target: Whole of Yarra Ranges Community

Strategies: Strengthening community initiatives and partnerships, using a coordinated, cross-council approach to action relating to food.

Background:

- The Food Action Plan, “Food For Life!” is a guide to action in the communities of the Yarra Ranges to support health and wellbeing.
- Focused on the goal that ‘people in the Yarra Ranges are able to access, prepare and eat nutritious foods...’
- Research and conversations with organisations and community members informed the development of this *Food for Life* action guide and re-confirmed that many people lack sufficient skills and knowledge about how to access and prepare healthy food.
- The areas for action outlined in *Food for Life* are intended to support efforts to increase nutritious eating. They span the four environments for health, the social, economic, natural and built environments and also address the social determinants of health. These actions complement other work of Council to support good health such as promoting physical activity, building multi-purpose community infrastructure and encouraging thriving businesses and townships.
- In developing this guide Council:
 - Consulted the community, agribusinesses and sector leaders to understand the most effective ways to support healthy eating.
 - Utilised the work of others via a review of the research and evidence about how best to increase healthy eating also inform this plan.
 - Utilised research and work by universities, medical institutions, and community based practitioners is ongoing and needs to continuously inform Council’s efforts
- Main goals include:
 - *Yarra Ranges has a thriving, varied and sustainable food production industry that provides a wide range of food choices to local residents.*
 - *People who live, work and study in Yarra Ranges have the knowledge, motivation and capacity to access and prepare healthy food, and to make healthy choices.*

- *All Yarra Ranges residents have financial and geographic access to sufficient nutritious food to meet their needs.*

Future Direction: Action areas of the Food Action Plan extend into 2018, with a focus on building capacity, supporting partnerships, supporting communities, increasing the availability of healthy food and drinks, improving infrastructure to facilitate exercise and advocacy.



Community Grants [56]

Target:

Supports community based projects such as those by local groups and non-for-profit organisations.

Community development: targets people experiencing social disadvantage or isolation, older adults, young people, indigenous Australians, culturally/linguistically diverse groups,

Strategies:

- Grants open 1st June. Successful applicants contacted in October.
- Total grant allocation is \$390,000 across three streams (community development, arts and heritage and festivals/events. Individual applicants receive a maximum benefit of \$10,000.

Background:

The community development stream aligns with the work of the IHPG.

Community development includes: health and wellbeing, environment, reconciliation, young people, children and families.

Priority is given to applications that address the following:

- Improved food security and healthy eating by addressing barriers
- Increased participation in physical activity
- Strong communities with high levels of volunteering, learning and participation
- Involves inclusivity of groups e.g. disability, culturally/linguistically diverse, LGBTQI
- Older people actively engaging and participating in the community are empowered to make decisions that enhance QOL
- Strengthening local economies through environmentally sustainable activities Festivals and events
- Greater opportunities for young people to actively engage in the community and have a voice in decision-making

For more information: <https://www.yarraranges.vic.gov.au/Community/Grants-funding/Apply-for-Grants-for-Community>

The logo for Eastern Health, featuring the words "easternhealth" in a dark blue, lowercase, sans-serif font. The word "eastern" is in a lighter weight than "health". A dark blue horizontal line is positioned below the text, starting under the 'e' and ending under the 'h'.

4.1.2 Eastern Health

Contact: Josette O'Donnell, Benjamin Brewin
Health Promotion (Child & Family Team)



Healthy Food and Drink Choices in Sports (INSPIRO Partnership)

Targets: Children, parents and community members through Belgravia facilitated leisure centres.

Strategies & Background:

- Please refer to INSPIRO section for this information.



AFL Yarra Ranges [57]

Target: Junior football club members, family members, supporters and coaches.

Strategies:

- Unknown - project not yet underway

Background:

- Eastern Health was worked previously in partnership with AFL Yarra Ranges in areas not associated with nutrition.
- Their relationship hopes to extend into nutrition by addressing sugar sweetened beverage availability within junior sporting clubs and increasing the availability of healthier alternatives.



Yarra Valley Water: [58, 59]

Target: Primary schools, children, teachers, parents and The Department of Education.

Future Strategies:

- Exploring partnership opportunities with Yarra Valley Water including support for PVAW initiatives, community events for a multitude of public health topics.
- Enabling Yarra Valley water to be the partner at the Choose Tap Initiatives.

Background:

These future strategies align with the Eastern Health - Integrated Health Plan 2017-2021.

Choose Tap: broad, community based initiative which promotes tap water as the best choice of hydration in terms of health, economic value and the environment.

Initiatives include:

- Choose Tap hydration station for community or fundraising events
- Choose Tap drink bottles
- Choose Tap education program
- Choose Tap coalition at the Choose Tap website.
- Mapping of drinking fountain locations on the ChooseTap app

“VicHealth is conducting trials to increase foot traffic to water fountains installed at Etihad Stadium. The fountains were installed as a joint partnership between Yarra Valley Water and VicHealth.”



Internal Project [60]

Target: Eastern Health staff, visitors and clients.

Strategies:

- Continuing the implementation of the Healthy Choices Guidelines across Eastern Health.
- Increasing the availability of healthy food and drink (green items) across all Eastern Health Sites.

Background:

- This strategy aligns with the Eastern Health - Integrated Health Plan 2017-2021.
- Hospitals and health services plan an 'essential leadership role' in helping the health workforce and visitors make healthier dietary choices.
- Further information can be accessed via the Victorian Government's Healthy Choices: policy guidelines for hospitals and health services.
- These Guidelines include standards on the:
 - Type/quantity of food/drinks available
 - Catering policy
 - Advertising, promotion and display of food and drinks
 - Water
 - Infrastructure to support health food and drinks
 - Subsidising healthy alternatives
 - Sponsorship
 - Food safety
 - Fundraising, prizes and giveaways
 - Contracts, leases and tender

For more information:

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/healthy-choices-guidelines-public-hospitals>



Coles Partnership [57]

Target: The entire YR community

Strategy:

- Maintaining relationships with Coles to ensure provision of bottled water at strategic events.
- Maintaining relationships with Coles to ensure provision of healthy food at community events.

Background:

- Previous engagement with Coles as a sponsor prompted further engagement in future projects
- Coles may have the potential for further involvement



H30 [61]

Target: Primary audience: Victorians aged 25-34 with a skew towards men and lower SES groups.

Secondary audience: Victorians aged 18-24 with a skew for lower SES groups.

Strategies:

- Social marketing campaign through paid advertising on TV, social media and radio stations, across culturally and linguistically diverse publications. PR media outlets, Sports partnerships with Melbourne Stars Cricket team, Melbourne City Football Club, The Cadel Evans Great Ocean Road Race, Surfing Victoria and AFL Victoria and other communication channels.
- Encouraged individuals to make a pledge to switch from sugary drinks to water for 30 days.
- Used incentives to encourage participation such as – economic benefits, weight loss, tooth decay prevention, health benefits, sports partnerships
- Use of email updates, text messages, prizes, tips, tools and helpful advice to engage with community.

Background/Results:

- Integrated approach to achieve the goal of 'More Victorians choosing water instead of drinks with added sugar.' Aligns with the VicHealth Action Agenda for Health Promotion strategy to promote healthy eating, and its 3 year priority to see more people choosing water and healthy food options.
- Aimed to gain >1500 pledges. This target was exceeded with 5525 individuals pledged to take the H30 challenge.
- Aimed for >10,000 visits to H30 website. 69,336 people visited the website.
- 67% of sign ups were in the target audience age range (18-34)
- 76% participants who participated in the challenge indicated they were likely to continue on with this initiative in the immediate future.
- 87% participants completed the challenge.
- 53% of those who consume SSB >5/week indicated they were motivated to switch to water after seeing the campaign.

Future Direction:

- Currently inactive
- Potential for further use as a campaign strategy

For more information: <http://h30challenge.com.au/>

together we are creating a
healthy early childhood service

achievement
program



The Achievement Program [62]

Targets: Early childhood services, primary and secondary schools

Strategies: The Achievement Program Cycle:

- Phase 1: Coordinate
 - Get your school on board with the Achievement Program, put together a team and assess what your school's health priorities are.
- Phase 2: Create
 - Develop a health and well-being plan based on your school's health priorities and put it into action. The Achievement Program for schools incorporates eight health priority areas, but it's best to focus on only one or two at a time.
- Phase 3: Celebrate
 - Review your work and reflect on the healthy changes you can see in your school. When you reach this point your school will be recognised by the Victorian Government as a *Healthy School*.

Background:

The Achievement Program is a simple, evidence-based framework to support the health and wellbeing of everyone in your school. The achievement program has identified 8 health priority areas:

- Alcohol and other drug use
- Healthy eating and oral health
- Mental health and wellbeing
- Physical activity
- Safe environments
- Sexual health and wellbeing
- Sun protection
- Tobacco control

The Achievement Program is developed by the Victorian Department of Health and Human Services and the Department of Education and Training. It can be easily incorporated into early childhood, school and workplace strategic and annual planning and self-evaluation processes.

The Achievement Program is based on the World Health Organization's model for health promoting schools, which is internationally recognised as a best practice approach for enhancing health, wellbeing, learning and development outcomes.

A health promoting schools approach is broader than implementing some health and wellbeing activities – although these are important. It involves integrating health in planning and policies, creating a healthy culture and environment, and involving the whole school – students, staff, teachers and families in the process. Forging partnerships with the local community is also important.

The Achievement Program also recognises the importance of having healthy staff – by signing up, you're boosting the wellbeing of everyone in the school

Future Direction: Implement program in additional schools within the Yarra Ranges Municipality.

For more information: <http://www.achievementprogram.health.vic.gov.au/>

Community
Health
Service

inspiro



4.1.3 INSPIRO

Contact: Tracey Higgins, Toby Ware
(Health Promotion)



Crunch and Munch an Awesome Lunch [63]

Target: Schools within the YR (Pilot tested at Healesville Primary School, launched at Mt. Evelyn Primary School)

Strategies: Positive encouragement of healthy food choices, healthy food identification, parental advice, healthy cafeteria options

Background:

- The objective of the project is to promote a healthy food culture and increase healthy foods brought to school.
- Aims to address the root causes of overweight and obesity experienced in later life
- Incorporates activities and events aimed at engaging the students, parents, teachers and cafeteria staff:
 - A fun food logo competition (kids draw a healthy food logo that will go on all school lunch boxes)
 - A healthy food taste testing competition
 - Free healthy food promoting lunchboxes
 - Changes made by Inspiro's dieticians to the school cafeteria menu

Within Yarra Ranges Schools:

- Children in Yarra Ranges schools consume a significantly higher than average of sugary beverages
- 91.2% of people in the Yarra Ranges are getting less than the recommended serves of vegetables per day and only 4.7% are consuming the recommended serves of fruit and vegetables

Community Input:

- "When we moved here I was surprised that there wasn't much of a focus on healthy or nude food for lunch boxes... A big leap was your program, as it altered the way Iliro chats to his peers about food." - Parent
- Regarding a pilot of the program at Healesville Primary School: Parents were surveyed at the conclusion of the project to assess the effectiveness of the initiative:
 - 100% of respondents said that the After School Snack and Dietetics advice provided by Inspiro was useful, 83% were satisfied with the

program and 66% said that their child's willingness to try new foods had increased

- Feedback from parents was very positive; "The visual presentation of different foods hit home, it prompted great discussion. My kids were shocked to see the sugar content of some foods, and understood why we don't eat it and why I'll never buy it. This made them realise how far some of their friends need to go, and how the average diet needs improvement. It also opened up conversation about the influence media and advertising has on food choices."

Future Directions:

- Program no longer running - name has changes to the "*Munch, Sip and Move*" Program*
- Concepts have changed direction to address issues as determined by the schools themselves

*See [The Achievement Program](#) & Munch, Sip and Move Program (Inspiro)

For more information: <https://www.inspiro.org.au/blog/march-2017/radical-healthy-eating-project-aims-to-slow-ris>

-



Healthy Food and Drink Choices in Sports (EH Partnership) [64]

Target:

Staff and clientele of community hubs and leisure centres under the Belgravia contracts.

Workplaces with the Yarra Ranges.

Strategies:

- Implementation of the Healthy Choices Guidelines within the target environment.
- Collecting sales data of SSB (red items) for baseline measurements and feedback.
- Taking photos of the environment.
- Facilitating training of staff in Health Choices Guidelines.
- Deakin University students to survey clients and provide posters for Healthy Choices.

Background:

- Sport and recreational facilities reach a large proportion of community members. They are an environment which can support individuals and communities to lead a healthier lifestyle.
- Workplaces are ideal settings to encourage healthy eating as many workers consume >50% of their energy intake at work.
- Further information can be accessed in the Victorian Government's Healthy Choices: policy guidelines for sport and recreation centres &/or Victorian Government's Healthy Choices: healthy eating policy and catering guide for workplaces.
- These Guidelines include standards on the:
 - Type/quantity of food/drinks available
 - Food/drink advertising, promotion and display
 - Catering provided by the organisation at meetings and events
 - Water
 - Fundraising activities, prizes and giveaways
 - Sponsorship and marketing
 - Infrastructure to support healthy food and drinks
 - Supporting breastfeeding
 - Contracts, leases and tenders

For more information:

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Healthy-choices-policy-guidelines-for-sport-and-recreation-centres>

Smiles 4 Miles [20]

Target: Early learning centres, primary and secondary schools

Strategies: “drink well, eat well, clean well”, tap water as a preferred drink, limit of sugary drinks, choosing plain milk over flavoured, school canteen policy, no sweet drinks permitted in class, no food and drink incentives

Background:

- 1 in 3 children aged five and under who attended Victorian public dental clinics in 2010-11 experienced tooth decay
- Establishing sound oral health and healthy eating habits from an early age gives children the best chance of maintaining good oral health in adulthood.
- Smiles4Miles assists early childhood services in encouraging and promoting good oral health habits and healthy eating among children in their care
- Based on the World Health Organisation’s Health Promoting Schools Framework

Key Messages “Drink well, eat well, clean well”:

- Drink well
 - Tap water is the preferred drink
 - Limit sugary drinks (especially between meals)
 - Choose plain milk over flavoured
- Eat well
 - Enjoy a wide variety of nutritious foods every day from the five food groups
 - Limit foods containing added sugars
 - Healthy meals and snacks are important for healthy teeth
- Clean well
 - Brush teeth and along the gum line twice a day
 - Children should use a low-fluoride children's toothpaste from 18 months until they turn six
 - Don't wait for a problem. A child should see a health professional (Maternal and Child Health Nurse, Dentist, Oral Health Therapist, Dental Therapist or General Practitioner) by the age of two for an oral health check
 - An oral health professional will discuss a child's risk level and how frequently they need to visit for an oral health check

Future Directions: Unknown

For more information: <https://www.dhsv.org.au/oral-health-programs/smiles4miles>

Munch, Sip & Move

Munch, Sip & Move Program [65]

Target: Primary and secondary schools

Strategies: Encourages children to explore healthy foods in a positive environment, improving food literacy and de-normalising lunchbox items that are typically highly processed, packaged foods & drinks that are high in sugar, salt and unhealthy fats.

Background: The Munch Sip & Move Program utilises a ‘whole school approach’ with the aim of encouraging children to eat healthier ‘awesome*’ foods at school, where a third of a child’s day is spent. . The program complements healthy eating with a physical activity component, which encourages planned and incidental physical activity, to embed a holistic culture towards health.

*Program Language: *Awesome food – foods that help us concentrate, sleep, grow and perform to our best ability!

Munch Sip and Move was developed by Inspiro to help counter the alarming rates of dietary related preventable disease such as Obesity and Type 2 Diabetes, which are occurring earlier in the lifespan. Its overarching ethos is to instil positive behaviour traits in young people by creating supportive environments for health.

The Munch, Sip & Move program was adapted from the Crunch and Munch an Awesome Lunch program following the 2016 pilot to help address local targets, derived from local statistics and health and well-being catchment planning in Yarra Valley.

Key messages:

1. Munch more fruit and veg to feel your best.
2. Sip water all day to keep sweet drinks at bay.
3. Move at least 60 mins per day in any way.

Future Direction: Implementation within schools within the Yarra Ranges.



Healthy Picks Project [66, 67]

Target: Whole population

Strategies:

Healthy Picks is an exciting initiative which works with cafés in Mooroolbark to make healthy food selection the easy choice by improving access and knowledge through visual and social media strategies.

To meet Healthy Picks criteria, participating cafés must produce a minimum of three dietetically approved meals that contain at least two serves of vegetables, and are low in salt, sugar and saturated fat.

Visual indication for the customer of such items will come from a green Healthy Picks sticker or special menu display at the counter or table. Healthy Picks meals are not to be at the expense of flavour—the intention is to create delicious, seasonal, vibrant, colourful and textural dishes that assist in working towards our daily nutritional goals

Background: A key component of the program is to promote the participation of cafés, which provide an ideal environment in which our health can be positively impacted.

Inspiro is working on the initiative in partnership with Yarra Ranges Council and the Mooroolbark Traders Group, in an aim to address the increase in people with obesity and diabetes in the Yarra Ranges.

Future Direction: Implementation in additional cafes.

For more information: <https://www.inspiro.org.au/our-services/healthy-communities>
<https://www.yarraranges.vic.gov.au/Community/Business/Key-Projects/Healthy-Picks-Project>

4.2 Contribution of Steering Committee

4.2.1 Outer East Primary Care Partnership (OEPCP) [68]

“build an innovative, inclusive and reflective partnership that plans, collaborates and advocates with the community to improve health and wellbeing and reduce inequities”

The Outer East Primary Care Partnership is one of 28 PCPs across Victoria. They partner with service providers, local councils within Knox, Maroondah and Yarra Ranges, and the local community. Their catchment extends to nearly 417,000 people.

Their main roles include:

- Promoting Health
- Service Integration
- Developing Community Partnerships

WITHIN THE IHPG:

The Outer East PCP has developed their role as an organisation based on collective impact principles and indicators. Their role in building strong partnerships, aligning activities and measures, activating public will and mobilising resources are guided by CI success indicators such as working under a shared agenda, increased quality and efficiency, and community engagement.

The OEPCP additionally has previous experience working as a backbone organisation within collective impact driven groups.

The close alignment of collective impact principles within their own organisation workings puts them in a position to contribute their collective skills, capabilities and expertise to inform and influence the development of efficient and effective partnership platforms.

4.2.2 Women's Health East [69]

"Investing in equality and wellbeing for women."

Women's Health East is a regional health promotion agency working within the area of women's health. They work with various stakeholders to increase their ability and capacity of services and programs within the Eastern Melbourne Metropolitan Area to address issues that affect women.

Their main roles include:

- Providing leadership around women's health issues of regional significance and facilitating integrated responses.
- Working in partnership with local governments, health and community agencies and other stakeholders to promote gender-based health promotion and service delivery, and to improve service system access and responsiveness for women.
- Shaping responses to the promotion of women's health and wellbeing through research, advocacy and consultancy.
- Providing information and advice to key stakeholders in order to raise awareness of health and wellbeing issues experienced by women and to promote women's health and wellbeing.
- Delivering training and education programs for our partner organisations on women's health issues and gender sensitivity in planning and service delivery.
- Working directly with women to understand women's health and wellbeing issues that can guide health promotion initiatives

WITHIN THE IHPG:

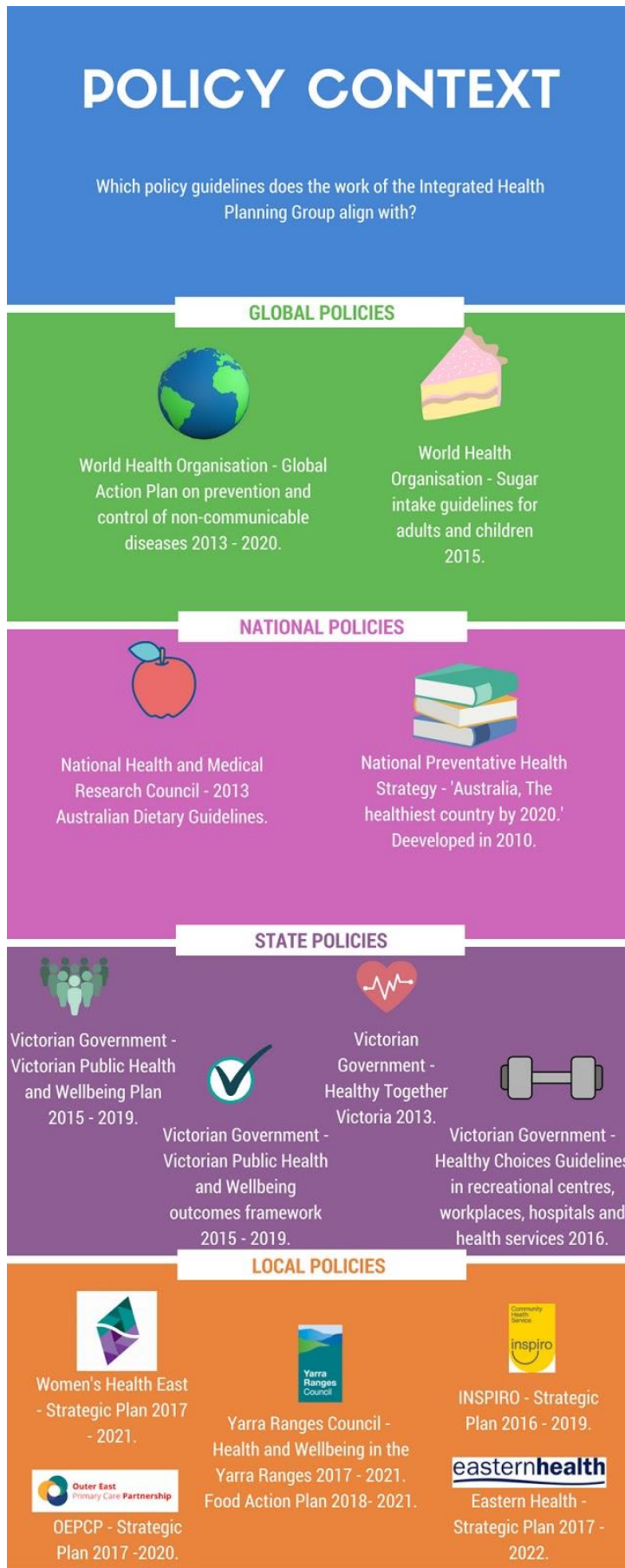
Women's Health East acknowledges the complex system of factors that influence gender based experiences, choices and levels of advantage or disadvantage. For example, race, religion, sexuality, disability and history of migration are factors often interconnected with gender.

Through their work, Women's Health East focuses on the cultural, social and biological factors that influence health outcomes for women and girls. This allows them to offer their skills and expertise on a broad scope of health issues and offer a gender lens on the current and future workings of the IHPG. Through their expertise in analysing the social structures that affect women's health and wellbeing, they offer a unique perspective on how to effectively plan and implement health promotion strategies in response to these issues.

4.3 Policy Context

The student researchers created a visual overview to highlight how the work of the Integrated Health Planning Group aligns with current global, national, state and local policies. This overview provides context as to why the IHPG chose to focus on this initiative and how their goal relates to the work of health promotion teams external to the Yarra Ranges Municipality. [25-37] This can be seen on the following page.

Figure 3. Policy Context of IHPG goal



4.4 Social Determinants of Health Analysis

To ensure the work of the Integrated Health Planning Group is equitable and reaching every person within the Yarra Ranges Community.

'...the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces' - WHO [70]

How are the Social Determinants of Health relevant to the Integrated Health Planning Group?

The World Health Organisation recognised that individuals are unlikely to be able to directly control many of the determinants of health. [71] The Victorian Government acknowledge that many policy makers working in preventative health tend to ignore the social determinants of health when addressing disease-inducing behaviours. [30, 71, 72] Findings can be used to form relationships between social determinants of health and health and wellbeing. Furthermore, the Victorian Government recognise the positive impact that addressing the social determinants of health in current policies can have on the health and wellbeing of the population. [30, 71, 72] The World Health Organisation support this notion and recommends that addressing the social determinants of health in public health programs needs to be a key aspect to solving global health issues. [25, 73, 74, 75] Therefore it is important that the IHPG takes the social determinants of health into consideration throughout their work under a collective impact framework.

The below diagram outlines the current policies which highlight the importance of including the social determinants of health within a public health approach (Figure 4). As can be seen, many of these policies align with the goal of the integrated health planning group as can be seen in the policy context infographic (Figure 5.)

Figure 4. Political context of why social determinants of health are important in public health promotion. [25, 29, 30, 71-78]



Figure 5. Current analysis of the Integrated Health Planning Group via a Social Determinants lens. [25, 29, 30, 71-78]

Social Determinants of Health Analysis



A comparison of current reach of IHPG and potential reach of IHPG if additional partnerships are engaged.

DETERMINANT	SUBCATEGORY OF DETERMINANT	EXAMPLES OF IHPG IMPLEMENTATION	POTENTIAL PARTNERSHIPS OF IHPG EXAMPLES
INDIVIDUAL FACTORS - AGE, SEX, CONSTITUTIONAL	N/A	Women's Health East	Senior Citizen's Clubs, Men's Sheds, Older Men: New ideas, Yarra Ranges Kids, Yarra Ranges Youth Reference Groups, Valley Youth Space,
SOCIAL AND COMMUNITY NETWORKS	N/A	Yarra Ranges Council Inspiro AFL Yarra Ranges Belgravia Leisure Centres	Yarra Ranges Township Groups, Senior Citizens Clubs, Men's Sheds, Maternal and Child Health Centres, Parent's Voice, Farmers Markets, Outer East Food Share, Rotary and Lion's clubs, Eastern Volunteers, Little Athletics Victoria, YMCA, Athletics Yarra Ranges, Sporting Clubs Victoria, Disability Sport & Recreation
LIVING AND WORKING CONDITIONS	Work Environment	Internal Projects at Yarra Ranges Council & Eastern Health	*
	Education	The Achievement Program Munch Sip and Move Smiles 4 Miles	Department of Education, Life Education
	Agricultural and food production	Healthy Picks Project, Coles Partnership, Yarra Valley Water	Farmers markets, Outer East Food Share,
	Unemployment	*	*
	Water and sanitation	Yarra Valley Water Yarra Ranges Council	*
	Health Care Services	Eastern Health Inspiro Smiles 4 Miles	Maternal and Child Health Centres, Public Health Association of Australia, Kidney Health Australia, Diabetes Australia, Heart Foundation, Cancer Council, Nutrition Society of Australia, DAA, SDA, Dental Health Services Victoria, Nutrition Australia
GENERAL CONDITIONS - SES, CULTURAL AND ENVIRONMENTAL	Housing	*	*
	N/A	*	Parks Victoria, Public Transport Victoria, VACCHO, HICSA

4.5 Past and Current Initiatives - Geographical Reach

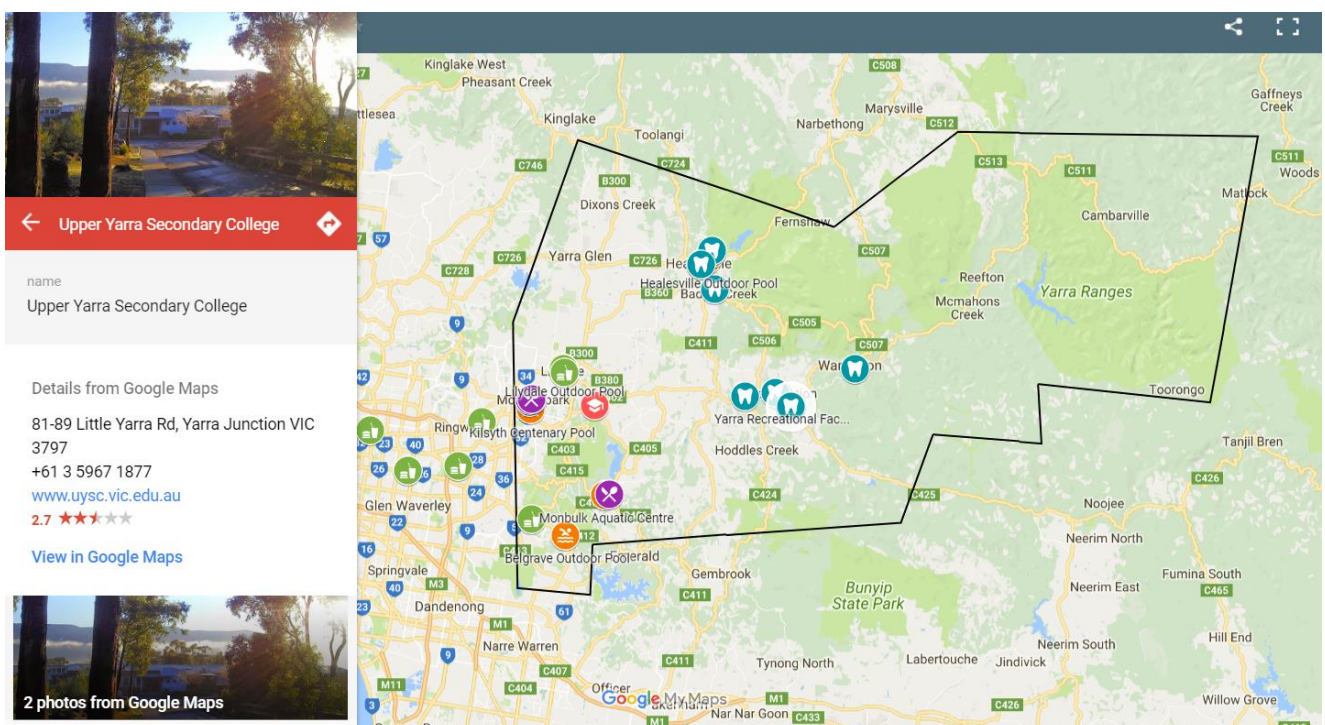
Mapping of past and current initiatives implementation sites was created using Google MyMaps, an online program which allows the user to search and mark sites on a geographical map and group them into common categories or themes. [79] This particular program was chosen as it met the needs of the student researchers in terms of its ease of use and ability to search existing locations such as shops, businesses and specific addresses.

The student researchers created this map in the hope that it may provide insight into the geographical regions in which current and past IHPG initiatives are, or have been, located. As the Yarra Ranges Municipality extends far into the rural and remote east of Victoria, geographical reach was an important consideration given those in rural and remote locations are more likely to have sugar-sweetened beverages in their diet, and therefore are a potential target population for future interventions.

It is also an important consideration when considering equity in initiatives and the prevention of repetition. Interventions that address the same populations that are currently being targeted are potentially a poor use of resources and may have a lesser impact on the health of the region.

When a location is selected on the map (in the example below, Upper Yarra Secondary College involved in the Smiles4Miles initiative) the user is provided information regarding location, contact details and associated website of the implementation site.

Figure 6. Screen capture of map showing existing initiatives in the IHPG.



5.0 Partnerships

5.1 Born 100 Partners Exercise

Background Information

As can be seen in Section 3.2, through discussion with Jen Riley, it was recommended that the IHPG conduct the Born 100 Partners Exercise to identify which key stakeholders are not yet involved. The students discussed the potential benefits of using this tool at the first Integrated Health Planning Group Meeting on 29/03/2018. It was deemed a quick way to brainstorm potential partners and to think outside the 'box.' The IHPG were enthusiastic about the students utilising this technique. The students reported these results at the next Integrated Health Planning Group Meeting on 09/05/2018.

Application of the 100 Partners Exercise:

The 100 Partners Exercise is a tool that is used to quickly brainstorm, categorise and analyse a range of potential partnerships that relate to an organisation or particular project. [80] The activity involves listing as many organisations, people or groups as you can that reflect the values of your own organisation, or who have a stake in the outcome of your project.

The brainstormed list is a guide to who best to contact for the partnerships, distinguishing between 'quick partnerships' (those you know well and would likely say yes if asked) and those who can offer significant influence (those who bring credibility to the issue and aid in persuading other key community influencers). [80]

Organisations/Groups are in ranking order, where those listed first represent the strongest relationships. Relationship strength is determined based on the level of existing relationship, ability to contribute and readiness to partner.

In determining potential partners of the IHP Group, the 100 Partners Exercise was undertaken, and further categorised into areas of: government, voluntary organisations, business and community partnerships to ensure a broad variety of stakeholders were considered.

In the student researchers own analysis of potential partners of the IHP Group, potential partnerships were additionally categorised into the domains of the VicHealth Partnerships Analysis Tool to better express the nature of the relationship they may provide. [81] Further information on this tool is provided below:

The VicHealth Partnerships Analysis Tool

The VicHealth Partnership Analysis Tool is a tool effective for use within multi-organisation groups to establish, develop and maintain partnerships within a health promotion context. [81]

It is designed to help organisations:

- Develop clear understanding of the collective purpose of the group
- Reflect on established partnerships
- Focus on strategies for strengthening partnerships (new and existing) by encouraging discussion surrounding issues and/or barriers and their respective solutions.

One component of the Tool is mapping current and/or potential partnerships, which can then be categorised into four key areas based on the purpose and nature of each partnership:

- **Networking** (*Exchange of information for mutual benefit*)
- **Coordinating** (*Exchanging information and altering activities for a common purpose*)
- **Cooperating** (*Exchanging information, altering activities and sharing resources*)
- **Collaborating** (*Enhancing health promotion capacity of the other partner for mutual benefit and a common purpose*) [81]

5.2 Results

5.2.1 Government Partnerships

NETWORKING	COORDINATING	COOPERATING	COLLABORATING
Victorian Aboriginal Community Controlled Health Organisation Inc. (VACCHO)	Department of Education	Department of Economic Development, Jobs, Transport & Resources: Public Transport Victoria	VicHealth*
Valley Youth Space		Parks Victoria	Better Health Channel
Yarra Ranges Youth Reference Group			
Central Web			

5.2.2 Business Partnerships:

NETWORKING	COORDINATING	COOPERATING	COLLABORATING
Nutrition Society of Australia	Dental Health Services Victoria*	Little Athletics Victoria	Nutrition Australia* - Victorian Division
Yarra Valley Radio	Life Education Australian Healthy Food Guide	Athletics Yarra Ranges	Bendigo Bank
Yarra Valley Leader		YMCA - Mt Evelyn Recreation Camp	BUPA
Upper Yarra Mail	Ace Space - children's play centre	Kingswim - Chirnside Park	Healesville Sanctuary (encompasses Zoo's Victoria)
Dietitians Association of Australia (DAA)	Cameo cinemas Belgrave	Sporting Victoria Clubs (Bowls, Golf, Tennis, Netball)	
Sports Dietitians Australia (SDAA)	Upper Yarra Arts Centre	Puffing Billy	
Yarra Ranges TV	The Memo - Healesville, Yarra Ranges cinema		
Incolink			
Live Lighter	Eastern Melbourne Primary Health Network		
Life! Program			

* indicates pre-existing relationship with one or more members from the IHPG. However, they have been identified to offer additional resources to the IHPG.

5.2.3 Community Partnerships:

NETWORKING	COORDINATING	COOPERATING	COLLABORATING
Township Groups	Parent's Voice	Maternal Child Health Centres	Men's Sheds
Senior Citizens Clubs	Lilydale bowls club		
Press for Progress	Healesville bowling club		
Yarra Ranges Kids	EACH		
Your Child in the Yarra Ranges Magazine	Anchor		
Yarra Valley Crop Swap	Melba		
Maroondah Yarra Ranges Kids	Scope		
Yarra Ranges Kindergartens Inc.	Interchange		
Wellness Champions Yarra Valley	Neighbourhood/Community Houses		
Local libraries: Belgrave, Mooroolbark, Healesville, Montrose, Monbulk, Yarra Glen, Lilydale, Mt Evelyn and Yarra Junction.	Eastern Community Legal Centre		
Wheely Good Pram Walking Group in Belgrave - Mothers Group	EDVOS		

** indicates pre-existing relationship with one or more members from the IHPG. However, they have been identified to offer additional resources to the IHPG.*

5.2.4 Voluntary Partnership:

NETWORKING	COORDINATING	COOPERATING	COLLABORATING
Premiers Active April	Disability Sport and Recreation	Heart Foundation	Healesville Indigenous Community Services Association (HICSA)
Gandel Philanthropy	Citizens Jury on Obesity	Cancer Council Australia	Public Health Association of Australia
Red Cross Australia	Eastern Volunteers		Kidney Health Australia
Outer East Food Share			Diabetes Australia
Maroondah Yarra Ranges Kids			
What's on in the Yarra Ranges?			
National Seniors Australia			
Older Men, New Ideas			
Upper Yarra Community House			
National Rural Health Student Network			
Rotary Club			
Lion's Club			
Yarra Valley Regional Farmer's Markets			
Healsville Organic Market			
Lilydale Craft and Produce Market			
Yarra Valley Regional Food Group			
Country Women's Association (CWA)			

** indicates pre-existing relationship with one or more members from the IHPG. However, they have been identified to offer additional resources to the IHPG.*

5.3 Top 3 Potential Partnership Profiles (By Sector)

Business

Bendigo Bank [82, 83, 84]

<p>About</p>	<p>Over 80 organisations have come together to become the Bendigo and Adelaide Bank Group, an Australian owned, top 60 ASX listed company, with more than 99,000 shareholders.</p> <p>They are Australia's fifth largest retail bank, with more than 7,200 staff helping our 1.6 million customers to achieve their financial goals.</p> <p>Bendigo and Adelaide Bank's vision is to be Australia's most customer-connected bank, and they believe their success is driven by helping customers and the communities in which we operate to be successful.</p>
<p>Involvement Capacity</p>	<p>Financial support/Sponsorship:</p> <ul style="list-style-type: none"> • This year alone, the Community Bank has contributed to VIC: <ul style="list-style-type: none"> ○ \$3.5m on Sporting ○ \$1.04m on Infrastructure ○ \$1.2m on Education ○ \$473k on Health ○ \$28.3k on Youth • The Community Enterprise Foundation has created a pool of money to help strengthen communities through funding programs for families, youth, health, education, the environment, the arts and more • Provide sponsorship through the national branch network to local community initiatives <p>Exposure/Reach/Influence:</p> <ul style="list-style-type: none"> • Social network of over 50,000 people • Local branches have a strong connection to the surrounding community and are invested in the outcomes of its citizens
<p>Relationship Strength</p>	<p>★★★★</p>
<p>Vision Alignment</p>	<p>Vision: focus on building and improving the prospects of our customers, communities and partners.</p> <p>Business Strategy: adopting social responsibility helps the community to prosper, which, in turn strengthens the business market. If Bendigo Bank is a part of the community fabric, they are more likely to receive support and build sustainable business.</p> <p>“Our initiatives are important for communities, and for us, because they stamp us as a unique bank, increasing public awareness and support. They help strengthen the markets in which we operate (our communities) and they help us to build customer loyalty.</p>

	Our expertise is financial services, and that is our focus, but we bring another strength critical to the success of these ventures – the trust of communities in our ability to deliver solutions to the mutual benefit of both parties.”
--	--

BUPA [85, 86, 87, 88]

About	Bupa is a provider of a broad range of health and care services as well as offer personalised care, insurance and advancing health care through the Bupa Health Foundation.
Involvement Capacity	<p>Financial Support/Sponsorship:</p> <ul style="list-style-type: none"> • Bupa offers community support and partnerships • Through the Bupa Health Foundation, their grants program offers up to \$3m to national and state level initiatives for projects that: <ul style="list-style-type: none"> ○ Empower people to either prevent or better manage health conditions ○ Positively impact on health policy and practice to improve the health and care of Australians <p>Partnerships:</p> <ul style="list-style-type: none"> • Bupa has standing relationships with Monash University, Deakin University, the Stroke Foundation and Royal Far West: Caring for Country Kids • Community partnerships also include: Cricket Australia, Hawthorn Football Club and Weetbix Events <p>Health Promotion:</p> <ul style="list-style-type: none"> • Bupa Wellness focuses on employee health to increase the health of the workforce as a whole. As a health partner, Bupa offers preventive health services as well as support for those already experiencing illness. • The services provided are delivered within simple themes including: <ul style="list-style-type: none"> ○ Healthier culture (health promotion, healthy eating, health information) ○ Healthier places (health and wellness seminars, health events) • Bupa also manages The Blue Room, an online platform for health related information including healthy eating advice
Relationship Strength	★★
Vision Alignment	<p>Bupa's purpose is helping people live <i>longer, healthier, happier lives</i>.</p> <p>“With no shareholders, our customers are our absolute focus. We reinvest profits into providing more and better healthcare for the benefit of current and future customers.”</p>

<p>About</p>	<p>Little Athletics is a children’s athletics program now implemented in 100 centres within metropolitan and country Victoria. Athletes participate in weekly meets where they learn and develop skills, engage with friends and family, and engage with their community.</p> <p>“Well conditioned athletes perform better, persist, seek further improvement, enjoy their sport, and form healthy lifestyle habits.”</p> <p>Little Athletics welcomes children with disability and children from migrant backgrounds. Many Centres can cater successfully to a wide variety of needs.</p>
<p>Involvement Capacity</p>	<p>Further Implementation:</p> <ul style="list-style-type: none"> • Little Athletics may have potential to expand the current Water in Sport Program through the provision of water within track kiosks and at Little Athletics Events <ul style="list-style-type: none"> ○ Little Athletics currently has clubs within Shepparton, Yarra Ranges, Ringwood, Frankston and Melton within the target municipality <p>Health Promotion:</p> <ul style="list-style-type: none"> • Health promotion messages can have a larger impact when directed at a large proportion of the younger generation • Little Athletics can serve as a platform for health messaging
<p>Relationship Strength</p>	<p>★★★</p>
<p>Vision Alignment</p>	<p>Purpose: Through the enjoyment of athletics develop positive attitudes and a healthy lifestyle for our children, families and community.</p> <p>Mission: To develop children of all abilities by promoting positive attitudes and a healthy lifestyle through family and community involvement in athletics activities.</p>

Government

Department of Education [91, 92]

<p>About</p>	<p>The Department leads the delivery of education and development services to children, young people and adults both directly through government schools and indirectly through the regulation and funding of early childhood services, non-government schools and training programs.</p> <p>The Department implements Victorian Government policy on early childhood services, school education and training and higher education services. The Department manages Victorian government schools and drives improvement in primary and secondary government education.</p>
<p>Involvement Capacity</p>	<p>Community Connections:</p> <ul style="list-style-type: none"> • The Department of Education provides access to Maternal and child health services, Child care services, Kindergarten Programs, Child Health and Development Programs and Parent Support and assistance • The DOE also support key health and wellbeing programs and healthy eating through their advisory service, canteen kits and confectionary guidelines <p>Health Policy:</p> <ul style="list-style-type: none"> • Their role in school canteen health policy may facilitate an increase in schools providing healthier options to students and offer healthy choices information within this area
<p>Relationship Strength</p>	<p>★★</p>
<p>Vision Alignment</p>	<p>Vision: a future where:</p> <ul style="list-style-type: none"> • children and young people are confident, optimistic, healthy and resilient • students reach their potential, regardless of background, place, circumstance or abilities • Victorians develop knowledge, skills and attributes needed now and for the jobs of the future • the Department’s workforce is high-performing, empowered, valued and supported

Public Transport Victoria [93, 94]

About	<p>Public Transport Victoria is a Victorian Government statutory authority. We manage Victoria's public transport network and the myki ticketing system.</p> <p>We're a single point of contact for public transport service information, fares, tickets and initiatives.</p> <p>Over 235 million people</p>
Involvement Capacity	<p>Healthier options at PTV sites:</p> <ul style="list-style-type: none"> • PTV has a range of vending machine options, kiosks and food retailers at train stations, which could potentially be a target for the implementation of healthy choices to commuters
Relationship Strength	★★
Vision Alignment	<p>Vision: a public transport service that Victorians value and choose to use.</p> <p>Purpose: to get people where they want to go by providing safe, reliable and inclusive public transport network.</p>

Parks Victoria [95, 96]

About	<p>Parks Victoria is a statutory authority, created by the <i>Parks Victoria Act 1998</i> and reporting to the Minister for Energy, Environment and Climate Change; Minister for Suburban Development, The Hon Liliansa (Lily) D'Ambrosio MLA, and Minister for Ports; Minister for Roads and Road Safety, The Hon Luke Donellan MLA</p> <p>Our responsibilities under the Parks Victoria Act 1998 are to manage the State's parks, reserves, waterways and other public land including a representative system of terrestrial and marine national parks and marine sanctuaries. It is also the Local Port Manager for Port Phillip Bay, Western Port and Port Campbell and the Waterway Manager for the Yarra and Maribyrnong rivers.</p>
Involvement Capacity	<p>Supporting Environmental Change:</p> <ul style="list-style-type: none"> • Supporting the changes to parks and recreational sites to ensure better access to drinking water • Support healthy choices within current and future food establishments
Relationship Strength	★★
Vision Alignment	<p>Goal: to connect people and parks. To achieve this, they will:</p> <ul style="list-style-type: none"> • promote the Healthy Parks Healthy People philosophy, working in partnership with the health sector to engage the

	<p>community</p> <ul style="list-style-type: none">• work with partners to provide facilities, community programs and information that makes getting active in urban parks easy, safe and fun• ensure that future contracts for food provision in parks require a variety of healthy, locally produced, and reasonably priced food options• promote opportunities for adventure experiences in parks via organised providers, such as clubs, groups and licensed tour operators.
--	--

Voluntary/NGO

Kidney Health Australia [97-102]

About	<p>Kidney Health Australia are a not-for-profit organisation which is dedicated to helping people with kidney disease improve their health outcomes, quality of life and that of their carers and families.</p> <p>Mission: To promote good kidney health through education, advocacy, research and support.</p> <p>Vision: To save and improve the lives of Australians affected by kidney disease.</p> <p>Values: Commitment to excellence; working cooperatively; proactive leadership and 'making a difference.'</p>
Involvement Capacity	<p>Aligned with the Australian Chronic Disease Prevention Alliance which includes Cancer Council Australia, Diabetes Australia, the Heart Foundation, Kidney Health Australia and The Stroke Foundation. This alliance has a primary goal to improve the nutritional status of Australia. They have a specific policy to promote the levy on sugary drinks due to the vast array of health effects.</p> <p>Key supporters of the Rethink Sugary Drink Campaign by VACCHO.</p> <p>Ambassadors for Kidney Health Australia include: David Hussey (cricketer), Frankie Holden (actor, singer and TV presenter), Phil Davis (footballer), Rochelle Pitt (singer, songwriter and renal registered nurse), Sharna Burgess (professional dancer).</p> <p>Corporate partners include (but not limited to): Monash Health and Subaru Melbourne.</p> <p>Offers potential partnership opportunities in addition to media releases, potential ambassadors or affiliations, educational resources and a governing body platform to promote the message of the IHPG.</p>
Relationship Strength	★★★★
Vision Alignment	<p>'We work to prevent the development of chronic disease, partnering with alliance members to encourage healthier food choices through better food labelling, increased physical activity, better programs and more active living spaces, and through targeted campaigns against things like high salt, high sugar and tobacco use.'</p> <p>Position statements and media releases on drinking more water and the relationship between sugar-sweetened beverages and chronic kidney disease.</p>

About	<p>Diabetes Australia is the National body for people affected by all types of diabetes and those at risk. Diabetes Australia is committed to reducing the impact of diabetes through research, prevention, leadership and management. Diabetes Australia works in conjunction with health professionals, educators, researchers and healthcare providers to reduce the impact of diabetes within our community.</p>
Involvement Capacity	<p>Affiliated with the Australian Chronic Disease Prevention Alliance.</p> <p>Key supporters of the Rethink Sugary Drink Campaign by VACCHO.</p> <p>Ambassadors for Diabetes Australia include Cameron Munster (rugby league), Dr Joanna McMillan (APD, AN, PhD), Guy Leech (ironman), Sammy Veall (Yoga teacher), Dr Adam Fraser (EP, PhD), Christine Aramarego (EP), Dan Gregory (Advertising, marketing and media)</p> <p>Corporate partners include (but not limited to): Commonwealth Bank, Eftpos, Abbott and Energizer.</p> <p>Offers potential corporate partnership opportunities which may result in additional funding opportunities in addition to media releases, potential ambassadors or affiliations, educational resources and a governing body platform to promote the message of the IHPG.</p>
Relationship Strength	<p>★★★★</p>
Vision Alignment	<p>Position statement on sugar-sweetened beverages: 'Diabetes Australia recommends that the Australian Government introduce a health levy on sugar-sweetened beverages, as part of a comprehensive approach to decreasing overweight and obesity, and reducing the impact of type 2 diabetes.'</p> <p>A health levy on sugar-sweetened beverages should not be viewed as a single solution. It should be one component of a comprehensive approach, which includes:</p> <ul style="list-style-type: none"> • Restrictions on children's exposure marketing • Availability of sugar-sweetened beverages in schools and other childhood settings • Public education campaigns • Diabetes prevention programs.

Healesville Indigenous Community Services Association [108, 109, 110]

About	HICSA's Purpose: 'To establish and operate a base from which an integrated program of health, well-being, education and employment services for the Aboriginal community is delivered within a cultural framework of respect, caring and sharing.'
Involvement Capacity	<p>Provides an Aboriginal and Torres Strait Islander lens. This is deemed important as this is a potential population which may not be targeted specifically by the IHPG.</p> <p>Affiliation with VACCHO & rethink sugary drink program. Partnerships include (but are not limited to): Department of Health, Yarra Ranges Council, Eastern Health, Inspiro, Healesville Primary (part of the Achievement program), Department of Education and Early Childhood Development.</p> <p>Partnerships with HICSA may be formed to support:</p> <ul style="list-style-type: none"> • Direct delivery of services from and by HICSA • Co-delivery of services with HICSA • Sharing of the HICSA space, and/or other facilities and resources • Promotion of information and available supports across the service landscape • <u>Development of service providers for culturally inclusive, culturally competent delivery</u> • Quality, ethical research and data gathering to inform service delivery • <u>Policy development and decision-making</u> • <u>Advocacy for the needs and interests of the community</u> • Reconciliation and social/community building activities <p>This wealth of established partnerships could potentially enhance the reach and capacity of the IHPG.</p>
Relationship Strength	★★★★
Vision Alignment	Vision: 'A healthy, strong and skilled Aboriginal and Torres Strait Islander Community in Melbourne's Outer East.'

Community

Parents' Voice [111, 112, 113]

<p>About</p>	<p>Parents' Voice is an online network of parents who wish to improve nutrition and physical activity environments for Australian Children. Formerly known as 'The Parents' Jury.'</p>
<p>Involvement Capacity</p>	<p>Currently advocating through an online platform for campaign 'Water with that.' This campaign is challenging fast food restaurants to serve water with children's meals, as is shown in their advertisements. Parents' voice found that 89% of parents supported water being the standard drink offered to children from food outlets.</p> <p>Currently advocating for Healthy Schools Canteen Policy to be implemented in your local school.</p> <p>Supported by: Diabetes Victoria, Cancer Council Australia, VicHealth and YMCA Victoria.</p> <p>Parents' Voice offers the IHPG an alternative method of communication. This large, powerful, online body is successful in creating campaigns which will hopefully facilitate change. It offers parents a voice for their children, which is a more community focused lens. The strength of their existing partnerships provides opportunities for additional partnerships, funding, exposure and educational materials.</p>
<p>Relationship Strength</p>	<p>★★★★</p>
<p>Vision Alignment</p>	<p>Parents' Voice aims to: 'Reduce the presence of unhealthy food and beverages in places that kids spend most of their time such as home, school, sports clubs, restaurants and retail outlets.'</p> <p>"We need to address the burden that sugary drink consumption is placing on our children. Australia needs to ban junk food advertising to children and introduce a health levy on sugar sweetened beverages."</p>

Maternal and Child Health Centres [114]

<p>About</p>	<p>Maternal and child health services provide information, education and support to new parents and families. Services provided which are relevant to the IHPG include:</p> <ul style="list-style-type: none"> • Information on infant feeding - both breastfeeding and formula feeding • Introduction to solid food and general nutrition
<p>Involvement Capacity</p>	<p>Maternal and Child Health services have the capacity to reach a large proportion of the Yarra Ranges Community. Children and parents are seen at 2 weeks, 4 weeks, 8 weeks, 4 months, 8 months, 12 months, 18 months, 2 years and 3.5 years. This provides a prime opportunity for education and support. A benefit of targeting the IHPG goal to this setting is that the children and parents are already attending the appointment. There is no additional commitment required and it is government funded. In addition to this, general nutrition is included in the curriculum. This could be further strengthened to support the work of the IHPG. Each appointment, the parent receives an information pack. This is where educational material can be provided, alongside pamphlets and flyers within the clinic.</p>
<p>Relationship Strength</p>	<p>★★★</p>
<p>Vision Alignment</p>	<p>Provides general nutrition information and wishes to promote health for our growing population.</p>

Australian Men's Shed Association [115, 116, 117]

<p>About</p>	<p>The Australian Men's Shed Association (AMSA) is a non-for profit association which represents >930 men's sheds. AMSA is one of Australia's largest male based community development organisations.</p> <p>MSA aims to improve the health and wellbeing of members and reduce the number of men who are at risk from preventable health issues that may emanate from isolation.</p> <p>Prevention of social isolation by providing a safe, friendly and welcoming place for men to work on meaningful projects and to contribute to the wider community.</p>
<p>Involvement Capacity</p>	<p>Funded by The Federal Department of Health.</p> <p>Strategic Partnerships include: BeyondBlue, Heart Foundation, Department of Veterans Affairs and The Cancer Council.</p> <p>The Shedder - newsletter released monthly which includes section for healthy eating and recipes. Potential platform to include IHPG message and events.</p> <p>This is an important partnership to establish as in the Yarra Ranges men are much more likely to consume soft drinks daily. Men (and women) who did not complete high school were more likely to consume these daily as were men with an annual household income of <\$40,000.</p> <p>AMSA provides a large platform to influence men's health and nutrition across the nation who may not be individually targeted by the IHPG.</p> <p>The Victorian Men's Shed Association strategically aligns with Parks Victoria which is another partnership which has potential.</p>
<p>Relationship Strength</p>	<p>★★★</p>
<p>Vision Alignment</p>	<p>Improve health of wellbeing of members and reduce risk of preventable health issues which may stem from isolation.</p>

5.4 Meeting 100 Partners Exercise Results

Background: During the second Integrated Health Planning Meeting (09/05/2018), the students asked the members present to complete the 100 Partners Exercise individually and in groups of threes.

Due to the small number of attendees it was deemed appropriate to conduct this exercise once only, in two groups of three team members.

IHPG members were given approximately 15 minutes to complete this exercise. The group collectively then discussed their results.

The student researchers conducted this exercise for the following reasons:

1. The IHPG team have an in depth knowledge of the public health system, alongside a rich understanding of the Yarra Ranges municipality. It was hypothesised that they might be able to identify potential partners that the student researchers could not.
2. Collective impact literature suggested that team building exercises help to build capacity and collaboration between partners. The 100 Partners exercise was a great opportunity to incorporate this activity into the agenda.
3. It was proposed that this activity would create interaction and conversation between the IHPG. This would create a much needed break in between the student researchers presentation.

Results:

GOVERNMENT	BUSINESS
<ol style="list-style-type: none"> 1. Youth Services 2. Healthy Eating Advisory Service 3. Public Health Sector - Victorian Government 4. Department of Education - SEIL 5. Department of Education - Community Liaison 6. Department of Health - regional contact: Christine Farnum 7. Yarra Ranges Council - Early Years Department 8. Yarra Ranges Council - Recreational and Active Living 9. Yarra Ranges Council - Community Development 10. HACC 11. Meals on Wheels 12. PAG 	<ol style="list-style-type: none"> 1. Nutrition Australia 2. Yarra Valley Water 3. Dental surgeries 4. Fitness clubs 5. Medical centres 6. Cafes/restaurants 7. Workplaces 8. IGA 9. Woolworths 10. ALDI 11. Catering Companies 12. Kilsyth Basketball Stadium 13. Entertainment precincts 14. Social Enterprise Cafes 15. Private pools - swimming lessons 16. Private sports clubs - squash, soccer, basketball 17. Play centres 18. Industrial parks 19. Chemist Warehouse

	<ul style="list-style-type: none"> 20. Emergency Food Relief 21. School holiday programs 22. Children's birthday party providers 23. GoodLife 24. RACV Club 25. Weight loss groups 26. Local newspapers 27. SALT (Sport and Life Training) 28. AFL 29. VFL 30. Belgravia 31. Schweppes 32. Peters 33. Zouki 34. Coke/Amital 35. Healesville Gym 36. Lilydale Gym 37. Curves 38. Food trucks 39. Aged care facilities
COMMUNITY	VOLUNTARY
<ul style="list-style-type: none"> 1. New Mum's groups 2. Sporting clubs 3. Facebook groups such as buy/swap/sell or local communities of interest 4. Grandparents as carers 5. Local bloggers 6. Community festivals i.e. Lantern Festival Upwey 7. Mothers/Fathers Day Events 8. Parents 9. Melba Support 10. Netball clubs 11. Football clubs 12. Soccer clubs 13. ECOSS 14. Disability services 15. Cooking classes 16. Fundraising bodies 	<ul style="list-style-type: none"> 1. Vegetable swaps 2. Sustainability Living Groups - permaculture 3. Other community action groups

Discussion:

In 15 minutes, the IHPG identified an additional 70 partners whom could help them achieve their goal. These results show that there is the potential for the IHPG to engage with a variety of government, business, community and voluntary stakeholders. However it is yet to be determined the best way to do so.

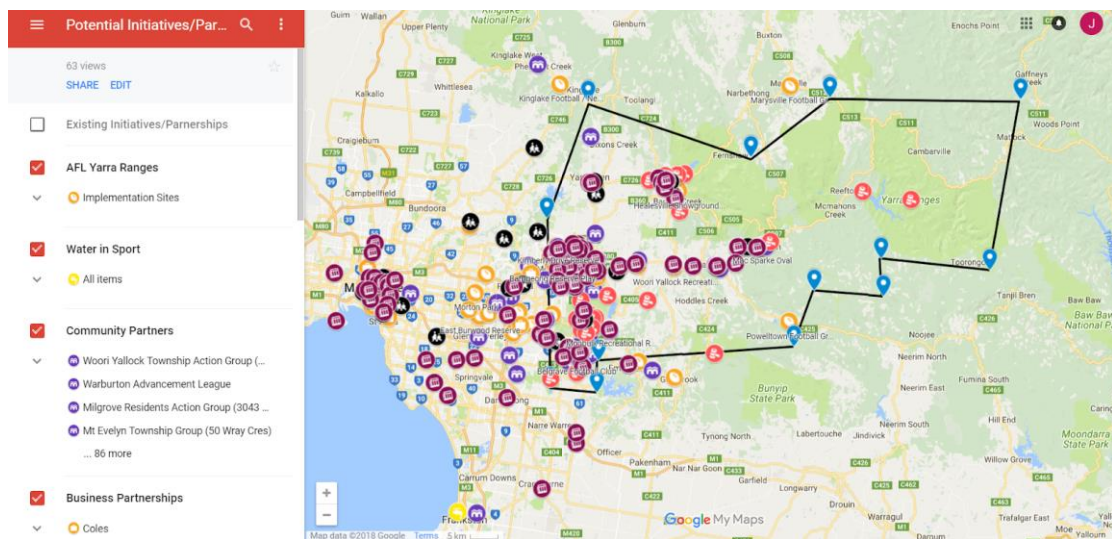
At the completion of the exercise, IHPG members discussed the importance of building on previously established relationships. They identified that they already had relationships with potential stakeholders who could provide additional support and resources to the IHPG. It was deemed appropriate to explore the possibility of expanding these relationships prior to establishing new partnerships.

5.5 Potential Partnerships - Geographical Reach

This geographical map details the locations of potential initiative implementation sites based on recommended partnerships, for example, as a partnership with Little Athletics Victoria is recommended their various sites across the Yarra Ranges Region have been identified and marked.

This map was created for the same reason as the “Current/Past Initiatives” map, as it helped to show where potential initiatives may target populations not currently addressed through initiatives under the IHPG.

Figure 7. Screen capture of map showing potential initiative implementation sites for future interventions under the IHPG.



5.6 Kumu Stakeholder Analysis

The student researchers realised the need for a simple way to understand and contextualise various relationships between stakeholders. This not only refers to relationships between members of the IHPG, but also those relationships between community groups, businesses, organisations and individuals; all with a vested interest in the outcome of the project undertaken by the IHPG.

The students then discovered online mapping software, Kumu, which provides a user-friendly means of creating stakeholder maps. [118]

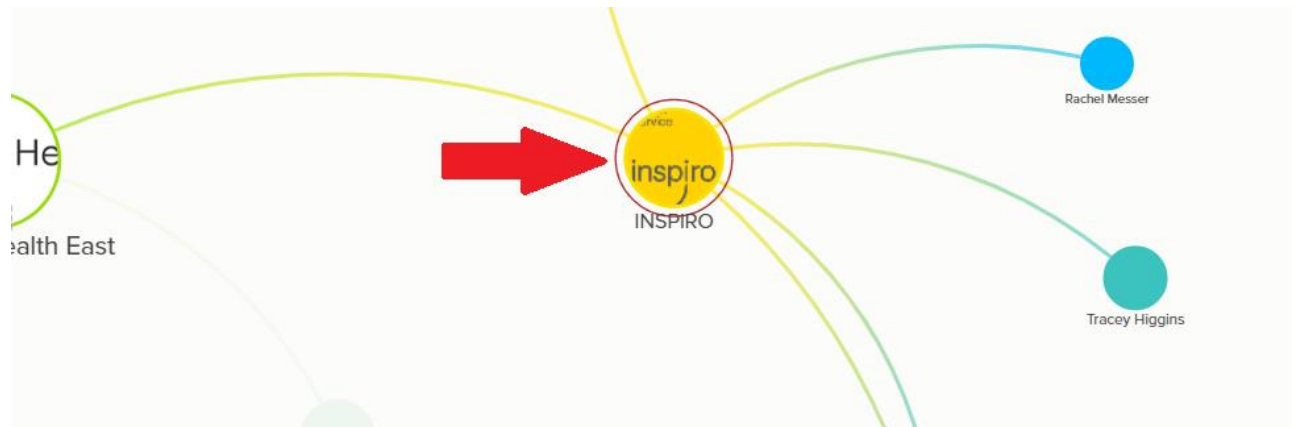
The interactive map created represents the relationships between current and potential stakeholders within the IHPG. It includes key contact information, role, relationship, background and additional information regarding opportunities for partnership where applicable.

The map was designed for the purpose of identifying relationships with potential partners as mentioned, but additionally for understanding the knowledge, skills and experience of peers, and drawing on existing relationships currently unexplored or underutilised.

An example is provided below:

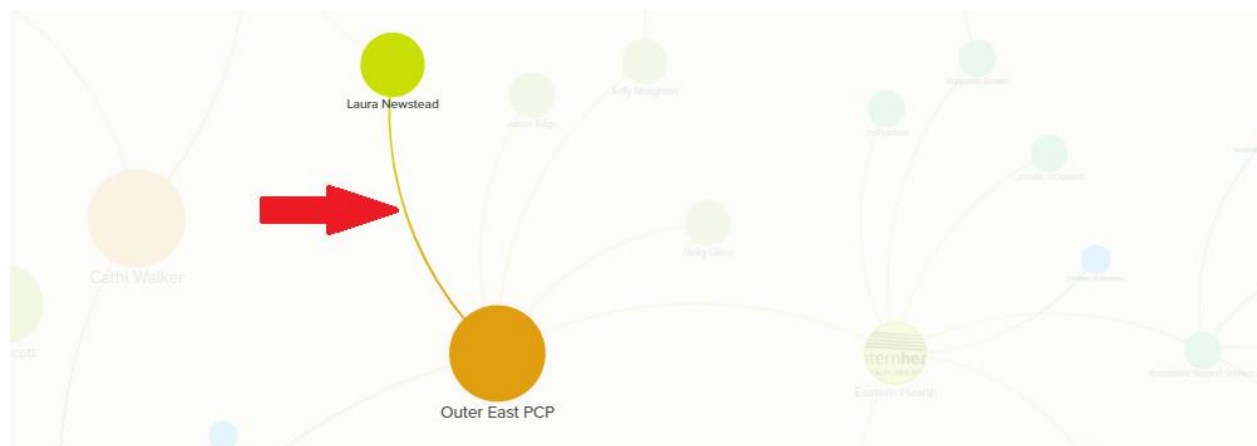
Bubbles: each bubble represents a group or partner (current or potential) of the IHPG. The size of the bubble reflects the number of current/potential connections to other stakeholders.

Figure 8. Bubbles example



Links: each link to a bubble represents a connection between two or more stakeholders. This connection may represent, for example, an employee/employer relationship, or a relationship founded on previous work completed between two organisations.

Figure 9. Links example



Tags: each bubble additionally contains a tag. This tag can group together stakeholders based on common characteristics. For example, Yarra Ranges Council is part of the IHPG. By clicking on their "IHPG Partner Organisation" tag, you can see other organisations represented within the IHPG.

Figure 10. Tags example

Yarra Ranges Council

IHPG BACKBONE ORGANISATION

The Yarra Ranges Council provides a wide variety of services to the Yarra Ranges municipality and enforce various federal, state and local laws for the community. These services include public health, traffic, parking and recreation.

IHPG Partner Organisation

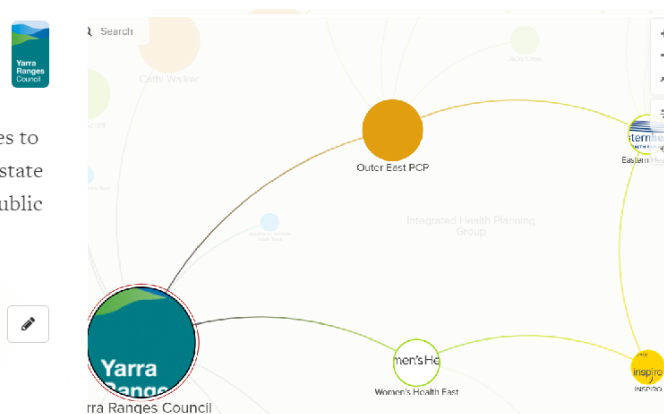
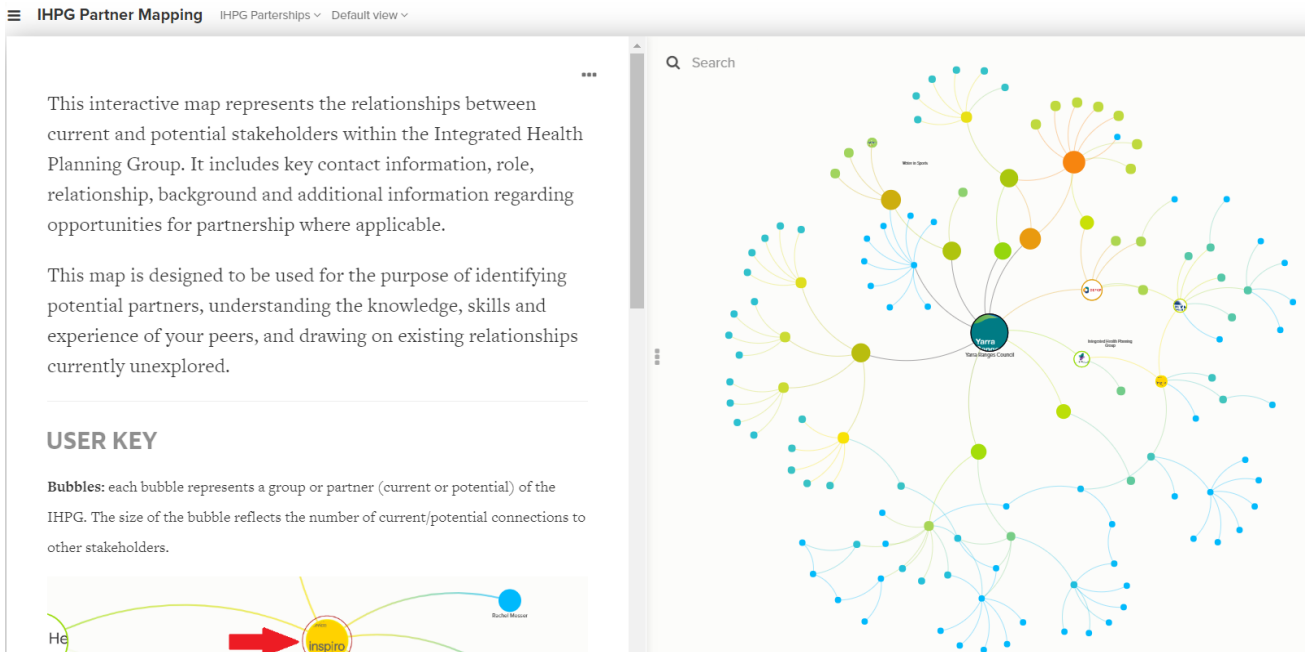


Figure 11. Final Kumu Stakeholder Analysis (Screen-Capture of Interactive Map)



6.0 Collective Impact Evaluation: Wilder Collaboration Tool

6.1 What is it and why is it used?

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organisations to achieve common goals.;

'The relationship includes a commitment to: a definition of mutual relationships and goals, a jointly developed structure and shared responsibility, mutual authority and accountability for success, and sharing of resources and awards.'

The Wilder Collaboration tool is a free online collaboration assessment to assess how well a team is working together under a collective impact model. [119] This tool was created by Mattessich P, Murray-Close M and Monsey B in 2001 after they conducted a literature review of 133 studies which focused on factors which influence the success of collaboration. [120]

The Wilder Collaboration Tool consists of 40 quantitative questions which are responded to on a likert scale and two qualitative questions which provides individuals a space to provide additional information. [119] This questionnaire takes on average 15 minutes to complete. All responses are completely anonymous. The results are summarised into averages of 20 categories however, the results of all 40 questions can be accessed.

To interpret the results the researchers further categorised the factors into 6 domains. This method was replicated from Ziff M.A. et al 2010 and recommended by Mattessich, Murray-Close and Monsey. [121, 122]

A limitation of The Wilder Collaboration Tool is that it does not provide you with the raw data. Therefore any outliers may skew the results of the study. However, this is where the qualitative questions provides some insight into this area.

Why did we decide to use it and how did we know about it?

As can be seen in Section 3.2, the meeting with Jen Riley highlighted the potential benefit of using the Wilder Collaboration Factors Inventory Tool to measure the effectiveness of the group working together under a Collective Impact framework. Initially, the students attempted to modify multiple evaluation tools they found in scientific literature. The draft of this modified evaluation tool was presented to Jen Riley who suggested the Wilder Collaboration Factors Inventory Tool might be a more straight-forward, time-effective technique instead.

At the first Integrated Health Planning Meeting on 29/03/18, the student researchers suggested using the Wilder Collaboration Factors Inventory Tool as a measure to see how well the group was working together and to highlight potential areas of improvement. The group showed enthusiasm in participating in this data collection method.

6.2 Methods of Data Collection

All 16 members of the Integrated Health Planning Group were contacted via email with a brief explanation of the purpose of the Wilder Collaboration Tool. There was a link attached to the email, which specifically took them to the Wilder Collaboration Tool for the IHPG.

The researchers enabled a two-week time frame for this data to be collected. At the conclusion of this time, 8 members of the IHPG had completed the Wilder Collaboration Tool.

A further limitation of this data collection method is the complete anonymity of the results. It is unclear if organisations dedicated one individual to respond on behalf of the organisation as a whole, or if multiple people completed this tool. Therefore, there may be some organisations who did not complete this tool within the time frame and their results are subsequently missing.

6.3 Summary of Results

Raw data from the Wilder Collaboration Factors Inventory Tool can be seen in Appendix 1.

6.3.1 Qualitative:

Overall, the group was evaluated positively. Areas of strength and areas for improvement can be easily identified within responses of the qualitative portion of the Wilder Collaboration Tool.

The main positive reflection on the group's collaborative effort was the enthusiasm in which they shared in working together towards the reaching a combined goal. The group's responses highlighted the value of 'shared commitment to an issue' and the 'strengthening of a work culture that promotes collaborative approaches to care.' It was acknowledged that there is a high level of respect shared amongst members of the group. Participants felt that members were willing to compromise on goals to work towards a shared vision whilst openly communicating with one another. This was deemed to further support and strengthen their relationships. The leadership of the group was commended and it was considered as a factor which enabled the group to work together collaboratively.

The main responses regarding areas for improvement were in regards to a potential disconnect between the group, external stakeholders and "on the ground" staff.

Participants suggested:

- Additional forward planning
- Strategies for addressing changes in circumstances such as staffing, political and resource shifts
- Creating clearly defined goals
- Providing a better understanding of the future direction of the group.

There was also the concern that the group was not represented as strongly by those from other sectors, including the community. These sectors may offer a broader perspective on how to address the groups overarching goal. Participants acknowledged that the group is aware of the need for a broader perspective in order to achieve their goal. Measures are currently being established to address this limitation within upcoming work.

6.3.2 Quantitative:

Environmental

The environment considers the geographical location and social context in which a collective impact group exists. The group does not have control over these factors, but may be able to influence or affect them in some way. [121]

Environmental considerations were rated well with all factors falling between 3.5 and 4.5 out of 5. There was a strength identified in the current social and political climate aligning with the project being undertaken, suggesting now is the "right" time to be engaging in a collaborative approach. Factors that deserved further discussion included community perception of the group, including their thoughts about what the group can hopefully accomplish together.

Membership Characteristics

Membership characteristics considers the different skills, attitudes and opinions of the members within a collective impact group, as well as the capacity of the organisations from which they represent. [121]

The results within membership are varied in that some areas are rated positively, and are therefore identified as a strength, and other smaller statements are rated as a potential concern for the group. This data aligns with qualitative results in suggesting that all the there needs to be a greater cross-section of people within the group who have a stake in the project being undertaken. It appears that all organisations represented within the group agreed that their own organisations will benefit from being involved in the collaboration, which can potentially attribute to the sustainability and provision of resources for this project.

Process and Structure

Process and structure refers to the management, operational systems and decision making processes within a collective impact group. [121]

Many areas were highlighted for discussion regarding the processes and structure of the group. There isn't a strong level of clarity regarding roles and responsibilities of the group and the processes in place regarding decision making. There is also room for discussion surrounding the flexibility and adaptability of the group, particularly regarding their ability to adapt to changing conditions such as changes in funding or political climate.

One area that was rated considerably higher was the level of commitment displayed by members of the group towards achieving success with the project, which may also shed light on the collective agreement that the group is moving at a good pace.

Communication

Communication refers to the effectiveness of methods of sending and receiving information and keeping each member of the group informed. It also reflects on how members convey their opinions to influence the actions of the group. [121]

Overall, responses to communication within the group were positive. The group collectively agreed that formal and informal discussions about the efforts of the group have taken place. Some responses suggested areas for improvement in open communication between member of the group and within leadership of the group.

Purpose

Purpose is the reasoning behind addressing an issue in a collaborative way. This includes the collective vision that the group hopes to achieve. In addition to addressing the specific tasks determined necessary to accomplish based on need, crisis or opportunity. [121]

Purpose was one of the highest performing domains, with two of the three factors being identified as a strength of the group. These results highlighted that the group is addressing a unique purpose, with a shared vision, that is supported by a clear understanding of that the group is trying to accomplish. This information varies slightly with the qualitative responses that highlight a desire for more concrete goals and objectives.

Resources

Resources refers to the financial and human effort necessary in developing and sustaining the efforts of the group. [121]

Responses regarding resources suggest that the leadership within the group has good skills for working with other people and other organisations, which is therefore identified as a strength of the group. Further discussion is required into whether the group has adequate funds to accomplish their goals and whether they have adequate “people power” to ensure their goal is accomplished.

6.4 Recommendations

6.4.1 Qualitative Recommendations for Future Collaboration:

- Clearly define the group in a way that is easily interpreted by external stakeholders and on the ground staff in order to create a shared and consistent understanding
- Increase cross-sectoral and community partnerships that expand the voice of the group
- Develop a clear set of goals and direction for the group
- Plan for change - come up with a backup plan that considers changes to staffing, political shifts and resource gaps

6.4.2 Quantitative Recommendations for Future Collaboration:

- Providing a platform available to the community that clearly defines the role and goals of the IHPG to help shape their perception of the groups activities
- Engage in cross-sectoral and community partnerships, particularly with those who have a stake in the outcome of the group project
- Create a clearly defined process for decision making that is mutually accepted within the group to increase efficiency
- Discuss feelings of group members regarding the current goals of the group, and whether these need to be more clearly defined for better direction
- Build on strategies for increasing funding allocated to the group
- Identify people of power that can enhance the likelihood of project success

6.5 Conclusion

Overall, the results from the Wilder Factor Collaboration Inventory Tool were positive. 35% of categories were classified as real 'strength' of the group and 60% of categories were classified as 'borderline - needs discussion.' Only 5% of categories contained issues, which need to be addressed as soon as possible.

Potential ways to enhance the collaboration of the group include:

- Clearly defining the goals and individual roles of the IHPG that is translatable to group and general public
- Increasing cross-sectoral partnerships and community engagement
- Identify powerful actors and champions for the group
- Create sustainability within the group. This includes planning for changes in staffing, funding and political agendas.

7.0 Literature Review

7.1 Wilder Collaboration Systematic Review

7.1.1 Methods

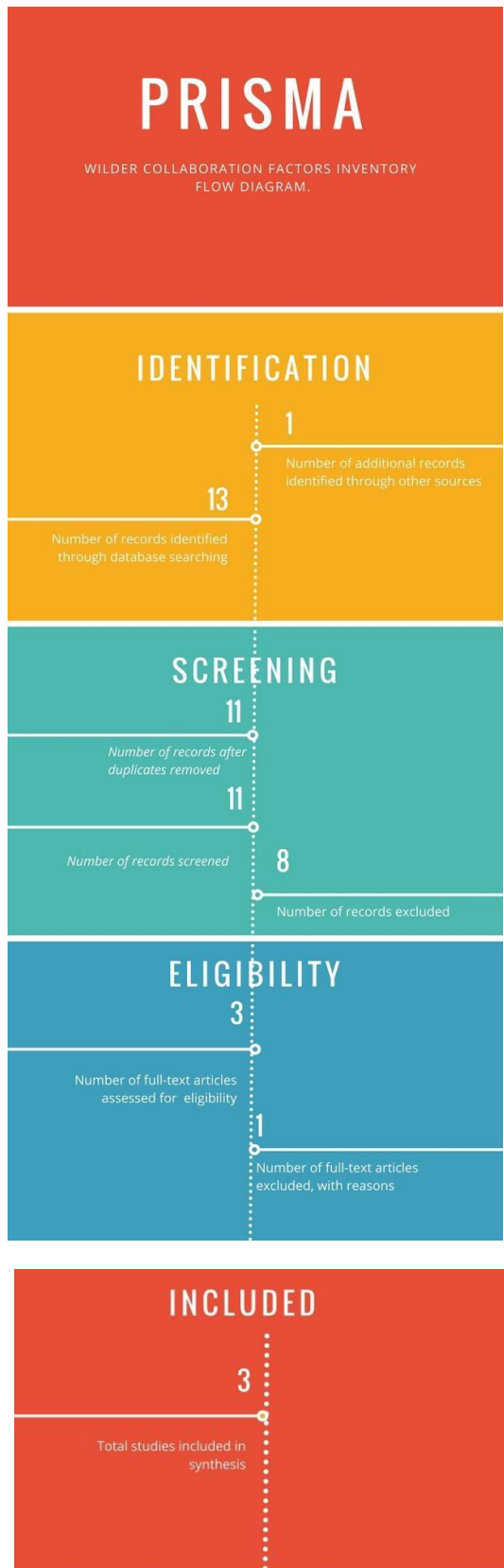
Search Strategy: A total of six electronic databases were searched: Ovid Medline, Cochrane, Cinahl Plus, Scopus, Psych Info and Informit. Search terms were explored and developed based on the needs of the IHPG. The following search terms were entered into the six databases with limited success. The terms were further refined to decrease irrelevant search results. The final search terms are as follows:

("wilder collaboration").ti OR ("wilder collaboration").ab

Study Selection & Data Extraction: A PRISMA flow diagram has been created to see the flow of information in this review. [123]

Figure 12. PRISMA flow diagram for Wilder Collaboration Factors Inventory

Literature Review



Citations were exported from each electronic database and imported into EndNote Version X7 for further screening, and duplicates were removed.

Searches were then further refined by date, and title and abstract were screened for relevance as per inclusion criteria.

Searches which remained ambiguous were discussed between student researchers in order to come to a consensus. Papers excluded from this review were then categorised into reasons for exclusion for transparency.

Papers included were then examined in full-text and again assessed for relevance. Final included papers underwent data extraction using a modified data extraction tool.

Inclusion criteria:

- Studies published from 2008-2018
- Studies in English
- Studies which included how to interpret Wilder Collaboration results
- Studies which included recommendations based on Wilder Collaboration results

Synthesis of Results: Results were then summarised into key findings and a thematic analysis was undertaken. Key themes were identified and recommendations were provided.

7.1.2 Results and Recommendations [121, 124, 125]

COMMON THEME	PAPERS EXHIBITING THEME	RECOMMENDATIONS	LIMITATIONS
Effective Collaboration	<p>Perrault E. Working together in collaborations: Successful process factors for community collaboration (2011)</p> <p>Gillam R.J. Collective impact facilitators: how contextual and procedural factors influence collaboration (2016)</p> <p>Ziff MA. <i>Connect to Protec®</i> Researcher-Community Partnerships: Assessing Change in Successful Collaboration Factors over Time (2010) **</p>	<p>In order to establish effective collaboration, it may be beneficial to educate members in practical methods from learning from one another.</p> <p>Important to hire individuals with collaboration skills. Provide additional training in collaboration.</p> <p>Meeting attendance alone are not effective in ensuring collaboration. Informal relationships need to be established between members of the group (only variable that predicts collaboration in isolation). Informal relationships enable difficult conversations, create a sense of shared purpose and help dissolve uncertainty. Suggest team building exercises.</p> <p>Utilise past experience, client experiences, and collective experience of partners to strengthen collaboration.</p> <p>'Adding new participants may help increase ownership, boost trust and buy-in from the general community, and facilitate goal attainment.'**</p> <p>Important to define roles of members of the group. IHPG can be seen as its own organisation in more of a working committee role which has its own structure. Community partners may have different agendas depending on which organisation they represent, therefore recommended to utilise them as a 'steering committee' external to the working committee.**</p>	<p>'The cost of participation is high, requiring a commitment of time and resources that must be outweighed by the benefits of collaboration.'</p> <p>The cost and time required for training individuals in a collaborative approach.</p>
Communication	<p>Perrault E. Working together in collaborations: Successful process factors for community collaboration (2011)</p>	<p>Develop intentional personal connections which creates a foundation for respect, understanding and trust.</p>	<p>Organisation needs to allow individuals time to develop these informal relationships.</p>

**Sourced from Grey Literature document.

Study Limitations:

- Small sample of included papers (n=3)
- Very specific search criteria to ensure recommendations were relevant to IHPG
- Additional grey literature may have been advantageous but could not be included for time constraints

7.2 Collective Impact Systematic Review

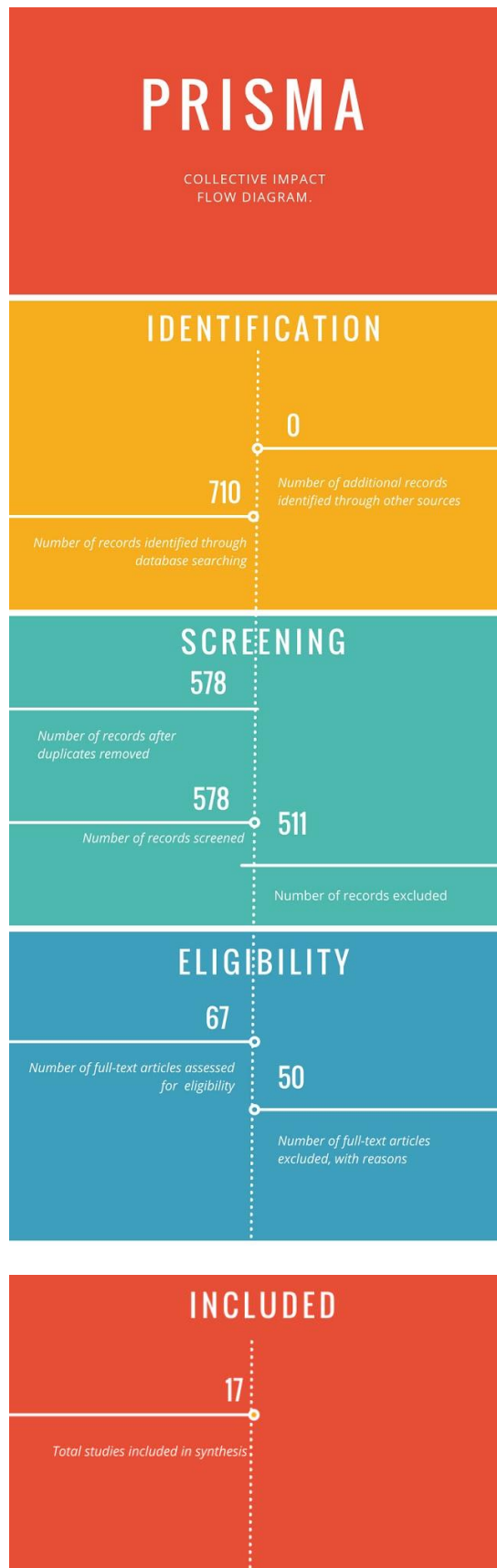
7.2.1 Methods:

Search Strategy: A total of six electronic databases were searched: Ovid Medline, Cochrane, Cinahl Plus, Scopus, Psych Info and Informit. Search terms were explored and developed based on the needs of the IHPG. The following search terms were entered into the six databases with limited success. The terms were further refined to decrease irrelevant search results, as the following demonstrates:

1. *((("collective impact" or multi-organisation or cross-sector or multi-sector) and ability or enhanc* or capacity or strength* or limit*) and evaluat* or recommend*) and "common agenda" or "shared measurement" or "mutually reinforcing" or communication or "backbone support").ab*
2. *((("collective impact" or multi-organisation or multi-sector or cross-sector) and evaluat* or recommend*).ab OR ((("collective impact" or multi-organisation or multi-sector or cross-sector) and evaluat* or recommend*).ti*
3. *("collective impact" or multi-organisation or multi-sector or cross-sector).ab. OR ("collective impact" or multi-organisation or multi-sector or cross-sector).ti.*
4. *FINAL: "collective impact".ti. or "collective impact".ab.*

Study Selection & Data Extraction: A PRISMA flow diagram has been created to see the flow of information in this review. [123]

Figure 13. PRISMA flow diagram Collective Impact Literature Review



Citations were exported from each electronic database and imported into EndNote Version X7 for further screening, and duplicates were removed. Searches were then further refined by date, and title and abstract were screened for relevance as per inclusion criteria.

Searches which remained ambiguous were discussed between student researchers in order to come to a consensus. Papers excluded from this review were then categorised into reasons for exclusion for transparency.

Papers included were then examined in full-text and again assessed for relevance. Due to time constraints, the researchers ranked the papers from 1 (least informative) to 5 (most informative) relating to the goals of the IHPG. Papers which were rated >3/5 were included for final extraction. Final included papers underwent data extraction using a modified data extraction tool.

Inclusion criteria:

- Studies published from 2008-2018
- Studies in English
- Studies which included collective impact in interventions
- Studies which included recommendations on how to achieve greater outcomes under a collective impact framework

Synthesis of Results: Results were then summarised into key findings and a thematic analysis was undertaken. Key themes were identified and recommendations were provided.

7.2.2 Results and Recommendations [126-142]

COMMON THEME	PAPERS EXHIBITING THEME	RECOMMENDATIONS	LIMITATIONS
Common Agenda	<p>Homel R 2015, CREATE-ing capacity to take developmental crime prevention to scale: A community-based approach within a national framework</p> <p>Kapp J, M, 2017, A Conceptual Framework for a Systems Thinking Approach to US Population Health</p> <p>Koliba C, 2017. The critical role of information sharing to the value proposition of a food systems network</p> <p>Kozo, J, 2018 The border health consortium of the Californias-forming a binational (California-Baja California) entity to address the health of a border region: A case study</p> <p>Meinen A, 2016 The Wisconsin early childhood obesity prevention initiative: An example of statewide collective impact</p> <p>Salignac F, 2018 Understanding Collective Impact in Australia: A new approach to interorganizational collaboration</p> <p>Walzer N, 2016. Collective impact approaches and community development issues</p>	<p>Create a strategic vision - This gives the group a clear sense of direction which can guide action. Roles and responsibilities of team members are clearly defined. Narrowing down initiative's focus is crucial.</p> <p>Formation of a consortium to create goals, objectives and strategic direction. Surveying members has been helpful to identify common challenges.</p> <p>Acknowledge that these goals and agendas will change over time, and have the capacity to adapt to change.</p> <p>Focus on issue targeted, find a champion to drive this process, create a willingness for members to stay at the table.</p> <p>Use of Baldrige Framework as an integrated system to create strategic, performance based direction.</p> <p>Information sharing infrastructure is the key driver of common agenda setting.</p>	<p>Lack of senior management support.</p> <p>Lack of input from NGO's</p> <p>Conflicting goals among participants and agencies can cause friction which delays and prevents action.</p>
Shared Measurement	<p>Homel R 2015, CREATE-ing capacity to take developmental crime prevention to scale: A community-based approach within a national framework</p> <p>Julian R, 2017,</p>	<p>Performance is monitored and reported within an agreed outcomes framework whilst being sensitive to the contexts in which separate organisations work.</p> <p>Conduct program evaluations which help to identify the strengths and weaknesses of collaborative models. This includes barriers, opportunities and how this</p>	<p>Budget constraints.</p> <p>Lack of demonstrable impact.</p> <p>Lack of business rules and</p>

	<p>Exploring law enforcement and public health as a collective impact initiative: lessons learned from Tasmania as a case study</p> <p>Kapp J, M, 2017, A Conceptual Framework for a Systems Thinking Approach to US Population Health</p> <p>Kozo, J, 2018 The border health consortium of the Californias-forming a binational (California-Baja California) entity to address the health of a border region: A case study</p> <p>Meinen A, 2016 The Wisconsin early childhood obesity prevention initiative: An example of statewide collective impact</p> <p>Salignac F, 2018 Understanding Collective Impact in Australia: A new approach to interorganizational collaboration</p> <p>Schwartz K, 2016, Community-campus partnerships, collective impact, and poverty reduction</p> <p>Walzer N, 2016. Collective impact approaches and community development issues</p> <p>Weaver, L, 2016 Possible: Transformational change in collective impact</p>	<p>relates to collective impact. Disseminate findings amongst stakeholders.</p> <p>Higher governance is needed including embedded policy and evaluation methods.</p> <p>Create an executive committee, which establishes vision and strategic plan. Review strategic plan at every meeting to ensure broader goals are met. Ensure community members are present at the development of the strategic plan to help with community 'buy-in.'</p> <p>Baldrige Framework centres around leadership and results triad. For measurement, analysis and knowledge management.</p> <p>Recommendation for an Evidence-based national reporting dashboard which means the correct data is collected.</p> <p>Create a thorough evaluation plan which includes ongoing reviews. Check how models have changed, how relationships, goals and objectives have changed.</p> <p>Create a formative assessment plan which shows skills and resources available.</p> <p>Focus on long-term sustainability, accountability and ability to build capacity within community members.</p>	<p>performance indicators.</p> <p>Difficulty on deciding on a common shared measurement system. Currently undetermined the best way to establish this.</p> <p>How can you create a system which works for everyone that doesn't cost extra or take additional time?</p> <p>Each participating group has its own priorities and expectations and thus measures success differently.</p>
Mutually Reinforcing Activities	<p>Julian R, 2017, Exploring law enforcement and public health as a collective impact initiative: lessons learned from Tasmania as a case study</p> <p>Koliba C, 2017. The</p>	<p>Creation of moratorium of understanding (MOU's) which build on existing interventions and partnerships to ensure cohesion action.</p> <p>Conduct a mapping exercise to know who is doing what and where collaboration should take place. Need to map agencies relevance towards one</p>	<p>Regarding Resource Mapping: some organisations may be hesitant to make certain resources publicly available to members.</p>

	<p>critical role of information sharing to the value proposition of a food systems network</p> <p>Kozo, J, 2018 The border health consortium of the Californias-forming a binational (California-Baja California) entity to address the health of a border region: A case study</p> <p>Meinen A, 2016 The Wisconsin early childhood obesity prevention initiative: An example of statewide collective impact</p> <p>Bradley K. Building Healthy Start grantees' capacity to achieve collective impact: Lessons from the field (2017)</p> <p>Grumbach K. Achieving health equity through community engagement in translating evidence to policy: The San Francisco Health Improvement Partnership (2010-2016). 2017</p>	<p>another. This needs to happen early within the collective group.</p> <p>Provision of information serves as a gateway for complex activities such as project collaboration and financial resource sharing. Understanding hierarchy of operation functions is key to developing mutually reinforcing activities.</p> <p>Formation of working groups who have their own goals and objectives separate to the steering committee (e.g. promotion, evaluation etc.). These have the potential to then transform into implementation teams.</p> <p>CI efforts are most effective when "they build from what already exists; honoring current efforts and engaging established organizations, rather than creating an entirely new solution from scratch"</p> <p>Create resource maps: Where resources are freely available for download and can be tailored with local logos and information or adapted to meet a community's distinctive needs. Helps upskill and maintain transparency. (Examples include community action plans, marketing resources, best-practice toolkits, and community engagement tools)</p>	
<p>Continuous Communication</p>	<p>Julian R, 2017, Exploring law enforcement and public health as a collective impact initiative: lessons learned from Tasmania as a case study</p> <p>Kapp J, M, 2017, A Conceptual Framework for a Systems Thinking Approach to US Population Health</p> <p>Koliba C, 2017. The critical role of information sharing to the value proposition of a food systems network</p> <p>Kozo, J, 2018 The border health consortium of the Californias-forming a binational (California-</p>	<p>Clear definitions of agencies roles, responsibilities and duties.</p> <p>Stakeholders should complete their own organizational profile which gives a clear picture of their relationships, customers, suppliers, partners and stakeholders, key strategic issues and systems for performance improvement. Opportunity to see if their goals align with that of the CI group whilst also providing a systems mapping approach.</p> <p>Emphasises the importance of information sharing and how this enhances the function of the group. The translation/exchange of knowledge enhances trust and minimises duplication of efforts.</p> <p>Identifying bottlenecks in information, brokering relationships through provision of information, continuous experimentation with tools and techniques which enhance continuous</p>	<p>Need for a full-time liaison person to work alongside agencies.</p> <p>Inconsistent follow up on cases.</p> <p>A lack of communication amongst participating agencies can be a barrier in implementation.</p> <p>Some organisations may not be willing to work under a collective message - i.e. relinquish their organisational agendas for the common agenda</p>

	<p>Baja California) entity to address the health of a border region: A case study</p> <p>Meinen A, 2016 The Wisconsin early childhood obesity prevention initiative: An example of statewide collective impact</p> <p>Salignac F, 2018 Understanding Collective Impact in Australia: A new approach to interorganizational collaboration</p> <p>Walzer N, 2016. Collective impact approaches and community development issues</p> <p>Weaver, L, 2016 Possible: Transformational change in collective impact</p> <p>DeGregory S. Community vision and interagency alignment: A community planning process to promote active transportation. 2016</p> <p>Amed S. Creating a collective impact on childhood obesity: Lessons from the SCOPE initiative. 2015</p>	<p>communication.</p> <p>All facets of collective impact are enabled through continuous communication.</p> <p>Capacity building, professional training, leadership development through training sessions. These activities support communication, coordination and collaboration between stakeholders.</p> <p>Commitment meetings to establish communication pathways. E.g. every month for core team and 3 x per year for full collaborative through virtual participation. Including routines for meeting agendas and minutes.</p> <p>Allocate specific time in meetings for updates on current activities, discuss opportunities and challenges.</p> <p>Provision of a cloud-based sharing system to facilitate members access to resources.</p> <p>Shared importance of formal communication through meetings, phone calls and emails and informal communication through networking and marketing through social media and websites.</p> <p>Ask what is next? Be curious about the future and encourage continuous learning and reflections on current work.</p> <p>Use barriers and resistance to initiative implementation as an opportunity to foster open communication/discussion about concerns and possible solutions.</p> <p>Create a simple, solution orientated health message that can be used across multiple sectors - easier to communicate and create credibility (e.g. a message that explains the work of the IHPG, that all other initiatives regardless of the organisation can work under and promote)</p>	
<p>Backbone Support</p>	<p>Hamel R 2015, CREATE-ing capacity to take developmental crime prevention to scale: A community-based approach within a national framework</p> <p>Koliba C, 2017. The critical role of information sharing to the value proposition of a food systems network</p>	<p>Collaboration is not possible without an external, impartial party, who has specialised resources and is independent of the organisations delivering services.</p> <p>Good governance includes - legitimacy and voice including having the right people at the table.</p> <p>Building trust between partners is an important foundation of a backbone organisation.</p>	

	<p>Meinen A, 2016 The Wisconsin early childhood obesity prevention initiative: An example of statewide collective impact</p> <p>Weaver, L, 2016 Possible: Transformational change in collective impact</p> <p>DuBow W. Expanding our understanding of backbone organisations in collective impact initiatives. 2018</p>	<p>Backbone support needs to facilitate conversation with full collaboration to ensure consistent message.</p> <p>Needs the capacity to see complex problems from the micro and macro perspectives.</p> <p>The backbone should provide a respectful structure of accountability. They can do this by requiring that members track their progress and report results at convenings - exerts informal pressure on participants to perform.</p> <p>The backbone organization should coach each participating organization - helping organisations/individuals to adapt the collective impact work to their own environments and needs.</p>	
Community involvement	<p>Raderstrong J, 2016. The why and how of working with communities through collective impact</p> <p>Salignac F, 2018 Understanding Collective Impact in Australia: A new approach to interorganizational collaboration</p> <p>Schwartz K, 2016, Community-campus partnerships, collective impact, and poverty reduction</p> <p>Walzer N, 2016. Collective impact approaches and community development issues</p> <p>Weaver, L, 2016 Possible: Transformational change in collective impact</p> <p>Cooper KR. Non-profit participation in collective impact: A comparative case. 2017</p> <p>DeGregory S. Community vision and interagency alignment: A community planning process to promote active transportation.</p>	<p>The first step to bring community members into a CI group is to establish goals. There are several strategies which can include informational campaigns, monthly community meetings or formal community representation at a governance table.</p> <p>CI should always seek to engage community members at a level of involve or higher on the community engagement spectrum. Leaders can then focus on amplifying the voice of the community or building capacity to integrate feedback from community members.</p> <p>Use IAP2 Public Participation Spectrum tool to identify where community members fit. The collective impact forum from Tamarack Institute have adapted this tool to be more appropriate to CI.</p> <p>Steps include: 1. Determine the purpose for working with community (prior to discussion with community). 2. Invest in amplifying the voice of the community. 3. Strengthen feedback loops.</p> <p>Feedback Labs have specific tools which can help practitioners using feedback loops within their organisation. Another method is the tool devised by the Bridgespan group which provides 3 strategies in which non for profits can work with communities to gain input, co-creation and ownership.</p> <p>Acknowledge that communities do not fit into groups and do not share the same opinion.</p> <p>Engage community members in strategic techniques, otherwise you risk them</p>	

	<p>2016</p> <p>Grumbach K. Achieving health equity through community engagement in translating evidence to policy: The San Francisco Health Improvement Partnership (2010-2016). 2017</p> <p>Amed S. Creating a collective impact on childhood obesity: Lessons from the SCOPE initiative. 2015</p>	<p>feeling tokenized and disrespected.</p> <p>Consider community members as context experts as they have lived experience. Professionals at the table have content experience. Important to have both viewpoints.</p> <p>Use Asset Based Community Development (ABCD) to identify community members skills and assets to create meaningful connections.</p> <p>OR use the Strengths, opportunities, aspirations and results (SOAR) approach which focuses on community strengths instead of weaknesses.</p> <p>OR use the strategic doing approach which commits participants to an action plan where they see the types of assets and networks in which they participate and how they can add value to the change focus - however this focuses on a short-term agenda.</p> <p>Important to involve the community in the initial stages of project development through community forums and workshops to find out what is important to them.</p> <p>Communities must be ready to commit to change. Assess their readiness to change. This means that an inclusive cross-section of the community are required in the preparation, evaluation and implementation stages, including local leaders with the capacity to help change the issues.</p> <p>The program must mobilise community assets and develop strong networks within the community.</p> <p>Utilise non-profit organisations as they have a key connection to the broader community.</p> <p>When engaging with the community, the group needs to have clearly defined goals, objectives and understanding of collective impact. Without this the credibility of the group is reduced in the eye of the public. E.g. if a member of the community comes forward with a concern and is met with: "we're working on it but we don't know what it is we want to do about it (the issue)" then confidence in the group to deliver is questioned.</p> <p>Presentation to external stakeholders is important. Public information on the group needs to highlight the essence of</p>	
--	---	--	--

		<p>the initiative and use terms easily understood by the general public (“collective impact” can be seen as an “insider term”)</p> <p>Value community expertise and use their existing assets - from the planning to implementation stages. This not only increases the potential for collective change but also restores a sense of agency to those in the community burdened by health inequalities.</p> <p>Community involvement is essential for mobilising individuals to advocate for change as champions. Remember: community involvement means that all are working under a common agenda - without them there is a disconnect between the agenda of the CI group and the community.</p>	
--	--	--	--

Limitations of study:

- Only included studies from 2008-2018. This may have decreased the number of studies available. However it was deemed more appropriate to focus on current literature.
- Due to time constraints, no grey literature was included in this synthesis.

7.2.3 Suggested Tools

IAP2 Public Participation Spectrum:


Raderstrong 2016 identified the IAP2 tool as a successful measurement of determining where community members ‘fit.’ [141] The tool has further been adapted by the Tamarack Institute to create more specific guidelines related to the collective impact framework. [141]

‘Collective Impact members should always seek to engage community members at a level of involve or higher on the community engagement spectrum.’ [141]

Figure 14. IAP2’s Public Participation Spectrum [143]

IAP2'S PUBLIC PARTICIPATION SPECTRUM

The IAP2 Federation has developed the Spectrum to help groups define the public's role in any public participation process. The IAP2 Spectrum is quickly becoming an international standard.

		INCREASING IMPACT ON THE DECISION 				
		INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL		To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
	PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

© IAP2 International Federation 2014. All rights reserved.

Asset Based Community Development (ABCD):

Raderstrong 2016 & Walzer 2016 both highlighted the potential benefits of utilising the ABCD tool in collective impact work. [132, 141]

This tool is based on the idea that community capacity is not used effectively and this is what is required to ensure systemic, sustainable change. [132, 141] 'Everyone in the community has something to offer. There is no-one we don't need.' [144]

Guiding principles include [144]:

- Everyone has gifts
- Relationships build a community
- Citizens at the centre - engage the wider community as actors not just recipients
- Leaders involve others as active members of the community
- People care about something - people in communities are motivated to act. The challenge is to discover what their motivation is.
- Motivation to act
- Listening conversation - forums, surveys and asset maps can be useful to build relationships
- Ask, ask, ask - 'join us, we need you'
- Asking questions rather than giving answers invites stronger participation
- A citizen-centred 'inside-out' organisation is key to community engagement - where local people control the organisation and set the organisation's agenda.
- Institutions have reached their limits in problem solving
- Institutions as servants - people are better than programs in engaging the wider community.

5 key assets in ABCD [144]:

- Individuals: Every individual has assets and gifts which need to be identified and recognised. In community development you need to work with people's assets, needs are only purposeful to institutions.
- Associations: Small, informal groups of people working with a common interest are critical actors in community mobilisation.
- Institutions: Paid professionals who are structurally organised. Their assets help assist the community and establish a sense of responsibility,
- Physical Assets: such as land, buildings, funding.
- Connections: Building individual relationships.

Strengths, opportunities, aspirations and results (SOAR):

Walzer 2016 further identified the SOAR approach which focuses on community strengths instead of weaknesses. [132]

'SOAR is a strategic planning framework which focuses on strengths and seeks to understand the whole system including the voices of relevant stakeholders.' [145]

- Strengths: what can we build on?
- Opportunities: what are our stakeholders asking for?
- Aspirations: what do we care deeply about?
- Results: how do we know we are succeeding? [145]

Key steps [145]:

- Initiate - the choice to use this model
- Inquire - into strengths
- Imagine - the opportunities
- Innovate - to reach aspirations
- Inspire to implement - to achieve results

Example Questions [145]:

Strengths:

- What do we excel at?
- What are our greatest accomplishments?
- What are we most proud of?
- What makes us unique?
- What do we provide that is world class?

Opportunities:

- What partnerships would lead to great success?
- What threats to we see that we could reframe as opportunities?
- What needs and wants are we currently not fulfilling for our internal and external stakeholders?

Aspirations:

- What do we want to achieve in the future?
- How can we make a difference?
- What are we passionate about?
- What strategies and actions support our future self?

Results:

- What measures will tell us if we are on track to achieve success?
- How do we translate our vision of success into tangible outcomes?
- How do we know when we've achieved our goals?

The Strategic Doing Approach:

Figure 15. The Strategic Doing approach [146]



'Focusing not on what organisations are (public, private, non-profit) - but what they can do.' [147]

Finally, Walzer 2016 also suggested the Strategic Doing approach. However it was noted that a limitation of this model is that it is more for short-term agenda building, not long-term goals. [132]

The approach enables people to form action-oriented collaborations quickly, move them toward measurable outcomes, and make adjustments along the way. Strategic doing yields replicable, scalable, and sustainable collaborations based on simple rules.

Principles of Strategic Doing [148]:

1. Communities — represent networks embedded in other networks.
2. Prosperity emerges from the mix of three flows of money circulating through these networks in a community.
3. Innovation can shift the mix of these three flows of money.
4. Innovation drives prosperity by converting ideas into valuable and sustainable products, services and experiences.
5. Innovation can emerge quickly from open networks of focused collaboration.
6. Networks innovate by linking and leveraging shared assets and defining new opportunities where these assets connect.
7. As network members connect more assets, opportunities increase exponentially.
8. Strategy in open networks to pursue these opportunities emerges from following simple rules.
9. Leaders guide networks strategically by guiding conversations with appreciative questions.
10. Strategy in open networks balances open participation with leadership direction

The Rules of Strategic Doing [148]:

- Establish civic spaces for complex thinking and doing
- Guide conversations with appreciative questions
- Link and leverage assets to define opportunities
- Convert opportunities to clear, measurable outcomes
- Connect your outcomes to small, shared next step
- Experiment continuously with pilot projects
- Press on regardless

Key Questions of Strategic Doing [148]:

- Defining Opportunities with Strategic Doing: What could we do?
- Converting Opportunities to Strategic Outcomes: What should we do?
- Developing Clear Project and Action Plans: What will we do?
- Committing to a Learning Loop: When will we get back together?

7.3 Public Health Nutrition Systematic Review

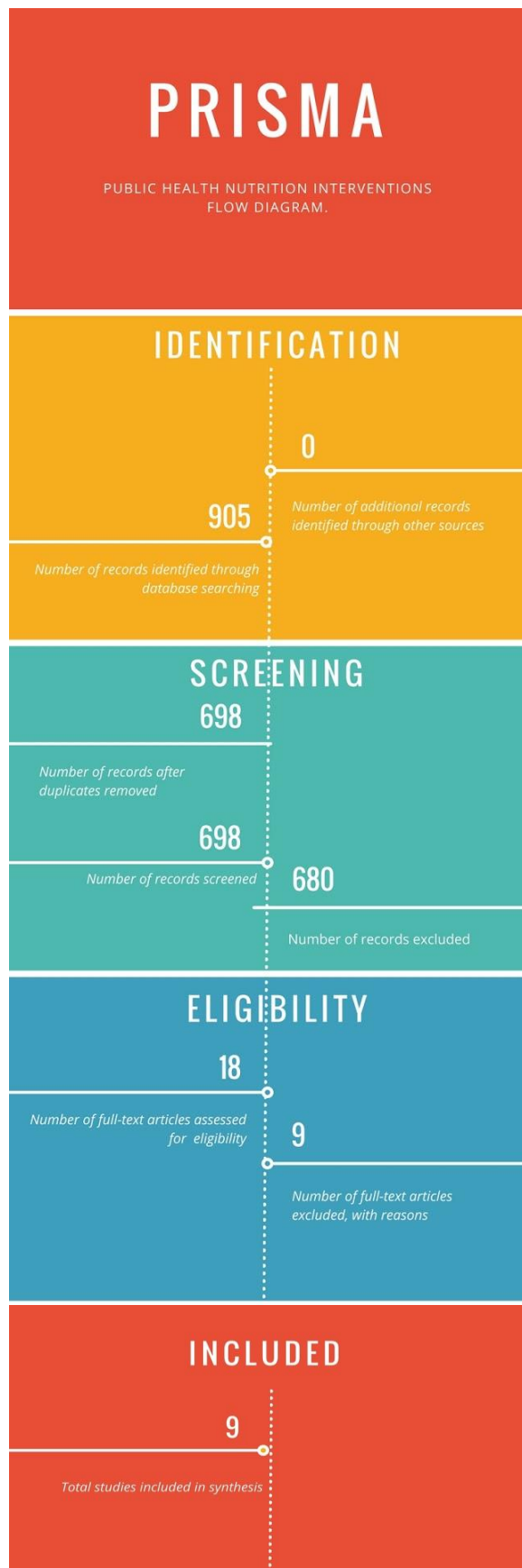
7.3.1 Methods

Search Strategy: A total of six electronic databases were searched: Ovid Medline, Cochrane, Cinahl Plus, Scopus, Psych Info and Informat. Search terms were explored and developed based on the needs of the IHPG. The following search terms were entered into the six databases with limited success. The terms were further refined to decrease irrelevant search results. The terms were further refined to decrease irrelevant search results, as the following demonstrates:

1. *(diet* or food* or obes* or nutriti* or health*).ab. OR (diet* or food* or obes* or nutriti* or health*).ti. AND (strateg* or guideline* or program* or plan* or legislat or polic* or intervent*).ti OR (strateg* or guideline* or program* or plan* or legislat or polic* or intervent*).ab*
2. **FINAL:** *("public health nutrition").ab. or ("public health nutrition").ti. AND (strateg* or guideline* or program* or plan* or legislat or polic* or intervent*).ti OR (strateg* or guideline* or program* or plan* or legislat or polic* or intervent*).ab*

Study Selection & Data Extraction: A PRISMA flow diagram has been created to see the flow of information in this review. [123]

Figure 16. PRISMA flow diagram Public Health Nutrition Literature Review



Citations were exported from each electronic database and imported into EndNote Version X7 for further screening, and duplicates were removed. Searches were then further refined by date, and title and abstract were screened for relevance as per inclusion criteria.

Searches which remained ambiguous were discussed between student researchers in order to come to a consensus. Papers excluded from this review were then categorised into reasons for exclusion for transparency.

Papers included were then examined in full-text and again assessed for relevance. Due to time constraints, the researchers ranked the papers from 1 (least informative) to 5 (most informative) relating to the goals of the IHPG. Papers which were rated >3/5 were included for final extraction. Final included papers underwent data extraction using a modified data extraction tool.

Inclusion criteria:

- Studies published from 2008-2018
- Studies in English
- Studies which included evaluations of public health nutrition interventions
- Studies which included recommendations for future public health nutrition intervention

Synthesis of Results: Results were then summarised into key findings and a thematic analysis was undertaken. Key themes were identified and recommendations were provided.

7.3.2 Results and Recommendations [149-155]

COMMON THEME	PAPERS EXHIBITING THEME	RECOMMENDATIONS	LIMITATIONS
<p>Provision of information</p>	<p>Tomakyo E, 2017, The Healthy Children, Strong Families intervention promotes improvements in nutrition, activity, and body weight in American Indian families with young children – ERRATUM</p> <p>Bell, L, 2015, Impact of a nutrition award scheme on the food and nutrient intakes of 2- to 4-year-olds attending long day care</p> <p>Black, C, 2014. Healthy conversation skills: Increasing competence and confidence in front-line staff</p> <p>Mikkelsen, B, 2016 Multi-Level, Multi-Component Approaches to Community Based Interventions for Healthy Living-A Three Case Comparison</p>	<p>Health behaviour lessons either facilitated by mentoring or monthly mailings can be equally effective in improving health outcomes. Resulted in behaviour change and increased self efficacy for health behaviour and quality of life.</p> <p>Education alongside ‘healthy conversation skills’ including open ended questions can increase health behaviour self efficacy.</p> <p>Training of cooks and managers to change food supply by APDs.</p> <p>Provision of information is required to be provided in multi-arm strategies through targeting knowledge, attitudes and beliefs through education, awareness raising and information provision as well as structural changes within the environment.</p>	<p>The cost associated with implementing this resource in the community. Could this be done via email to save costs and mailed for those in different demographic areas?</p> <p>Provision of information needs to be implemented alongside leadership, adequate resourcing and organisational change.</p> <p>Main concern is cost, time and community reach of interventions.</p>
<p>Community involvement</p>	<p>Tomakyo E, 2017, The Healthy Children, Strong Families intervention promotes improvements in nutrition, activity, and body weight in American Indian families with young children – ERRATUM</p> <p>Slawson DL. College students as facilitators in reducing adolescent obesity disparity in Southern Appalachia: Team Up for Healthy Living. 2015</p> <p>Mikkelsen, B, 2016 Multi-Level, Multi-</p>	<p>Community stakeholder involvement in the naming, development and implementation of the program has shown to be an important factor of program success. This process has not been associated with a compromise of a strong research design.</p> <p>Community members who share ownership of the program and are actively engaged in ensuring optimal implementation of the intervention and data collection processes.</p> <p>Community partnerships are crucial to the success and longevity of a program. The researchers must engage community members in the work before, during and after seeking funding.</p>	<p>Not engaging the right community stakeholders. How do you know if you have the right people at the table? What if the group has conflicting views about this?</p> <p>This stage will inherently take more time however its importance cannot be underestimated.</p>

	Component Approaches to Community Based Interventions for Healthy Living-A Three Case Comparison		
Culturally appropriate	Tomakyo E, 2017, The Healthy Children, Strong Families intervention promotes improvements in nutrition, activity, and body weight in American Indian families with young children – ERRATUM	Heavy focus on culturally appropriate techniques and including community members at every stage of planning, implementation and evaluation stages.	
Settings-based approach	<p>Bell, L, 2015, Impact of a nutrition award scheme on the food and nutrient intakes of 2- to 4-year-olds attending long day care</p> <p>Mikkelsen, B, 2016 Multi-Level, Multi-Component Approaches to Community Based Interventions for Healthy Living-A Three Case Comparison</p> <p>Pollard, C, 2006. The Go for 2 and 5 campaign - example of a public health nutrition early intervention strategy</p>	<p>Young children can spend a great proportion of time in day-care settings, often consuming >50% of their daily nutritional intake in this setting. Therefore it provides a prime opportunity to promote changes in the nutritional intake.</p> <p>Create consistency between activities and across all levels whilst synchronising program activities across institutional settings and levels - i.e. mutually reinforcing activities.</p> <p>Use of Mass media campaigns to target population. Important to think about campaign timing, branding/logo and timeline of action. Campaigns which contain multi-phase efforts for >5 years are the most successful in terms of target population, reach and impact. Platform to provide consistent framing of messaging. However this cannot be used in isolation, requires additional support through demonstrations, provision of resources and consistent messages from teachers and health care practitioners.</p> <p>Use PR, unpaid media and new media more strategically.</p> <p>Develop partnerships across different sectors to provide a broader campaign platform. Think about how education, policy change and environmental change can assist in the social marketing efforts.</p>	<p>Cost associated to train staff, chefs, evaluation, resistance from existing suppliers, allergies etc.</p> <p>High cost of media utilisation. Can this be done on a smaller scale?</p>
Policy Implementation	Bell, L, 2015, Impact of a nutrition award scheme on the food and nutrient intakes of 2- to 4-year-olds	Create a nutrition based policy to be adapted by all sites. Including log books, quizzes, and videos to supplement learning and policy adhesion.	Resources required to create such a policy. How is this enforced and mandated? What obstacles and

	<p>attending long day care</p> <p>Mikkelsen, B, 2016 Multi-Level, Multi-Component Approaches to Community Based Interventions for Healthy Living-A Three Case Comparison</p>	<p>Implementation of a nutrition awards scheme is effective in changing eating behaviours.</p> <p>Policy implementation and coalition building must involve community stakeholders.</p>	<p>resistance might be encountered? Does this enhance the staff workload? Is this their priority?</p>
Use of Champions	<p>Slawson DL. College students as facilitators in reducing adolescent obesity disparity in Southern Appalachia: Team Up for Healthy Living. 2015</p> <p>Ray S. Nutrition education and leadership for improved clinical outcomes: Training and supporting junior doctors to run 'Nutrition Awareness Weeks' in three NHS hospitals across England. 2014</p> <p>Mikkelsen, B, 2016 Multi-Level, Multi-Component Approaches to Community Based Interventions for Healthy Living-A Three Case Comparison</p> <p>Pollard, C, 2006. The Go for 2 and 5 campaign - example of a public health nutrition early intervention strategy</p>	<p>Peer-led initiatives can directly affect the social environment, provide positive role models, and help change social norms.</p> <p>Employ cross-sector/ cross-profession champions: "Enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare, but in particular those in nursing and leadership positions, to integrate the essential shared values of the common culture into everything they do"</p> <p>Identify important stakeholders and leaders in this field who can action possible solutions as soon as possible.</p> <p>Be smart with the champions you choose. Are they relevant to your target population? E.g. different states may utilise different celebrities to spread the message.</p>	<p>How do you get these champions on board? How can you make sure they are relevant to your target population? How do you get 'buy-in' from these champions?</p>
Forward thinking	<p>Mikkelsen, B, 2016 Multi-Level, Multi-Component Approaches to Community Based Interventions for Healthy Living-A Three Case Comparison</p>	<p>Design intervention programs to be sustainable post intervention.</p>	<p>How is this program going to be maintained when funding runs out? What happens if stakeholders leave the table? What role do the community and champions play?</p>
Use of program measurement and evaluation planning	<p>Pollard, C, 2006. The Go for 2 and 5 campaign - example of a public health</p>	<p>Important to set tangible, quantitative targets for change.</p> <p>An evaluation plan must be</p>	

	<p>nutrition early intervention strategy</p> <p>Mikkelsen, B, 2016 Multi-Level, Multi-Component Approaches to Community Based Interventions for Healthy Living-A Three Case Comparison</p>	<p>implemented at the start of the program.</p> <p>Conduct consistent process evaluation of primary and secondary targets, as well as stakeholder analysis.</p>	
--	--	---	--

Study Limitations

- Inclusion criteria of studies from 2008 - 2018. There may have been more successful interventions in prior literature however it was deemed more appropriate to focus on current literature.
- Did not include health promotion in search teams which may have narrowed the search.
- Did not include grey literature due to time constraints
- Did not include programs which haven't be evaluated yet. They might have provided some additional insight.

7.4 Sugar Sweetened Beverages and Water Consumption Systematic Review

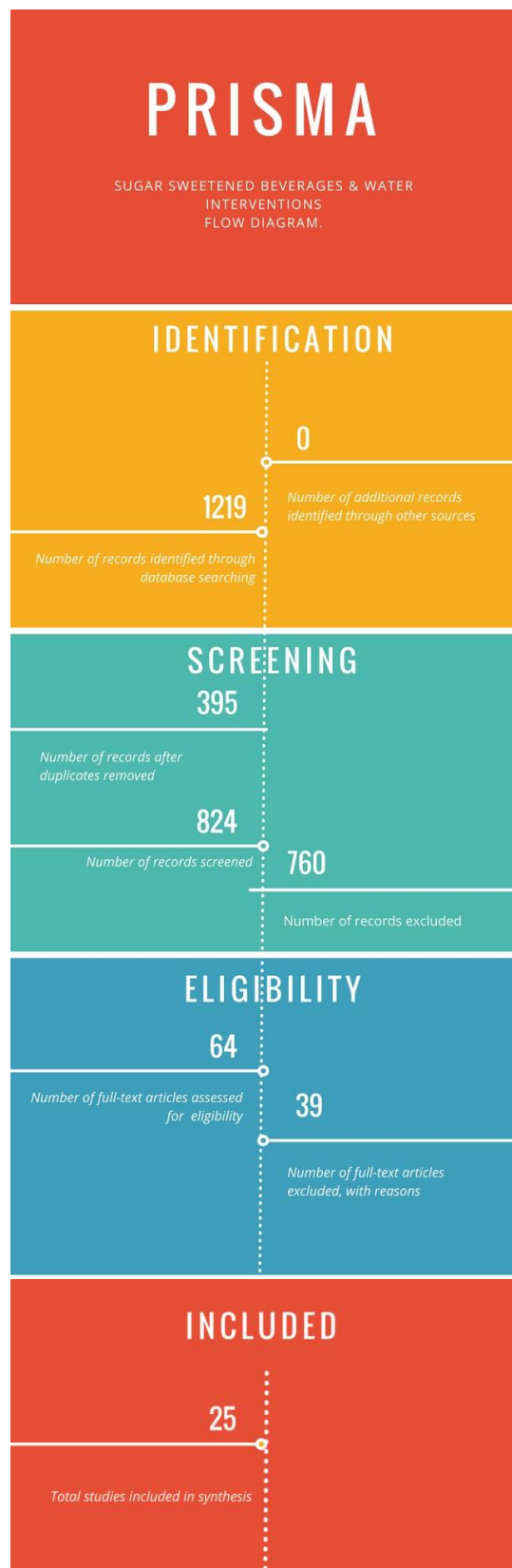
7.4.1 Methods

Search Strategy: A total of six electronic databases were searched: Ovid Medline, Cochrane, Cinahl Plus, Scopus, Psych Info and Informit. Search terms were explored and developed based on the needs of the IHPG. The following search terms were entered into the six databases with limited success. The terms were further refined to decrease irrelevant search results. The final search terms are as follows:

1. *(strateg* or program* or intervent* or guideline*).ti OR (strateg* or program* or intervent* or guideline*).ab AND ("sugar sweetened beverage*").ti OR ("sugar sweetened beverage*").ab AND (increas* or decreas*).ti OR (increas* or decreas*).ab*

Study Selection & Data Extraction: A PRISMA flow diagram has been created to see the flow of information in this review. [123]

Figure 17. PRISMA flow diagram SSB and water interventions Literature Review



Citations were exported from each electronic database and imported into EndNote Version X7 for further screening, and duplicates were removed. Searches were then further refined by date, and title and abstract were screened for relevance as per inclusion criteria.

Searches which remained ambiguous were discussed between student researchers in order to come to a consensus. Papers excluded from this review were then categorised into reasons for exclusion for transparency.

Papers included were then examined in full-text and again assessed for relevance. Due to time constraints, the researchers ranked the papers from 1 (least informative) to 5 (most informative) relating to the goals of the IHPG. Papers which were rated >3/5 were included for final extraction. Final included papers underwent data extraction using a modified data extraction tool.

Inclusion criteria:

- Studies published from 2008-2018
- Studies in English
- Studies which included evaluations of sugar sweetened beverage or increasing water consumption interventions
- Studies which included recommendations based on sugar sweetened beverage or increasing water consumption interventions

Synthesis of Results: Results were then summarised into key findings and a thematic analysis was undertaken. Key themes were identified and recommendations were provided.

7.4.2 Results and Recommendations [156-180]

COMMON THEME	PAPERS EXHIBITING THEME	RECOMMENDATIONS	LIMITATIONS
Parental Involvement	<p>Patel, A. Increasing the availability and consumption of drinking water in middle schools: a pilot study (2011)</p> <p>Taveras EM. Randomized controlled trial to improve primary care to prevent and manage childhood obesity: the High Five for Kids study (2011)</p> <p>Bogart LM. Preliminary healthy eating outcomes of SNaX, a pilot community-based intervention for adolescents (2011)</p> <p>Hammons, A. Six-week latino family prevention pilot program effectively promotes healthy behaviors and reduces obesogenic behaviors (2013)</p> <p>Rose, A. Determining the feasibility and acceptability of a nutrition education and cooking program for preschoolers and their families delivered over the dinner hour in a low-income day care setting (2014)</p> <p>Elder JP. Promotion of water consumption in elementary school children in San Diego, USA and Tlaltizapan, Mexico (2014)</p> <p>Vargas EJ. Interventions to reduce consumption of sugar-sweetened beverages or increase water intake: evidence</p>	<p>Education sessions explaining to parents the importance of increasing water consumption and decreasing SSB helps to provide a consistent message outside of the school environment.</p> <p>Including parents in these health related conversations is important. They want to help their children to make healthier choices.</p> <p>Created a sense of community, family involvement and was culturally appropriate.</p> <p>Cooking interventions which encompassed nutrition education and family involvement were shown to be effective.</p> <p>Interventions based at home targeting both parent and child supplementing school interventions enhanced results.</p>	<p>Additional meetings which parents have to attend can create a burden and potentially lack of participation. Within the school environment, is there a way these sessions could be incorporated into parent-teacher conferences or another time when they are already at the school?</p> <p>One study showed a statistically significant reduction in SSB 2 months after the study. Query if this was due to the intervention itself or confounding variables? Is it really effective?</p> <p>The cost, resources and training required for cooking classes would be quite intensive.</p>

	from a systematic review and meta-analysis (2017)		
Peer Education	<p>Patel, A. Increasing the availability and consumption of drinking water in middle schools: a pilot study (2011)</p> <p>Bogart LM. Preliminary healthy eating outcomes of SNaX, a pilot community-based intervention for adolescents (2011)</p> <p>Smit, CR. A social network-based intervention stimulating peer influence on children's self-reported water consumption: A randomized control trial (2016)</p> <p>Avery A. A systematic review investigating interventions that can help reduce consumption of sugar-sweetened beverages in children leading to changes in body fatness (2015)</p>	<p>Students utilising assemblies as a platform to promote target message.</p> <p>Consider the flow on effects of peer education initiatives. Not only do they reduce SSB consumption but they also help school children develop leadership and communication skills, and confidence.</p> <p>For optimal diffusion of messages across a group, it is recommended that ≥15% of the target population should be trained as advocates.</p> <p>Children are 'easily influenced by their peers.' Consider training the 'most influential' students who can promote the message throughout the school.</p>	<p>This type of intervention relies on the voluntary participation which is likely to be variable between intervention sites.</p> <p>Peer education also requires time allocated to training of staff and student advocates, as well as funding for the supporting resources.</p>
The Use of Mass Media Strategies	<p>Farley TA. Mass media campaign to reduce consumption of sugar-sweetened beverages in a rural area of the United States (2017)</p> <p>Bleakly A. Do you know what your kids are drinking? Evaluation of a media campaign to reduce consumption of sugar-sweetened beverages (2017)</p> <p>Barragan NC. The "Sugar Pack" Health Marketing Campaign in Los Angeles County (2014)</p> <p>Avery A. A systematic review investigating interventions that can</p>	<p>Media campaigns utilising television, radio, social media and computer based education may be useful in reaching a large audience. Some methods may be more effective than others, for example, mobile app interventions may be less effective. Consider the use of magazines, newspapers and newsletters.</p> <p>Consider the community when creating this message. Don't underestimate the power of scoping your audience to find out what will be most be powerful to them.</p> <p>Consider how this strategy is marketed. One strategy is a community launch event, where associated sponsors/stakeholders engage in a marketing "push" for large scale exposure/awareness of the initiative.</p>	<p>Initiatives of this scale may be of higher cost than alternatives. They may also be more difficult to evaluate in a way that is meaningful.</p> <p>Ensuring appropriate messaging may be a subjective task, and additionally what is considered appropriate and/or relevant may require modification between audiences</p> <p>In the example of computer based education activities, this strategy may not be viable in targeting certain populations e.g. those with limited access to computers/internet</p> <p>Scoping target audience is important but requires a great length of time, money and resources.</p>

<p>Message Framing</p>	<p>help reduce consumption of sugar-sweetened beverages in children leading to changes in body fatness (2015)</p> <p>Folta SC. Changes in diet and physical activity resulting from the Shape Up Somerville community intervention (2013)</p> <p>Shoffman, D, 2016, Enhancing Parent-child communication and promoting physical activity and healthy eating through mobile technology: A randomized trial</p> <p>Nollen N. Mobile technology for obesity prevention: a randomized pilot study in racial- and ethnic-minority girls (2014)</p> <p>Elder JP. Promotion of water consumption in elementary school children in San Diego, USA and Tlaltizapan, Mexico (2014)</p> <p>Patel, A. Increasing the availability and consumption of drinking water in middle schools: a pilot study (2011)</p> <p>Hornsby WC. Busting the baby teeth myth and increasing children's consumption of tap water: Building public will for children's oral health in Colorado (2017)</p> <p>Pelitteri K. Fit Minded College Edition Pilot Study: Can a Magazine-Based Discussion Group Improve Physical Activity in Female College Freshmen? (2017)</p>	<p>For more targeted interventions, demographic information and consultation from community (e.g. focus groups) should be used to ensure an appropriate messaging strategy.</p> <p>Messaging should focus less on using fear and/or blaming tactics and engage viewers through positive framing of the issue solution. Messages can be effective if they create a healthy debate between parents and children. Messages should be appropriate to target population i.e. using characters for children, relatable story lines for parents.</p> <p>Messages which focus on health, calorie-deficits, how much exercise you would need to do to counteract for consumption, economic and environmental benefits have shown to be appropriate. However messages which focus on charitable, pro-social benefits tend to be ineffective.</p>	
------------------------	--	--	--

	<p>Policastro P. Targeted calorie message promotes healthy beverage consumption better than charity incentive (2017)</p> <p>Schoffman D. Enhancing Parent-child communication and promoting physical activity and healthy eating through mobile technology: A randomized trial (2017)</p> <p>Scourboutakos, M. J. Testing a Beverage and Fruit/Vegetable Education Intervention in a University Dining Hall. (2017)</p>		
Multi-Arm Strategies	<p>Ermetici F. Association between a school-based intervention and adiposity outcomes in adolescents: The Italian "EAT" Project (2016)</p> <p>Taveras EM. Randomized controlled trial to improve primary care to prevent and manage childhood obesity: the High Five for Kids study (2011)</p> <p>Elder JP. Promotion of water consumption in elementary school children in San Diego, USA and Tlaltizapan, Mexico (2014)</p> <p>Pelitteri K. Fit Minded College Edition Pilot Study: Can a Magazine-Based Discussion Group Improve Physical Activity in Female College Freshmen?</p> <p>Folta SC. Changes in diet and physical activity resulting from the Shape Up Somerville community intervention (2013)</p>	<p>Multi-arm strategies may be more difficult to implement, however, the combined effects can have a more meaningful impact on health behaviours.</p> <p>Successful intervention as came from 'reputable' sources which provided a coordinated and cohesive messages.</p> <p>Multi-arm strategies should incorporate multiple intervention sites to ensure consistent messaging e.g. cafeteria, classroom, home environment, community environment, local business partnerships</p>	<p>Time required to train staff to ensure consistent messages. Resources required may be a limitation.</p>

Community Involvement	<p>Folta SC. Changes in diet and physical activity resulting from the Shape Up Somerville community intervention (2013)</p> <p>Ermetici F. Association between a school-based intervention and adiposity outcomes in adolescents: The Italian "EAT" Project (2016)</p> <p>Wyatt H. Busting the baby teeth myth and increasing children's consumption of tap water: Building public will for children's oral health in Colorado (2017)</p>	<p>Utilise existing partnerships to establish successful interventions within schools and/or the community... then expand from here.</p> <p>Pass on ownership of the intervention to the community through community leadership/champions</p> <p>Focus groups and interviews to ascertain the community's perspective on the issue. These results then provide an insight into how to frame the intervention.</p>	Time taken and resources to create and sustain these relationships.
Policy Change	<p>Mozaffarian. Impact of an organizational intervention designed to improve snack and beverage quality in YMCA after-school programs (2010)</p> <p>Avery A. A systematic review investigating interventions that can help reduce consumption of sugar-sweetened beverages in children leading to changes in body fatness (2015)</p> <p>Folta SC. Changes in diet and physical activity resulting from the Shape Up Somerville community intervention (2013)</p> <p>Vézina-Im, L. A. Efficacy of school-based interventions aimed at decreasing sugar-sweetened beverage consumption among adolescents: A systematic review (2017)</p>	<p>A policy change site-wide to eliminated SSB and increase offerings of water was relatively easy to implement.</p> <p>Policy can be used as a way of supporting environmental modification to elicit behaviour change effectively.</p> <p>Legislative techniques to implement bans on SSB (e.g. HCG) have been shown to be the most effective in reducing consumption of SSB.</p>	<p>The cost of training staff, facilitating education sessions and resistance from suppliers was not discussed which may pose a problem for implementation in future interventions.</p> <p>Quality of the studies is relatively weak. Negative unintended consequences resulted in students consuming more SSB outside of the school environment. Policy change should be coupled with multi-arm behavioural support from peers and parents.</p>
Collaborating with Local Business	Ermetici F. Association between a school-based	Establishing relationships with local business helps assist with important steps in implementation.	Businesses often aren't working under your agenda; framing the issue and it's

	<p>intervention and adiposity outcomes in adolescents: The Italian "EAT" Project (2016)</p> <p>Blake MR. Retailer-led sugar-sweetened beverage price increase reduces purchases in a hospital convenience store in Melbourne, Australia: A mixed methods evaluation (2017)</p> <p>Folta SC. Changes in diet and physical activity resulting from the Shape Up Somerville community intervention (2013)</p>	<p>For example, establishing a relationship with the vending machine supplier or supplying healthy drink alternatives from local farmers (e.g. low fat milk). This involves the community further and provides wider benefits for the economy.</p> <p>Consider the broader implications of the change you are making and how this might be a barrier/facilitator for support e.g. how will this change affect revenue, business reputation etc.</p>	<p>solutions in a way that resonates with these stakeholders may present challenges.</p>
Provision of resources	<p>Patel, A. Increasing the availability and consumption of drinking water in middle schools: a pilot study (2011)</p> <p>Kenney, E. Grab a Cup, Fill It Up! An Intervention to Promote the Convenience of Drinking Water and Increase Student Water Consumption During School Lunch (2015)</p> <p>Elder JP. Promotion of water consumption in elementary school children in San Diego, USA and Tlaltizapan, Mexico (2014)</p> <p>Avery A. A systematic review investigating interventions that can help reduce consumption of sugar-sweetened beverages in children leading to changes in body fatness (2015)</p>	<p>Provision of drink bottles, accessible drinking fountains and cups encouraged students to drink more water.</p> <p>Cups are a simple, cost effective way to promote students to drink water. Equates to <1/10th cent/student/day to implement.</p>	<p>Drink bottles with study logo were seen an 'uncool', were often forgotten by participants or they thought they were 'too heavy.'</p> <p>Start up costs for water fountains.</p> <p>Environmental sustainability of cups. Paper cups or compostable cups could be an option, but may be an additional cost.</p>
Longevity of interventions	<p>Isoldi K. Blending better beverage options: A nutrition education and experiential workshop for youths (2015)</p>	<p>A 2 hour workshop was effective in promoting awareness of health effects associated with SSB and water consumption. However it was highlighted that in order to change ingrained health beliefs</p>	<p>Interventions regarding the reduction of SSB consumption/increase in water consumption do not often incur sustained results.</p>

	<p>Avery A. A systematic review investigating interventions that can help reduce consumption of sugar-sweetened beverages in children leading to changes in body fatness (2015)</p> <p>Vargas EJ. Interventions to reduce consumption of sugar-sweetened beverages or increase water intake: evidence from a systematic review and meta-analysis (2017)</p>	<p>that long term interventions are required.</p> <p>Interventions should include follow-up/refresher sessions to maintain effectiveness of the intervention long-term.</p> <p>However, one systematic review highlighted there was no apparent difference between intervention <30 weeks or >30 weeks in the adult population.</p>	
--	---	---	--

Study Limitations

- Inclusion criteria of studies from 2008 - 2018. There may have been more successful interventions in prior literature however it was deemed more appropriate to focus on current literature.
- Additional grey literature may have been advantageous but could not be included due to time constraints
- Did not include programs which haven't be evaluated yet. They might have provided some additional insight.

7.5 Sustainability of Interventions Non-Systematic Review

Sustainability in this context refers to: Ensuring the longevity of initiatives after the termination of major financial, managerial, and technical assistance from an external donor. [181]

7.5.1 Methods

A non-systematic, purposive review of the literature (including sources of grey literature) was conducted to explore methods for delivering sustainable initiatives. General terms were searched via a university library platform, which encompasses multiple databases. Terms include: **sustainability** and **public health initiatives** to ensure a broad scope of results were obtained.

Results were screened for relevance and key recommendations were extracted.

7.5.2 Results and Recommendations [181, 182, 183]

COMMON THEME	PAPERS EXHIBITING THEME	RECOMMENDATIONS	LIMITATIONS
Program Champions	Paine-Andrews A. Promoting Sustainability of Community Health Initiatives: An Empirical Case Study. 2000	<p>The extent to which volunteers “championed” community changes influenced the sustainability of the change. A change driven by project staff tended to be viewed as staff responsibility and was less likely to continue after project staff no longer initiated the activity.</p> <p>THEREFORE</p> <p>Community initiatives should be careful not to become too staff driven and should take time to nurture community champions of community change to help foster broader ownership of the initiative and associated community changes.</p> <p>Individuals and groups providing technical assistance should help expand the capacity of local leadership to address current and future health concerns.</p>	Resources may be limited for increasing the capacity of the community
Assessing the “Fit”	<p>Paine-Andrews A. Promoting Sustainability of Community Health Initiatives: An Empirical Case Study. 2000</p> <p>LaPelle NR. Sustainability of Public Health Programs: The</p>	<p>Innovation is more likely to be sustained if it is easy to understand and use, compatible with local needs and norms, and superior to other alternatives.</p> <p>Projects that closely align with the objectives of the organisation/government under which they are represented have a greater chance for sustainability. Continued support from the lead agency following</p>	Sometimes what fits at one point in time may not in the future - local, state and national objectives change frequently.

	Example of Tobacco Treatment Services in Massachusetts. 2006	grant termination was more likely.	
Program Adaptation	<p>Paine-Andrews A. Promoting Sustainability of Community Health Initiatives: An Empirical Case Study. 2000</p> <p>LaPelle NR. Sustainability of Public Health Programs: The Example of Tobacco Treatment Services in Massachusetts. 2006</p>	<p>After grant money is no longer supporting the initiative, it may be necessary to adapt or minimise the program to the current available resources through a process of prioritisation.</p> <p>After funding cuts, it may be necessary to broaden the initiative's mission to appeal to a larger pool of available grants. OR Another option is to narrow the initiative's mission to a particular subgroup.</p>	The initiative may be difficult to translate into a broader message depending on stage of implementation and type of initiative.
Building Relationships	Paine-Andrews A. Promoting Sustainability of Community Health Initiatives: An Empirical Case Study. 2000	<p>Community initiatives should continue to strengthen existing and nurture new partnerships with organizations with similar missions to the initiative, including the lead agency for the grant.</p> <p>Keep key health department officials informed and involved in project efforts.</p>	Maintaining relationships between a number of stakeholders takes time, effort and resources which may not be available.
Plan for Sustainability Early	<p>Paine-Andrews A. Promoting Sustainability of Community Health Initiatives: An Empirical Case Study. 2000</p> <p>**Wong E. Community Health Initiatives Sustainability Framework. 2009</p>	<p>Individuals and groups providing technical assistance to community initiatives should encourage community initiatives to plan for sustainability early and support use of a variety of strategies for sustainability.</p> <p>Cultivate a sustainability mind-set for the initiative as a whole, focusing on key attributes of the community change process most likely to influence the sustainability of the initiative.</p>	Some initiatives may be too complex to develop sustainability plans in their early stages - some tools may help guide the planning process.

7.5.3 Suggested Tools and Frameworks

Community Health Initiatives Sustainability Framework: [183]

This sustainability framework for Community Health Initiatives (CHI) defines and identifies key drivers of sustainability. It was initially designed to support Kaiser Permanente's (KP) place based, multi-sector, coalition-driven initiatives working for policy and environmental change to measurably improve health status and reduce health disparities. However, it has broad applicability to a range of initiatives. It is an attempt to lay out a broad set of considerations which, if attended to by collaborative leaders, will result in long-term support and lasting impact of initiatives.

The framework asserts that realizing sustainability is a continuous process that can guide work over time, as well as inform decisions at particular moments in time.

The framework was informed by peer review literature on sustainability of community change initiatives as well as the authors and advisors direct experience with initiatives in and outside the KP investment portfolio.

Key Sustainability Planning Steps

Applying the framework (See *Appendix 2*) to the comprehensive sustainability planning/assessment

Goal: Cultivate a sustainability mind-set for the initiative as a whole, focusing on key attributes of the community change process most likely to influence the sustainability of the initiative.

Key Planning Steps:

1. Create or ensure the existence of a shared understanding of sustainability that is held by leadership and key stakeholders.
2. Examine each dimension and assess how well your current efforts or existing plans "deliver" the factors in each dimension.
3. Based on your self-assessment, for the dimensions/factors where there is a gap between what currently is in place and what is desired, build a sustainability plan by identifying action steps to get to agreed-upon outcomes.
4. Execute the plan/action steps and periodically assess progress.

Applying a strategy/activity-level decision-making guide at key junctures

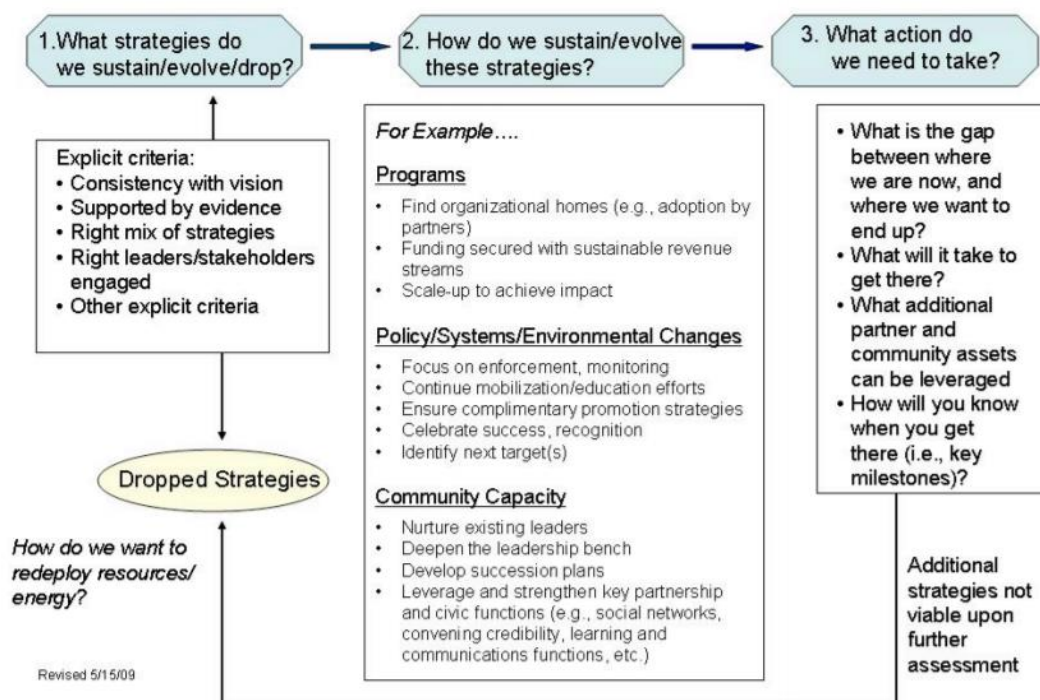
Goal: Inform sustainability assessment and decision-making at key moments or junctures to identify specific activities, strategies, and efforts to maintain, evolve, and/or drop; and identify specific actions to ensure that retained strategies or efforts are sustained over the long term.

Key moments/junctures might include: Development of a proposal (if responding to an RFP) Development of a Community Action Plan (CAP) CAP revisions

Key Planning Steps:

1. Decide what you want to sustain/evolve and what NOT to sustain.
2. Identify how (or what strategy/ies to use) to sustain those efforts.
3. Identify corresponding actions steps.

Figure 18: Decision-making guide for sustaining strategies within CHI communities. [183]



Public Health Program Capacity for Sustainability Framework: [184]

The sustainability framework suggests that a number of selected factors may be related to a program's ability to sustain its activities and benefits over time. It was created through collecting and summarising data from a literature review and conducting an expert-informed concept-mapping process.

Results of the concept mapping analysis identified nine domains of capacity for sustainability: *Political Support, Funding Stability, Partnerships, Organizational Capacity, Program Evaluation, Program Adaptation, Communications, Public Health Impacts, and Strategic Planning.*

Using the items that emerged from the concept mapping, the researchers created a crosswalk with the results of their literature review. The items in the final framework had specific support from the literature; moreover, most of these items were rated as important or very important in their domains.

This framework grounded in the literature presents domains believed to be critical for public health decision makers to consider when developing and implementing sustainable programs.

Domains of capacity for sustainability:

Funding Stability: making long-term plans based on a stable funding environment

Political Support: internal and external political environment which influences program funding, initiatives and acceptance.

Partnerships: the connection between program and community.

Organisational Capacity: the resources needed to effectively manage the program and its activities.

Program Adaptation: the ability to adapt and improve in order to ensure effectiveness.

Program Evaluation: monitoring and evaluation of process and outcome data associated with program activities.

Communications: the strategic dissemination of program outcomes and activities with stakeholders, decision-makers, and the public.

Public Health Impacts: the program's effect on the health attitudes, perceptions, and behaviours in the area it serves.

8.0 Summary of Recommendations

8.1 Summary of Recommendations:

The following recommendations are formed based on the consistent themes represented across each literature review conducted (Wilder collaboration factors inventory tool, collective impact, public health nutrition interventions, sugar sweetened beverage/water increase interventions). The researchers identified that these recommendations were not only some of the most frequently identified, but also contained the most relevant recommendations within the context of the current work of the IHPG.

Theme	Recommendations	Examples
Community Engagement	<p>Involve community at all stages of planning, implementation and evaluation. This promotes shared project ownership, boosts trust and facilitates goal attainment. Remember, community members have lived experience, professionals have content experience - both are necessary.</p> <p>Be careful in becoming too staff driven. Take time to nurture community relationships to help foster project ownership.</p> <p>Help to expand the capacity of local leadership to address current and future health concerns. This restores a sense of agency to those in the community burdened by health inequalities.</p> <p>Gain community perspective to provide an insight into how to frame the intervention. Amplify their voice and build their capacity.</p> <p>Acknowledge that communities do not fit into groups and do not share the same opinion. Their readiness to change should be assessed.</p>	<p>Gain community perspective through focus groups, interviews, informational campaigns, monthly community meetings or formal community representation at the IHPG table.</p> <p>Establish advocates and champions in the community through, for example, local township leaders and online community leaders.</p>
Multi-Arm Strategies	<p>Develop multi-arm strategies that target behavioural change, supported by environmental change, policy change and provision of resources.</p> <p>Provide coordinated and cohesive messages, across different intervention sites: school environment, home environment, community environment.</p>	<p>Implementing canteen policy to support reduction in availability of sugar-sweetened beverages, but include information of their risks, use peers as champions to front the change, get parents involved and upskill staff members on educating students.</p>
Defining Roles of the Group	<p>Implement steering committee positions external from the executive committee. This prevents external agendas influencing the common goal, encourages the representation of broader perspectives and offers the potential for steering group transformation into implementation groups in future.</p>	<p>Include members that represent other sectors such as marketing, education, finance etc. as well as other professions within the health sector such as doctors, nurses and allied health.</p> <p>Structure the current IHPG group as an executive/working committee but bring on any external stakeholders in a steering committee capacity.</p>

<p>Champions and Advocates</p>	<p>Utilise champions consisting of influential community members, peer groups, and cross-sector/cross-profession representatives. Work to integrate essential shared values into common culture.</p> <p>The use of champions can affect social environments, change social norms and provide positive role models.</p>	<p>Choose champions relevant to your target population such as Indigenous Australians, Refugees, Older adults or Youth champions.</p>
<p>Developing Informal Relationships</p>	<p>Informal relationships need to be established between members of the group and external stakeholders. Informal relationships enable difficult conversations, create a sense of shared purpose and help dissolve uncertainty. They create a foundation for respect, understanding and trust.</p>	<p>Build on relationships through team building exercises, professional development sessions, icebreakers and/or get-to-know activities.</p>

9.0 Implications

9.1 The Outer East Primary Care Partnership

Role in Collective Impact:

Primary Care Partnerships (PCPs) have complex responsibilities that require a wide range of skills in health promotion, service integration and developing community partnerships. The full extent of knowledge, skills and expertise held by those within Primary Care Partnerships is not often understood, and less so is their role within Collective Impact groups. As PCPs primarily direct the work of other groups and organisations, they do not participate in any stand-alone projects or initiatives that work towards a collective impact goal. What has been provided through this report is a way to contextualise and justify the PCPs role within a Collective Impact group and highlighted their unique skill sets that allow these particular groups to prosper. This report not only informs other members of the Integrated Health Planning Group of the contribution of the OEPCP, but also helps to clarify their roles as an organisation, further increasing their credibility.

Translation of Workings:

The workings conducted within this report additionally form a basis for working in other groups similar to that of the Integrated Health Planning Group. As the OEPCP's priorities span across three key areas (access to nutritious food, prevention of violence against women and alcohol use/misuse) there is the potential to adapt the workings of the student researches for the benefit of other groups targeting these areas such as the Alcohol Flagship Group, of which OEPCP is a member.

The mapping systems identified and utilised may assist in future stakeholder mapping (which can be used to highlight the complex system of relationships between PCPs and their partnering organisations) and common themes for success in working collaboratively within health promotion can be translated across projects.

9.2 The Integrated Health Planning Group (IHPG)

The value of this work can only be determined by the members of the Integrated Health Planning Group themselves. It is assumed that each member and/or organisation will benefit from varying sections of this report as areas that required further development and clarification (as determined by the Wilder Collaboration Inventory Tool Analysis) differ between members.

- For those struggling to conceptualise the future workings of the group, clearer directions around goals and objectives can be formed from recommendations regarding Shared Measurement, Evaluation and Sustainability as summarised from the literature reviews conducted.
- For those new to working in a Collective Impact group, this report provides an opportunity for members to upskill or refresh previous understandings of Collective Impact. This report can further be utilised used as a guide for members to highlight how Collective Impact can be achieved effectively through evidence-based strategies.
- Finally, for increasing motivation and morale, this report provides an external perspective on the workings of the group. The report brings fresh ideas presented in innovative ways meant to engage and excite members of the group into the next phase of this project.

Combined these findings will lead the Integrated Health Planning Group from a newly established group to a cohesive collaboration of organisations creating a strong impact on the health of those in the Yarra Ranges.

9.3 Public Health: Working in Collective Impact

As was discovered from the literature review conducted within this report, Collective Impact is a model of collaborative work that is not commonly used to effect change in public health. Although its core principles have been demonstrated to some degree in a range of initiatives, components of Collective Impact are rarely addressed in their entirety. This report demonstrates the workings of a Collective Impact group in a way that is novel to current research within public health. This report demonstrates the meaning of Collective Impact and how it can be used, whilst also delving into Collective Impact in the context of a newly established group. Recommendations at this stage can provide direction, clarity and inspiration for further work under the principles of Collective Impact. In doing so, this report has the capacity to shape the success of this particular group. In the public health space, this research could provide guidance as to the steps required to build upon and develop a successful Collective Impact initiative based on best practice and lived examples.

10.0 References

1. Amazingly Simple Graphic Design Software - Canva [Internet]. Canva. [cited 2018 May 13]. Available from: <https://www.canva.com/>
2. Australian Bureau of Statistics. Australian Health Survey: Nutrition First results - Foods and Nutrients, 2011-12; consumption of sweetened beverages [Internet]. Canberra, Australia: Australian Bureau of Statistics; 2015 Oct 30 [cited 2018 Mar 19]. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/4364.0.55.007main+features7102011-12>
3. Malik VS, Pan A, Willett WC, Hu FB. Sugar-sweetened beverages and weight gain in children and adults: a systematic review and meta-analysis. *Am J Clin Nutr*. 2013 Oct;98(4):1084–102.
4. Malik VS, Schulze MB, Hu FB. Intake of sugar-sweetened beverages and weight gain: a systematic review. *Am J Clin Nutr*. 2006;84(2):274–88.
5. University of Sydney. Cluster of Public Health Nutrition. Soft Drinks, Weight Status and Health: A Review. 2009. 56 p.
6. Bleich SN, Vercammen KA. The negative impact of sugar-sweetened beverages on children's health: an update of the literature. *BMC Obesity* [Internet]. 2018;5(1). Available from: <http://dx.doi.org/10.1186/s40608-017-0178-9>
7. Shearrer GE, Daniels MJ, Toledo-Corral CM, Weigensberg MJ, Spruijt-Metz D, Davis JN. Associations among sugar sweetened beverage intake, visceral fat, and cortisol awakening response in minority youth. *Physiol Behav*. 2016 Dec 1;167:188–93.
8. Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *Am J Public Health*. 2007 Apr;97(4):667–75.
9. Singh GM, Micha R, Khatibzadeh S, Lim S, Ezzati M, Mozaffarian D, et al. Estimated Global, Regional, and National Disease Burdens Related to Sugar-Sweetened Beverage Consumption in 2010. *Circulation*. 2015 Aug 25;132(8):639–66.
10. Von Philipsborn P, Stratil JM, Burns J, Busert LK, Pfadenhauer LM, Polus S, et al. Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health. *Cochrane Database Syst Rev* [Internet]. 2016; Available from: <http://dx.doi.org/10.1002/14651858.cd012292>
11. Ezendam NPM, Evans AE, Stigler MH, Brug J, Oenema A. Cognitive and home environmental predictors of change in sugar-sweetened beverage consumption among adolescents. *Br J Nutr*. 2010 Mar;103(5):768–74.
12. Vargas-Garcia EJ, Evans CEL, Prestwich A, Sykes-Muskett BJ, Hooson J, Cade JE. Interventions to reduce consumption of sugar-sweetened beverages or increase water intake: evidence from a systematic review and meta-analysis. *Obes Rev*. 2017 Nov;18(11):1350–63.
13. Jordan A, Piotrowski JT, Bleakley A, Mallya G. Developing Media Interventions to Reduce Household Sugar-Sweetened Beverage Consumption. *The ANNALS of the American Academy of Political and Social Science*. 2012 Feb 10;640(1):118–35.
14. Roberto CA, Wong D, Musicus A, Hammond D. The Influence of Sugar-Sweetened Beverage Health Warning Labels on Parents' Choices. *Pediatrics*. 2016 Feb;137(2):e20153185.
15. Australian Healthcare and Hospitals Association. Sugar-Sweetened Beverage Consumption [Internet]. Australian Healthcare and Hospitals Association. 2016 [cited 2018 May 13]. Available from: https://ahha.asn.au/sites/default/files/docs/policy-issue/ahha_position_statement_-_sugar_sweetened_beverage_consumption_0.pdf

16. Nakhimovsky SS, Feigl AB, Avila C, O'Sullivan G, Macgregor-Skinner E, Spranca M. Taxes on Sugar-Sweetened Beverages to Reduce Overweight and Obesity in Middle-Income Countries: A Systematic Review. *PLoS One*. 2016 Sep 26;11(9):e0163358
17. Riebl SK, Estabrooks PA, Dunsmore JC, Savla J, Frisard MI, Dietrich AM, et al. Understanding adolescents' sugary beverage consumption: a review and application of the theory of planned behaviour. *Eat Behav*. 2015 Mar 26;18:160–78.
18. Department of Health and Human Services. Healthy choices food and drink classification guide [Internet]. 2014 Sep. Available from: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Healthy-choices-food-and-drink-classification-guide>
19. Inspiro. Healthy eating project aims to slow rising obesity in Victorian primary schools [Internet]. Inspiro: Community Health Service. 2017 [cited 2018 May 13]. Available from: <https://www.inspiro.org.au/blog/march-2017/radical-healthy-eating-project-aims-to-slow-rising>
20. Smiles 4 Miles - Dental Health Services Victoria [Internet]. [cited 2018 May 13]. Available from: <https://www.dhsv.org.au/oral-health-programs/smiles4miles>
21. VicHealth. Introduction of Healthy Choices at Alfred Health Food Outlets: Evaluation Summary [Internet]. VicHealth. 2016 [cited 2018 May 13]. Available from: <https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/healthy-eating/Healthy-Choice/Introduction-of-Healthy-Choices-at-Alfred-Health-food-outlets.pdf?la=en&hash=D21709DC7DCB5AE7E70E5861117EC6AF01B3A21C>
22. Health A. A green light for healthier choices: limiting access to unhealthy food and drinks [Internet]. Alfred Health. [cited 2018 May 13]. Available from: <https://www.alfredhealth.org.au/contents/resources/community-and-health-promo/Healthy-Communities-Healthy-Choices-Infographic.pdf>
23. HEAS. Lara Pool Kiosk | Healthy Eating Advisory Service [Internet]. Healthy Eating Advisory Service. 2016 [cited 2018 May 13]. Available from: <http://heas.health.vic.gov.au/healthy-choices/case-studies/lara-pool-kiosk>
24. Cardinia Shire Council. Healthy Bites [Internet]. Cardinia Shire Council. [cited 2018 May 13]. Available from: https://www.cardinia.vic.gov.au/info/20031/health_and_wellbeing/160/healthy_bites/#section-1-about-the-program
25. World Health Organisation. Global Action Plan for the prevention and control of noncommunicable diseases 2013-2020 [Internet]. Geneva, Switzerland: World Health Organisation; 2010 [cited 2018 May 14]. 86. Available from: http://apps.who.int/iris/bitstream/handle/10665/80147/9789241503273_eng.pdf;jsessionid=39312ED87EE939C9D39F7556E0A31FD0?sequence=1
26. World Health Organisation. Guideline: Sugar intake for adults and children [Internet]. Geneva: World Health Organisation; 2015 [cited 2018 Mar 20]. 49 pages. Available from: http://apps.who.int/iris/bitstream/10665/149782/1/9789241549028_eng.pdf?ua=1
27. National Health and Medical Research Council. Australian Dietary Guidelines [Internet]. Canberra, Australia: National Health and Medical Research Council; 2013 [cited 2018 March 20]. 210 pages. Available from: https://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf
28. Preventative Health Taskforce. Australia: The Healthiest country by 2020 [Internet]. Canberra, Australia: Australian Government; 2008 [cited 2018 Apr]. 80p. Report No.: 1. Available from:

- [http://www.health.gov.au/internet/preventativehealth/publishing.nsf/content/a06c2fcf439ecda1ca2574dd0081e40c/\\$file/discussion-28oct.pdf](http://www.health.gov.au/internet/preventativehealth/publishing.nsf/content/a06c2fcf439ecda1ca2574dd0081e40c/$file/discussion-28oct.pdf)
29. Victorian Government. Victorian Public Health and Wellbeing Plan 2015-2019 [Internet]. Melbourne, Victoria, Australia: Victorian Government; 2015 [cited 2018 March 20]. 82 pages. Available from: <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan>
 30. State Government of Victoria. Victorian public health and wellbeing outcomes framework. Melbourne, Victoria, Australia: State Government of Victoria; 2016. 50. Report No.:1
 31. Victorian Government. Healthy Food Charter [Internet]. Melbourne, Victoria, Australia: Victorian Government; 2013 [cited 2018 Mar 20]. 30 pages. Available from: <https://www2.health.vic.gov.au/public-health/preventive-health/nutrition/victorian-healthy-eating-enterprise>
 32. Victorian Government. Healthy choices: food and drink classification guide [Internet]. Melbourne, Victoria Australia: Victorian Government; 2016 [cited 2018 Mar 20]. 60 pages. Available from: <https://www2.health.vic.gov.au/public-health/preventive-health/nutrition/healthy-choices-for-retail-outlets-vending-machines-catering>
 33. Women's Health East. Strategic Plan 2017-2021 [Internet]. Victoria, Australia: Women's Health East; 2017 [cited 2018 Mar 20]. 23 pages. Available from: http://whe.org.au/wp-content/uploads/sites/3/2018/02/WHE-Strategic-Plan-2017-2021_Final.pdf
 34. Yarra Ranges Council. Health and wellbeing in the Yarra Ranges 2017-2021 [Internet]. Victoria, Australia; 2017 [cited 2018 Mar 20]. 75 pages. Available from: https://www.yarraranges.vic.gov.au/files/assets/public/webdocuments/corporate-services/governance/policies-strategies-governance/hwb_strategy_lowres.pdf
 35. Eastern Health. Eastern Health Strategic Plan 2017-2022 [Internet]. Victoria, Australia: Eastern Health; 2017 [cited 2018 Mar 20]. 42 pages. Available from: www.easternhealth.org.au/about-us/publications/category-items/3-publications/6-strategic-plan-2017-2022
 36. Inspiro. Inspiro Strategic Plan 2016-2019 [Internet]. Victoria, Australia: Inspiro; 2016 [cited 2018 Mar 20]. 3 pages. Available from: https://cdn2.hubspot.net/hubfs/2511815/Inspiro_August2017/Docs/Strategic-plan-page-1-3-files-merged.pdf?t=1521504488702
 37. Outer East Primary Care Partnership. Strategic Plan 2017-2020 [Internet]. Victoria, Australia: Outer East Primary Care Partnership; 2017 [cited 2018 May 15]. 6 pages. Available from: file:///C:/Users/Tess.Handrinis/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/4S2664OM/strat-plan-2020_Final.pdf
 38. Australian Bureau of Statistics. 2016 Census Stats [Internet]. Canberra, Australia: Australian Bureau of Statistics; 2018 Feb 22 [cited 2018 Mar 21]. Available from: http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA27450?opendocument
 39. Australian Institute of Health and Welfare. Young Australians - their health and wellbeing 2011 [Internet]. Canberra, Australia: Australian Government; 2011 [cited 2018 Mar 21]. 262 pages. Available from: <https://www.aihw.gov.au/getmedia/14eed34e-2e0f-441d-88cb-ef376196f587/12750.pdf.aspx?inline=true>
 40. Council of Australian Government. Healthy safe and thriving: National strategic framework for child and youth health [Internet]. South Australia, Australia: Council of Australian Government; 2015 Aug [cited 2018 Mar 21].

- 39 pages. Available from:
<http://www.coaghealthcouncil.gov.au/Portals/0/Healthy%20Safe%20and%20Thriving%20-%20National%20Strategic%20Framework%20for%20Child%20and%20Youth%20Health.pdf>
41. Yarra Ranges Council. Yarra Ranges Health and Wellbeing Profile, 2017 [Internet]. Victoria, Australia: Yarra Ranges Council; 2017 [cited 2018 Mar 22]. 166 pages. Available from:
<https://www.yarraranges.vic.gov.au/files/assets/public/temp-document-folder/health-and-wellbeing/2017-yrca-health-and-wellbeing-profile.pdf>
 42. Kania J, Kramer M. Collective Impact. Stanford Social Innovation Review [Internet]. 2011 [cited 2018 Mar 21]; Available from:
https://ssir.org/articles/entry/collective_impact
 43. Salignac F, Wilcox T, Marjolin A, Adams S. Understanding Collective Impact in Australia: A new approach to interorganisational collaboration. Australian Journal of Management [Internet]. 2017 Jul 04 [cited 2018 Mar 21];43(1):91-110. Available from:
<http://journals.sagepub.com.ezproxy.lib.monash.edu.au/doi/full/10.1177/0312896217705178#articleCitationDownloadContainer>
 44. Christens BD, Inzeo PT. Widening the view: situating collective impact among frameworks for community-led change. Community Development [Internet]. 2015 Jul 06 [cited 2018 Mar 21];46(4):420-435. Available from: <https://www.tandfonline.com.ezproxy.lib.monash.edu.au/doi/full/10.1080/15575330.2015.1061680?scroll=top&needAccess=true>
 45. Chapter 2. Other Models for Promoting Community Health and Development | Section 5. Collective Impact | Main Section | Community Tool Box [Internet]. [cited 2018 May 14]. Available from: <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/collective-impact/main>
 46. Collaboration for Impact. The Collective Impact Framework [Image on internet]. Australia: Collaboration for Impact; [cited 2018 Mar 21]. Available from: <http://www.collaborationforimpact.com/collective-impact/>
 47. Cabaj M, Weaver L. Collective Impact 3.0: an evolving framework for community change [Internet]. 2016 [cited 2018 Mar 21]; Available from:
https://cdn2.hubspot.net/hubfs/316071/Events/Multi-Day%20Events/Community%20Change%20Institute%20-%20CCI/2016%20CCI%20Toronto/CCI_Publications/Collective_Impact_3.0_FINAL_PDF.pdf
 48. Council of Australian Government. Healthy safe and thriving: National strategic framework for child and youth health [Internet]. South Australia, Australia: Council of Australian Government; 2015 Aug [cited 2018 Mar 21]. 39 pages. Available from:
<http://www.coaghealthcouncil.gov.au/Portals/0/Healthy%20Safe%20and%20Thriving%20-%20National%20Strategic%20Framework%20for%20Child%20and%20Youth%20Health.pdf>
 49. Victorian Government. Victorian Public Health and Wellbeing Plan 2015-2019 [Internet]. Melbourne, Victoria, Australia: Victorian Government; 2015 [cited 2018 March 20]. 82 pages. Available from:
<https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan>

50. Victoria's Citizens' Jury on Obesity [Internet]. [cited 2018 May 14]. Available from: <https://www.vichealth.vic.gov.au/programs-and-projects/victorias-citizens-jury-on-obesity>
51. Water as the drink of choice in State Sporting Associations grant [Internet]. [cited 2018 May 14]. Available from: <https://www.vichealth.vic.gov.au/funding/state-sporting-association-water-grant>
52. Water in sport grants 2017-2020 [Internet]. [cited 2018 May 14]. Available from: <https://www.vichealth.vic.gov.au/funding/water-in-sport-grants-2017-2020>
53. New funding stream to make water drink of choice [Internet]. [cited 2018 May 14]. Available from: <https://www.vichealth.vic.gov.au/media-and-resources/media-releases/new-funding-stream-to-make-water-drink-of-choice>
54. Heneghan T. VicHealth: Water in Sport. [Interview] 2018.
55. Yarra Ranges Council. Food for Life! A guide to action in the communities of the Yarra Ranges to support health and wellbeing. 2018.
56. Apply for Grants for Community - Yarra Ranges [Internet]. [cited 2018 May 14]. Available from: <https://www.yarraranges.vic.gov.au/Community/Grants-funding/Apply-for-Grants-for-Community>
57. Brewin B. Eastern Health: Current Projects. [Interview] 2018.
58. Choose Tap | Yarra Valley Water [Internet]. [cited 2018 May 14]. Available from: <https://www.yvw.com.au/help-advice/community-programs/choose-tap>
59. Choose Tap [Internet]. [cited 2018 May 14]. Available from: <http://choosetap.com.au/>
60. Department of Health, Services H. Healthy choices: policy guidelines for hospitals and health services [Internet]. [cited 2018 May 14]. Available from: <https://www2.health.vic.gov.au:443/about/publications/policiesandguidelines/healthy-choices-guidelines-public-hospitals>
61. H30 Challenge [Internet]. [cited 2018 May 14]. Available from: <http://h30challenge.com.au/>
62. State Government of Victoria: Department of Health. Home | Achievement Program [Internet]. [cited 2018 May 14]. Available from: <http://www.achievementprogram.health.vic.gov.au/>
63. Inspiro. Healthy eating project aims to slow rising obesity in Victorian primary schools [Internet]. Inspiro: Community Health Service. 2017 [cited 2018 May 14]. Available from: <https://www.inspiro.org.au/blog/march-2017/radical-healthy-eating-project-aims-to-slow-rising>
64. Department of Health, Services H. Healthy choices policy guidelines for sport and recreation centres [Internet]. [cited 2018 May 14]. Available from: <https://www2.health.vic.gov.au:443/about/publications/policiesandguidelines/Healthy-choices->
65. Ware T. Inspiro: Munch, Sip & Move [Email Communication] 2018.
66. Inspiro. Healthy communities - Inspiro [Internet]. [cited 2018 May 14]. Available from: <https://www.inspiro.org.au/our-services/healthy-communities>
67. Healthy Picks Project - Yarra Ranges [Internet]. [cited 2018 May 14]. Available from:

- <https://www.yarraranges.vic.gov.au/Community/Business/Key-Projects/Healthy-Picks-Project>
68. OEPCP - Outer East Primary Care Partnership [Internet]. OEPCP. [cited 2018 May 14]. Available from: <https://oepcp.org.au/>
 69. Home - Women's Health East [Internet]. Women's Health East. [cited 2018 May 14]. Available from: <http://whe.org.au/>
 70. WHO | About social determinants of health. 2017 Sep 25 [cited 2018 May 14]; Available from: http://www.who.int/social_determinants/sdh_definition/en/
 71. Department of Health and Human Services. Inequalities in the social determinants of health and what it means for the health of Victorians - Findings from the 2014 Victorian Public Health Survey. Melbourne, Victoria: State Government of Victoria; 2017. 134. Report No.:1
 72. Department of Health and Human Services. The Victorian happiness report - The subjective wellbeing of Victorians. Melbourne, Victoria: State Government of Victoria; 2015. 136. Report No.:1
 73. World Health Organisation. Health equity through action on the social determinants of health [Internet]. Geneva, Switzerland: World Health Organisation; 2008 [cited 2018 Apr]. 256p. Report No.:1. Available from: http://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf;jsessionid=CC202B5A2C1B8B53A4374E08B5AF4CF6?sequence=1
 74. World Health Organisation. Equity, social determinants and public health programmes [Internet]. Geneva, Switzerland: World Health Organisation; 2010 [cited 2018 Apr]. 291p. Report.:1. Available from: <http://apps.who.int/iris/handle/10665/44289>
 75. World Health Organisation. Social determinants approaches to public health: from concept to practice [Internet]. Geneva, Switzerland: World Health Organisation; 2011 [cited 2018 Apr]. 223p. Report No.:1. Available from: http://www.who.int/social_determinants/tools/SD_Publichealth_eng.pdf
 76. Department of Health. National Primary Healthcare Strategic Framework [Internet]. Canberra, Australia: Australian Government; 2013 Apr [cited 2018 Apr]. 36p. Report No.:1. Available from: [http://www.health.gov.au/internet/main/publishing.nsf/content/6084A04118674329CA257BF0001A349E/\\$File/NPHCframe.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/6084A04118674329CA257BF0001A349E/$File/NPHCframe.pdf)
 77. Australian Institute of Health and Welfare. Australia's Health 2016 [Internet]. Canberra, Australia: Australian Government; 2016 [cited 2018 Apr]. 518p. Report No.: 15. Available from: <https://www.aihw.gov.au/getmedia/9844cefb-7745-4dd8-9ee2-f4d1c3d6a727/19787-AH16.pdf.aspx?inline=true>
 78. Preventative Health Taskforce. Australia: The Healthiest country by 2020 [Internet]. Canberra, Australia: Australian Government; 2008 [cited 2018 Apr]. 80p. Report No.: 1. Available from: [http://www.health.gov.au/internet/preventativehealth/publishing.nsf/content/a06c2fcf439ecda1ca2574dd0081e40c/\\$file/discussion-28oct.pdf](http://www.health.gov.au/internet/preventativehealth/publishing.nsf/content/a06c2fcf439ecda1ca2574dd0081e40c/$file/discussion-28oct.pdf)
 79. Google. MyMaps [Internet]. 2014 [cited 2018 May 14]. Available from: <https://www.google.com/mymaps>

80. Tamarack Institute. Tool: Top 100 Partners Exercise [Internet]. Tamarack Institute. [cited 2018 May 14]. Available from: https://cdn2.hubspot.net/hubfs/316071/Resources/Tools/Tamarack_Tool_-_Top_100.pdf
81. Vic Health. The partnerships analysis tool [Internet]. Melbourne, Victoria: Vic Health [cited 2018 May 14]. Available from: <https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool>
82. Bendigo, Bank A. Bendigo and Adelaide Bank - About Us [Internet]. [cited 2018 May 14]. Available from: https://www.bendigoadelaide.com.au/public/about_us/index.asp
83. Bendigo, Bank A. Bendigo and Adelaide Bank - In the Community [Internet]. [cited 2018 May 14]. Available from: https://www.bendigoadelaide.com.au/public/in_the_community/index.asp
84. Bendigo, Bank A. Bendigo and Adelaide Bank - Our Vision [Internet]. [cited 2018 May 14]. Available from: https://www.bendigoadelaide.com.au/public/about_us/our_vision.asp
85. BUPA. Corporate Responsibility [Internet]. Australia [cited 2018 May 14]. Available from: <https://www.bupa.com.au/about-us/corporate-responsibility/corporate-responsibility#bupa-community-support-anchor>
86. BUPA. Partnering with BUPA [Internet]. Australia [cited 2018 May 14]. Available from: <https://www.bupa.com.au/about-us/corporate-responsibility/partnering-with-bupa>
87. BUPA. BUPA Health Foundation [Internet]. Australia [cited 2018 May 14]. Available from: <https://www.bupa.com.au/about-us/bupa-health-foundation/about>
88. BUPA. Health and Wellness - BUPA [Internet]. Australia [cited 2018 May 14]. Available from: <https://www.bupa.com.au/health-and-wellness>
89. Little Athletics Victoria. About Us [Internet]. Australia; 2018 [cited 2018 May 14]. Available from: <http://lavic.com.au/About-Us>
90. Little Athletics Victoria. Strategic Plan and Vision [Internet]. Australia; 2018 [cited 2018 May 14]. Available from: <http://lavic.com.au/About-Us/Strategic-Plan-And-Vision>
91. Department of Education and Training. Our work, vision and values [Internet]. Melbourne, Victoria: State Government of Victoria; 2018 Apr 24 [cited 2018 May 14]. Available from: <http://www.education.vic.gov.au/about/department/Pages/vision.aspx>
92. Department of Education and Training. Leadership Charter [Internet]. Melbourne, Victoria: State Government of Victoria; [cited 2018 May 14]. Available from: <http://www.education.vic.gov.au/Documents/about/department/leadershipcharter.pdf>
93. Public Transport Victoria. About PTV [Internet]. Melbourne, Victoria: Public Transport Victoria; 2013 [cited 2018 May 14]. Available from: <https://www.ptv.vic.gov.au/about-ptv/public-transport-victoria/>
94. Public Transport Victoria. Annual Report 2016-2017 [Internet]. Melbourne, Victoria: Public Transport Victoria; 2017 Sep 19 [cited 2018 May 14]. 158p. Report No.:1. Available from: https://static.ptv.vic.gov.au/PTV/PTV%20docs/AnnualReport/1508726494/PTV_Annual-Report-2017_accessible-version.pdf

95. Parks Victoria. About [Internet]. Victoria, Australia: Parks Victoria; [cited 2018 May 14]. Available from: <http://parkweb.vic.gov.au/about-us>
96. Parks Victoria. Healthy Parks, healthy people [Internet]. Victoria, Australia: Parks Victoria; [cited 2018 May 14]. Available from: <http://parkweb.vic.gov.au/about-us/healthy-parks-healthy-people>
97. Kidney Health Australia. What we do [Internet]. South Melbourne, Victoria: Kidney Health Australia; 2018 [cited 2018 May 14]. Available from: <http://kidney.org.au/about-us/what-we-do>
98. Kidney Health Australia. Our patrons and ambassadors [Internet]. South Melbourne, Victoria: Kidney Health Australia; 2018 [cited 2018 May 14]. Available from: <http://kidney.org.au/about-us/patrons-and-ambassadors>
99. Kidney Health Australia. Our partners [Internet]. South Melbourne, Victoria: Kidney Health Australia; 2018 [cited 2018 May 14]. Available from: <http://kidney.org.au/about-us/our-partners>
100. Kidney Health Australia. Our partners [Internet]. South Melbourne, Victoria: Kidney Health Australia; 2018 [cited 2018 May 14]. Available from: <http://kidney.org.au/about-us/our-partners>
101. Kidney Health Australia. Ways you can partner with us [Internet]. South Melbourne, Victoria: Kidney Health Australia; 2018 [cited 2018 May 14]. Available from: <http://kidney.org.au/about-us/ways-you-can-partner-with-us>
102. Kidney Health Australia. The association between sugar sweetened soft drink and chronic kidney disease - a position statement [Internet]. South Melbourne, Victoria: Kidney Health Australia; 2014 Nov [cited 2018 May 14]. Available from: http://kidney.org.au/cms_uploads/docs/kidney-health-australia-sugar-position-statement-november-2014.pdf
103. Diabetes Australia. Strategic Approach and Plan [Internet]. Australia: Diabetes Australia; 2015 [cited 2018 May 14]. Available from: <https://www.diabetesaustralia.com.au/strategic-approach-and-plan>
104. Diabetes Australia. Ambassadors [Internet]. Australia: Diabetes Australia; 2015 [cited 2018 May 14]. Available from: <https://www.diabetesaustralia.com.au/ambassadors>
105. Diabetes Australia. Corporate Partners [Internet]. Australia: Diabetes Australia; 2015 [cited 2018 May 14]. Available from: <https://www.diabetesaustralia.com.au/corporate-partners>
106. Diabetes Australia. Diabetes Australia calls for a health levy on sugary drinks [Internet]. Australia: Diabetes Australia; 2017 Jul 07 [cited 2018 May 14]. Available from: <https://www.diabetesaustralia.com.au/media-releases/15414>
107. Diabetes Australia. Position statement: health levy on sugar sweetened beverages [Internet]. Australia: Diabetes Australia; 2017 Feb [cited 2018 May 14]. Available from: <https://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/8e3b9c65-d5d4-4659-bb0f-e4d58b5c5b25.pdf>
108. Healesville Indigenous Community Services Association. Strategic Directions [Internet]. Healesville, Victoria: Healesville Indigenous Community Services Association; 2014 [cited 2018 May 14]. Available from: <https://www.hicsa.org/strategic-direction.html>

109. Healesville Indigenous Community Services Association. Relationships and Stakeholders [Internet]. Healesville, Victoria: Healesville Indigenous Community Services Association; 2014 [cited 2018 May 14]. Available from: <https://www.hicsa.org/relationships-and-stakeholders.html>
110. Healesville Indigenous Community Services Association. Be Involved [Internet]. Healesville, Victoria: Healesville Indigenous Community Services Association; 2014 [cited 2018 May 14]. Available from: <https://www.hicsa.org/be-involved.html>
111. Parents' Voice. About [Internet]. Melbourne, Victoria: Parents' Voice; 2015 [cited 2018 May 15]. Available from: <https://parentsvoice.org.au/about/>
112. Parents' Voice. Water with that [Internet]. Melbourne, Victoria: Parents' Voice; 2015 [cited 2018 May 15]. Available from: <https://parentsvoice.org.au/campaigns/water-with-that/>
113. Parents' Voice. Healthy Eating [Internet]. Melbourne, Victoria: Parents' Voice; 2015 [cited 2018 May 15]. Available from: <https://parentsvoice.org.au/our-work/healthy-eating/>
114. Yarra Ranges Council. Maternal and child health [Internet]. Melbourne, Victoria: Yarra Ranges Council; 2013 [cited 2018 May 15]. Available from: <https://www.yarraranges.vic.gov.au/Community/Family-children/Maternal-child-health>
115. Australian Mens Shed Association. About AMSA [Internet]. New South Wales, Australia: Australian Mens Shed Association; 2017 [cited 2018 May 15]. Available from: <https://mensshed.org/about-amsa/>
116. Australian Mens Shed Association. Aims of AMSA [Internet]. New South Wales, Australia: Australian Mens Shed Association; 2017 [cited 2018 May 15]. Available from: <https://mensshed.org/about-amsa/aims-of-amsa/>
117. Australian Mens Shed Association. The Australian Mens Shed Association Handbook 2015 [Internet]. New South Wales, Australia: Australian Mens Shed Association; 2015 [cited 2018 May 15]. Available from: <https://mensshed.org/wp-content/uploads/2014/10/AMSA-Handbook-First-Edition-2015.pdf>
118. Kumu. Homepage [Internet]. Oahu, Hawaii: Kumu; 2011 [cited 2018 May 15]. Available from: <https://www.kumu.io/>
119. Amherst H. Wilder Collaboration Factors Inventory [Internet]. Minnesota, USA: Amherst H Wilder Foundation; 2001 [cited 2018 May 15]. Available from: <https://www.wilder.org/Wilder-Research/Research-Services/Pages/Wilder-Collaboration-Factors-Inventory.aspx>
120. Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Wilder Collaboration Factors Inventory*. St. Paul, MN: Wilder Research
121. Ziff MA, Willard N, Harper GW, Bangi AK, Johnson J, Ellen JM. *Connect to Protect*® Researcher-Community Partnerships: Assessing Change in Successful Collaboration Factors over Time. *Global journal of community psychology practice*. 2010;1(1):32-39.
122. Mattessich PW, Monsey BR. Collaboration: What makes it work? A Review of research literature on factors influencing successful collaboration. Amherst H Wilder Foundation: St. Paul, Minnesota; 1992

123. Moher D, Liberati A, Tetzlaff J, Altman DG, The Prisma Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med.* 2009 Jul 21; 6(7)
124. Perrault E, McClelland R, Austin C, Sieppert J. Working together in collaborations: successful process factors for community collaboration. *Administration in Social Work.* 2011 June 01;35(3):282-298.
125. Gillam RJ, Counts JM, Gartska GA. Collective impact facilitators: how contextual and procedural factors influence collaboration. *Community Development.* 2016 Feb 03; 47(2):209-224.
126. Homel R, Frieberg K, Branch S. CREATE-ing capacity to take developmental crime prevention to scale: A community-based approach within a national framework. *Australian & New Zealand Journal of Criminology.* 2015 Aug 07;48(3):367-385.
127. Kapp JM, Simoes EJ, DeBiasi A, Kravet SJ. A conceptual framework for a systems thinking approach to US population health. *Systems research and behavioural science.* 2016 Sep 05;34(6):686-698.
128. Koliba C, Wiltshire S, Scheinert S, Turner D, Zia A, Campbell E. The critical role of information sharing to the value proposition of a food systems network. *Public Management Review.* 2016 Aug 02;19(3):284-304.
129. Kozo J, Zapata-Garibay R, Rangel-Gomez MA, Fernandez A, Hirata-Okamoto R, Wooten W. The border health consortium of the Californias-Forming a binational entity to address the health of a border region: A case study. *Frontiers in public health.* 2018 Jan 19; 5:368
130. Meinen A, Hillgendorf A, Korth AL, Christens BD, Breuer C, Joyner H, Polzin M et al. The Wisconsin early childhood obesity prevention initiative: an example of statewide collective impact. *Obesity prevention interventions.* 2016;115(5):269-274
131. Salignac F, Wilcox T, Marjolin A, Adams S. Understanding collective impact in Australia: A new approach to interorganisational collaboration. *Australian Journal of Management.* 2018; 43(1):91-110.
132. Walzer N. Collective impact approaches and community development issues. *Community development.* 2016;47(2):156-166.
Julian R, Bartkowiak-Theron I, Hallam J, Hughes C. Exploring law enforcement and public health as a collective impact initiative: lessons learned from Tasmania as a case study. *Journal of criminology research.* 2017 Jun 12;3.(3):79-92.
133. Schwartz K, Weaver L, Pei N, Kingston-Miller A. Community-campus partnerships, collective impact and poverty reduction. *Community Development.* 2016 Jan 22;47(2):167-180.
134. Weaver L. Possible: Transformational change in collective impact. *Community development.* 2016 Jan 04;47(2):274-283.
135. Bradley K, Chibber KS, Cozier N, Vander Meulen P, Ayres-Griffin C. Building healthy start grantees' capacity to achieve collective impact: lessons from the field. *Maternal and child health journal.* 2017 Nov 24;21(1):532-539.
136. Grumbach K, Vargas RA, Fleisher P, Aragon TJ, Chung L, Chawla C et al. Achieving health equity through community

- engagement in translating evidence to policy: the San Francisco health improvement partnership, 2010-2016. *Prev Chronic Dis.* 2017 Mar 23;14(27):1-9.
137. DeGregory ST, Chaudhury N, Kennedy P, Noyes P, Maybank A. Community Vision and Interagency Alignment: A Community Planning Process to Promote Active Transportation. *American Journal of Public Health.* 2016;106(4):654-7.
 138. Amed S, Naylor P-J, Pinkney S, Shea S, Mâsse LC, Berg S, et al. Creating a collective impact on childhood obesity: Lessons from the SCOPE initiative. *Canadian Journal of Public Health.* 2015;106(6):e426-e33.
 139. DuBow W, Hug S, Serafini B, Litzler E. Expanding our understanding of backbone organizations in collective impact initiatives. *Community Development.* 2018:1-18.
 140. Raderstrong J, Boyea-Robinson T. The why and how of working with communities through collective impact. *Community Development.* 2016;47(2):181-93.
 141. Cooper KR. Nonprofit participation in collective impact: A comparative case. *Community Development.* 2017;48(4):499-514.
 142. IAP2 International Federation. IAP2's Public Participation Spectrum [Image on internet]. IAP2 International Federation: 2014 [cited 2018 May 15]. Available from: https://www.iap2.org.au/Tenant/C0000004/00000001/files/IAP2_Public_Participation_Spectrum.pdf
 143. Collaborative for Neighborhood Transformation. ACBD Toolkit: what is asset based community development? [Internet]. United States of America: Collaborative for Neighborhood Transformation; [cited 2018 May 15]. Available from: <https://resources.depaul.edu/abcd-institute/resources/Documents/WhatisAssetBasedCommunityDevelopment.pdf>
 144. Group Map Technology. SOAR Analysis [Internet]. Western Australia, Australia: Group Map Technology; 2018 [cited 2018 May 15]. Available from: <https://www.groupmap.com/map-templates/soar-analysis/>
 145. Morrison E, Hutcheson S. Accelerating civic innovation through strategic doing [Internet]. United States of America: Stanford social innovation review; 2014 Jun 20. Available from: https://ssir.org/articles/entry/accelerating_civic_innovation_through_strategic_doing
 146. Centre for regional development. Strategic doing: guiding measurable outcomes through action-oriented collaboration [Image on internet]. Indiana, United States of America: Centre for regional development; [cited 2018 Mat 15]. Available from: <https://www.una.edu/strategicdoing/docs/SDSlideDoc.pdf>
 147. Morrison, E. (2012). "Strategic Doing for Community Development." in Norman Walzer and Gisele F.Hamm, ed. *Community Visioning Programs*. New York: Routledge Publishing Group., Ch. 9, 156-177.
 148. Tomakyo E. Erratum: The Healthy Children, Strong Families intervention promotes improvements in nutrition, activity, and body

- weight in American Indian families with young children. (*Public Health Nutrition* 20:2 (380))
149. Bell LK, Hendrie GA, Hartley J, Golley RK. Impact of a nutrition award scheme on the food and nutrient intakes of 2- to 4-year-olds attending long day care. *Public Health Nutrition*. 2015;18(14):2634-42
 150. Black JL, Velazquez CE, Ahmadi N, Chapman GE, Carten S, Edward J, et al. Sustainability and public health nutrition at school: Assessing the integration of healthy and environmentally sustainable food initiatives in Vancouver schools. *Public Health Nutrition*. 2015;18(13):2379-91.
 151. Mikkelsen BE, Novotny R, Gittelsohn J. Multi-level, multi-component approaches to community based interventions for healthy living—a three case comparison. *International Journal of Environmental Research and Public Health*. 2016;13(10).
 152. Slawson DL, Dalton WT, 3rd, Dula TM, Southerland J, Wang L, Littleton MA, et al. College students as facilitators in reducing adolescent obesity disparity in Southern Appalachia: Team Up for Healthy Living. *Contemporary Clinical Trials*. 2015;43:39-52.
 153. Pollard C. The Go for 2 and 5 campaign - example of a public health nutrition early intervention strategy. *Pub Health Bull*. 2006;3:18-20.
 154. Ray S, Laur C, Douglas P, Rajput-Ray M, van der Es M, Redmond J, et al. Nutrition education and leadership for improved clinical outcomes: training and supporting junior doctors to run 'Nutrition Awareness Weeks' in three NHS hospitals across England. *BMC Medical Education*. 2014;14:109.
 155. Patel AI, Bogart LM, Elliott MN, Lamb S, Uyeda KE, Hawes-Dawson J, et al. Increasing the availability and consumption of drinking water in middle schools: A pilot study. *Preventing Chronic Disease*. 2011;8(3).
 156. Taveras EM, Gortmaker SL, Hohman KH, Horan CM, Kleinman KP, Mitchell K, et al. Randomized controlled trial to improve primary care to prevent and manage childhood obesity the high five for kids study. *Archives of Pediatrics and Adolescent Medicine*. 2011;165(8):714-22
 157. Bogart LM, Elliott MN, Uyeda K, Hawes-Dawson J, Klein DJ, Schuster MA. Preliminary healthy eating outcomes of SNaX, a pilot community-based intervention for adolescents. *Journal of Adolescent Health*. 11;48(2):196-202
 158. Hammons AJ, Wiley AR, Fiese BH, Teran-Garcia M. Six-week latino family prevention pilot program effectively promotes healthy behaviors and reduces obesogenic behaviors. *Journal of Nutrition Education and Behavior*. 2013;45(6):745-50
 159. Rose AM, Wagner AK, Kennel JA, Miller CK, Holloman C, Pennywitt J, et al. Determining the feasibility and acceptability of a nutrition education and cooking program for preschoolers and their families delivered over the dinner hour in a low-income day care setting. *Infant, Child, and Adolescent Nutrition*. 2014;6(3):144-51

160. Elder JP, Holub CK, Arredondo EM, Sanchez-Romero LM, et al. Promotion of water consumption in elementary school children in San Diego, USA and Tlaltizapan, Mexico. *Salud Publica de Mexico*. 2014;56:S148-S56
161. Vargas-Garcia EJ, Evans CEL, Prestwich A, Sykes-Muskett BJ, Hooson J, Cade JE. Interventions to reduce consumption of sugar-sweetened beverages or increase water intake: evidence from a systematic review and meta-analysis. *Obesity Reviews*. 2017;18(11):1350-63
162. Smit CR, de Leeuw RN, Bevelander KE, Burk WJ, Buijzen M. A social network-based intervention stimulating peer influence on children's self-reported water consumption: A randomized control trial. *Appetite*. 2016;103:294-301
163. Avery A, Bostock L, McCullough F. A systematic review investigating interventions that can help reduce consumption of sugar-sweetened beverages in children leading to changes in body fatness. *Journal of Human Nutrition and Dietetics*. 2015;28(s1):52-64
164. Farley TA, Halper HS, Carlin AM, Emmerson KM, Foster KN, Fertig AR. Mass media campaign to reduce consumption of sugar-sweetened beverages in a rural area of the United States. *American Journal of Public Health*. 2017;107(6):989-95
165. Bleakley A, Jordan A, Mallya G, Hennessy M, Piotrowski JT. Do You Know What Your Kids Are Drinking? Evaluation of a Media Campaign to Reduce Consumption of Sugar-Sweetened Beverages. *American Journal of Health Promotion*. 2017
166. Barragan NC, Noller AJ, Robles B, Gase LN, Leighs MS, Bogert S, et al. The "Sugar Pack" Health Marketing Campaign in Los Angeles County, 2011-2012. *Health Promotion Practice*. 2014;15(2):208-16
167. Folta SC, Kuder JF, Goldberg JP, Hyatt RR, Must A, Naumova EN, et al. Changes in diet and physical activity resulting from the shape up Somerville community intervention. *BMC Pediatrics*. 2013;13(1).
168. Schoffman DE. Enhancing Parent-child communication and promoting physical activity and healthy eating through mobile technology: A randomized trial. *Dissertation Abstracts International: Section B: The Sciences and Engineering*. 2017;78(4-B(E))
169. Nollen NL, Mayo MS, Carlson SE, Rapoff MA, Goggin KJ, Ellerbeck EF. Mobile technology for obesity prevention: A randomized pilot study in racial- and ethnic-minority girls. *American Journal of Preventive Medicine*. 2014;46(4):404-8.
170. Hornsby WC, Bailey W, Braun PA, Weiss K, Heichelbech J. Busting the baby teeth myth and increasing children's consumption of tap water: Building public will for children's oral health in Colorado. *Frontiers in Public Health*. 2017;5
171. Pellitteri K, Huberty J, Ehlers D, Bruening M. Fit Minded College Edition Pilot Study: can a Magazine-Based Discussion Group Improve Physical Activity in Female College Freshmen? *Journal of public health management and practice [Internet]*. 2017; 23(1):[e10-e9pp.].

172. Policastro P, Palm T, Schwartz J, Chapman G. Targeted Calorie Message Promotes Healthy Beverage Consumption Better than Charity Incentive. *Obesity*. 2017;25(8):1428-34.
173. Scourboutakos MJ, Mah CL, Murphy SA, Mazza FN, Barrett N, McFadden B, et al. Testing a Beverage and Fruit/Vegetable Education Intervention in a University Dining Hall. *Journal of Nutrition Education and Behavior*. 2017;49(6):457-65.e1
174. Ermetici F, Zelaschi RF, Briganti S, Dozio E, Gaeta M, Ambrogi F, et al. Association between a school-based intervention and adiposity outcomes in adolescents: The Italian "eAT" project. *Obesity*. 2016;24(3):687-95.
175. Mozaffarian RS, Wiecha JL, Roth BA, Nelson TF, Lee RM, Gortmaker SL. Impact of an organizational intervention designed to improve snack and beverage quality in YMCA after-school programs. *American Journal of Public Health*. 2010;100(5):925-32.
176. Vézina-Im LA, Beaulieu D, Bélanger-Gravel A, Boucher D, Sirois C, Dugas M, et al. Efficacy of school-based interventions aimed at decreasing sugar-sweetened beverage consumption among adolescents: A systematic review. *Public Health Nutrition*. 2017;20(13):2416-31.
177. Blake MR, Peeters A, Lancsar E, Boelsen-Robinson T, Corben K, Stevenson CE, et al. Retailer-Led Sugar-Sweetened Beverage Price Increase Reduces Purchases in a Hospital Convenience Store in Melbourne, Australia: A Mixed Methods Evaluation. *Journal of the Academy of Nutrition and Dietetics*. 2017.
178. Kenney EL, Gortmaker SL, Carter JE, Howe MCW, Reiner JF, Craddock AL. Grab a cup, fill it up! an intervention to promote the 1 of drinking water and increase student water consumption during school lunch. *American Journal of Public Health*. 2015;105(9):1777-83.
179. Isoldi KK, Dolar V. Blending better beverage options: A nutrition education and experiential workshop for youths. *Journal of Obesity*. 2015;2015.
180. LaPelle NR, Zapka J, Ockene JK. Sustainability of Public Health Programs: The example of tobacco treatment services in Massachusetts. *Am J. Public Health*. 2006 Aug;96(8):1363-1369
181. Paine-Andrews A, Fisher JL, Campuzano MK, Fawcett SB, Berkley-Patton J. Promoting sustainability of community health initiatives: an empirical case study. *Health Promotion Practice*. 2000 Jul 01;1(3):248-258.
182. Wong E, Norris T, Solomon L. Community Health Initiatives Sustainability Framework [Internet]. San Francisco, United States of America: Kaiser Permanente Community Benefit; 2009 Aug [cited 2018 May 15]. Available from: <http://www.tylernorris.com/pubs/sustainability-framework.pdf>
183. Schell SF, Luke DA, Schooley MW, Elliott MB, Herbers SH, Mueller NB, Bunger AC. Public health program capacity for sustainability: a new framework. *Implement Sci*. 2013 Feb 01;8(15):1-9.

11. Appendix

11.1 Wilder Collaboration Tool Data

Total Responses: 8

Total Contacted for Contribution: 16

Scores of 4.0 to 5.0 - strengths, don't need attention	Scores of 3.0 to 3.9 - borderline, deserve discussion	Scores of 1.0 to 2.9 - concerns that should be addressed
--	---	--

DOMAIN	FACTOR	STATEMENT	RATING/5 FACTOR AVERAGE	RATING/5 STATEMENT AVERAGE
Environmental	History of collaboration or cooperation in the community	Agencies in our community have a history of working together	3.8	3.5
		Trying to solve problems through collaboration has been common in this community. It's been done a lot before.		4.1
	Collaborative group seen as a legitimate leader in the community	Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.	3.5	3.5
		Others (in this community) who are not a part of this collaboration would generally agree that the organizations involved in this collaborative project are the "right" organizations to make this work		3.5
	Favorable political and social climate	The political and social climate seems to be "right" for starting a collaborative project like this one.	4.5	4.5
		The time is right for this collaborative project.		4.5
Membership Characteristics	Mutual respect, understanding, and trust	People involved in our collaboration always trust one another.	3.8	3.1

		I have a lot of respect for the other people involved in this collaboration		4.4
		The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish		3.4
	Appropriate cross section of members	All the organizations that we need to be members of this collaborative group have become members of the group.	3.1	2.8
	Members see collaboration as in their self-interest	My organization will benefit from being involved in this collaboration.	4.8	4.8
	Ability to compromise	People involved in our collaboration are willing to compromise on important aspects of our project	3.8	3.8
Process and Structure	Members share a stake in both process and outcome	The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.		3.8
		Everyone who is a member of our collaborative group wants this project to succeed.		4.4
		The level of commitment among the collaboration participants is high.	4	4
	Multiple layers of participation	When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.		3.5
		Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent,	2.9	2.4

		not just a part.		
		There is a lot of flexibility when decisions are made; people are open to discussing different options		3.9
	Flexibility	People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.	3.9	4
		People in this collaborative group have a clear sense of their roles and responsibilities.		3.4
	Development of clear roles and policy guidelines	There is a clear process for making decisions among the partners in this collaboration.	3.3	3.3
		This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.		3.4
	Adaptability	This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.	3.6	3.8
		This collaborative group has tried to take on the right amount of work at the right pace.		4
	Appropriate pace of development	We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	3.8	3.6
		People in this collaboration communicate openly with one another.		3.8
Communication	Open and frequent communication	I am informed as often as I should be about what goes on in the collaboration.	3.9	4.1

		The people who lead this collaborative group communicate well with the members.		3.8
	Established informal relationships and communication links	Communication among the people in this collaborative group happens both at formal meetings and in informal ways.		4
		I personally have informal conversations about the project with others who are involved in this collaborative group.	4.1	4.1
Purpose	Concrete, attainable goals and objectives	I have a clear understanding of what our collaboration is trying to accomplish.		4.3
		People in our collaborative group know and understand our goals		3.8
		People in our collaborative group have established reasonable goals.	3.9	3.8
	Shared vision	The people in this collaborative group are dedicated to the idea that we can make this project work.		4.4
		My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.	4	3.6
	Unique purpose	What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself		4.8
No other organization in the community is trying to do exactly what we are trying to do.		4.3	3.9	
Resources	Sufficient funds, staff, materials, and time	Our collaborative group had adequate funds to do what it wants to accomplish.		3
		Our collaborative group has adequate "people power" to do what it wants to accomplish.	3.1	3.3

	Skilled leadership	The people in leadership positions for this collaboration have good skills for working with other people and organizations.	4.4	4.4
--	--------------------	---	-----	-----

FACTOR	RESPONSE
What is working well in your collaborative?	<ul style="list-style-type: none"> Enthusiasm from all members to make a difference in the community Enthusiasm/ good will to work with each other to achieve change A good range of public health nutrition expertise represented Commitment to focus of water/SSB
	<ul style="list-style-type: none"> Leadership of the group Shared commitment among organisational leaders to work together.
	<ul style="list-style-type: none"> Intelligent, informed people from a good mix of organisations who have worked in collaboration before. Good trust, a lot of respect for each other. Great opportunities to draw on a range of existing work/networks. Common goal and focus with a more defined scope.
	<ul style="list-style-type: none"> Level of commitment to making a difference for the people of the area. Willingness to try new ways of working
	<ul style="list-style-type: none"> Like minded people working together
	<ul style="list-style-type: none"> Open communication, willingness to compromise on goals, bringing in other people from individual organisations as relevant.
	<ul style="list-style-type: none"> The strengthening of working together culture. Moving past previous barriers of "patch". A good spirit of enjoying working with each other based on respect.
	What needs improvement in your collaborative?
<ul style="list-style-type: none"> External stakeholders that don't think the same 	
<ul style="list-style-type: none"> Formal processes probably need a bit of tightening up. 	
<ul style="list-style-type: none"> Further pragmatic details about how to get to our goal - resourcing, refining scope, filling in gaps in capacity that may exist, planning for change (eg staffing changes, political shift, resource gap etc) 	
<ul style="list-style-type: none"> It's a little early to tell. Early communication issues and structural issues have been addressed. The biggest area for improvement is cross sectoral representation. The group has acknowledged this and has set intentional goals of attending to this in the work we do to address the next priority. Members have a goal of trialling working together more effectively as well as the impact goal 	
<ul style="list-style-type: none"> Resourcing is challenging. As one of the leads, I juggle and feel I never put enough into this. Still we are doing well considering. 	
	<ul style="list-style-type: none"> We are very, very early in our journey. In the future I would like to see:

	<ul style="list-style-type: none">• Expansion of our group (involvement of community leaders/ reps, other sectors, other perspectives)
	<ul style="list-style-type: none">• A better sense of where we are headed, forward planning.
	<ul style="list-style-type: none">• A clearer sense of purpose/ our goals/ what success looks like (after group has expanded).
	<ul style="list-style-type: none">• Regular meetings, stronger governance and communication but this will come with time

11.2 Community Health Initiatives Sustainability Framework

Table 1. Dimensions and Factors Promoting Sustainability Within CHI Communities

Factors	Rating (1=low; 5=high)	Action Steps
1. Vision		
a. A vision is crafted with the participation of community members. It is steeped in, and accurately reflects, the needs and priorities of the community.		
b. There is authentic consensus of partners or stakeholders on the vision and outcomes, and a readiness to act.		
c. The vision and outcomes are articulated in a logic model or theory of action.		
d. Desired outcomes are defined and used to develop and refine strategies.		
2. Community Ownership		
a. The initiative is led by residents of, by, and for the community. They have formal roles on the leadership team.		
b. The priorities reflect the needs of community residents and strategies are asset-based.		
c. The key stakeholders required to implement strategies are involved in their development and execution.		
d. An institutional home in the community, with a high degree of stability/permanence (e.g. local health department, community organization, or trusted local entity) is in place to ensure that essential functions (i.e. leadership, learning and communications) continue.		
3. Leadership		
a. There are champions with strong skills in strategic thinking, communication, facilitation, influence, and execution who support the initiative, regardless of whether they have a formal role on the leadership team.		
b. The leadership team includes or is made up of credible, respected community leaders (residents as well as organizational representatives).		
c. Members of the leadership team bring the influence, commitment, and sanction of their institutions.		
d. Leadership of the initiative is shared across a high-performing group of people. This leadership team has clearly defined roles and responsibilities, values diversity, has tolerance for different views, and has a learning orientation.		
e. There is a plan for on-boarding and orienting new members and a succession plan for formal leadership roles.		
f. At key junctures, there is an examination of important leadership that may be missing, and there is a plan developed to secure that leadership.		
4. Distributed Action		
a. Partner organizations find opportunities to do their own organization's work differently (as expressed in changes to mission statements, strategic plans, budgets, job descriptions, vendors contracts, and other business activities that address healthy communities objectives) catalyzed by their involvement in the collaborative effort.		
b. Partner organizations influence the work of their peers outside the collaborative to do their work differently by sharing ideas for change- <i>see 4a.</i> (e.g. A business partner influences the work of the Chamber of Commerce.)		
c. Individuals involved in or exposed to this initiative influence the actions of their family, friends, neighbors, etc. in creating healthy communities.		
5. Nature of Strategies Implemented		
a. Community change strategies selected and implemented are those that fall in the upper 2-3 levels of the Spectrum of Prevention ³ , i.e. focus on policy, organizational practice and built/food environment changes and fostering coalitions and networks.		
b. There is a balanced portfolio of short-term and long-term wins to maintain momentum and attract community energy and engagement while working towards systemic change.		

c. Leaders have a systems orientation: they actively seek opportunities for strategies and solutions that coordinate and leverage the efforts of different sectors. They focus on convergent strategies that help partners find common causes and win-win solutions ⁴ . This is important because it increases the scope of what can be changed, increases the constituency for change, and broadens the assets that can be deployed to create change.		
6. Funding		
a. There is a plan/forecast for resources needed to enact the Community Action Plan (CAP).		
b. There is multi-year funding mindset and commitment.		
c. There exists a consistent, reliable, long-term funding stream(s), e.g. public sources, internalized into partner agency budgets, market-based/commercial revenue, etc.		
d. Return on Investment/economic analyses and evidence of cost savings/neutrality are being developed and used to make the case for investment/support.		
e. The leadership group leverages in-kind and other funds, including resources from other sectors – <i>see example in 5c</i> .		
f. The leadership group coordinates with funders to maximize flexibility and best use of committed and potential resources.		
g. At key junctures or ad-hoc as needed, decisions are made about what should continue to receive funding and what not, based on agreed upon criteria.		
7. Learning Orientation		
a. Evaluation data is used for demonstrating progress, case-making, improving/modifying programs, and deciding what to sustain/not.		
b. Information from the external environment, including peer initiatives, is systematically brought into the collaborative (and offered to partner organizations) to identify opportunities/risks, inform adjustments, and test assumptions.		
c. The evidence base is reviewed periodically to ensure that the revision of community action plans utilizes the latest and best evidence.		
8. Execution		
a. Key non-health stakeholders (e.g., community developers, transportation, social justice, ecological environment, local gov management and design/planning) who are responsible for implementation are included in the planning of the strategies.		
b. The transition to the implementation stage identifies the people with the appropriate skills, authority, and resources to do the work.		
c. There is a structure within the initiative for distributing the work to implementation teams, keeping implementation teams connected to the broader leadership group/initiative, ensuring that implementation teams have resources and competency to effectively deliver, and gathering feedback for quality improvement.		
d. The collaborative functions effectively in regards to agenda planning, facilitation, decision-making, respectful negotiation, conflict resolution, communication, inclusiveness, rooted in the comm vision.		
e. Outside technical expertise/assistance secured, and applied as needed.		
f. There is an explicit communications plan for ensuring regular communication of the vision, objectives, and progress of the CHI effort to key stakeholders.		
g. At key junctures, decisions are made about what efforts should be continued and not, based on agreed upon criteria. Plans for continuing high priority work are developed.		
9. Sustainability Planning⁵		
a. A shared understanding of sustainability is created.		
b. A sustainability lens is used when developing priorities and identifying core stakeholders.		
c. There is a workplan for sustainability, with agreement on outcomes, milestones, tools (e.g. sustainability audit), etc. <i>Note: This can be part of a community's action plan; it need not be a stand-alone plan.</i>		
d. At key junctures, decisions are made about what should be continued and not, and what should be prioritized, based on agreed criteria.		
e. The leadership group determines plans for how they will continue/sustain efforts that deliver on those priorities they have decided should be continued.		
a. The leadership team implements the sustainability plan and periodically assesses progress.		