



Prevention Annual Evaluation 2019 - 2020

LOWER HUME PRIMARY CARE PARTNERSHIP

Authors:

- Jaimie Poorter (Seymour Health, Yea & District Memorial Hospital and Lower Hume PCP)
- Heidi Stewart (Alexandra District Health)
- Genna Vlitas (Nexus Primary Health)
- Lee Coller (Lower Hume PCP)
- Christina Marescia (Lower Hume PCP)





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Ward Steet - Chief Executive Officer



A handwritten signature in black ink, appearing to read "Lorina Gray".

Lorina Gray - Director of Nursing/Manager



A handwritten signature in black ink, appearing to read "Debbie Rogers".

Debbie Rogers - Chief Executive Officer



A handwritten signature in black ink, appearing to read "Amanda Mullins".

Amanda Mullins - Chief Executive Officer

Lower Hume Prevention Annual Reporting 2019-2020

Priority Area	Healthy Eating and Active Living
Goal	<i>Lower Hume communities support healthy eating and physical activity.</i>
Target population group/s	Families with a focus on equity and vulnerability
Objective	Increase the community's capacity to design and implement local solutions that create environments that support healthy eating and physical activity choices
Budget and resources	Alexandra District Health 0.63 FTE; Nexus Primary Health 1.2 FTE; Seymour Health 0.2 FTE; Yea and District Memorial Hospital 0.2 FTE Other partners: Murrindindi Shire Council, Mitchell Shire Council, Lower Hume Aboriginal Health and Wellbeing Program, Lower Hume Primary Care Partnership (LHPCP) Smiles 4 Miles coordinator. LHPCP Facilitator: Prevention Coordinator
Key evaluation questions	What factors (both positive and negative) impacted on the implementation? How have barriers been addressed? What impact has the program had on populations facing greatest inequality? What opportunities have emerged? How have they been utilised? Have levels of partnership and collaboration increased? Based on the learnings of the last 12 months, what are the next steps?

IMPACTS			
Impact indicators	Evaluation methods and tools	Timelines and responsibilities	Outcomes
<ul style="list-style-type: none"> Working as a Collaborative to implement and evaluate the Prevention Strategic Plan. Improved workforce development in systems and health promotion. Measure shift in community capacity to design and implement localised solutions. Increased community participation and empowerment in community led solutions. Increased cross sector partnerships for environments 	<ul style="list-style-type: none"> Annual Collaborative review: focus group and questionnaire, with reflective process using results. Collaboration in quarterly and annual evaluation reporting and submitting on time to Department of Health and Human Services (DHHS). Meeting attendance and leadership, peer support, reflective practice for health promotion staff. Collaborative minutes, action plans and annual review. 	<p>Quarterly reporting Dec 2019, March 2020 and June 2020. DHHS annual report August 2019. Plan review October 2019. ALL PARTNERS July 2019 to June 2020 ALL PARTNERS</p> <p>July 2019 to June 2020 ALL PARTNERS LHPCP – August 2019 (annually). To be completed by ALL</p>	<p>Quarterly reporting completed by each partner and Annual report and Annual Action plan compiled collaboratively and submitted to DHHS on time. No annual Collaborative review due to COVID-19 and staff changes, however regular reflection and increased review of focus and weekly meetings.</p> <p>Monthly collaborative meetings with averages of attendance 6 Pax,</p>

<p>that support healthy eating and physical activity.</p> <ul style="list-style-type: none"> • Community members from diverse backgrounds engaged in and are part of the development of activities that promote healthy eating and physical activity. • A more informed community with an understanding of systems approach to influence healthy eating and physical activity. • Community actions contribute to an increase in healthy eating and physical activity. 	<ul style="list-style-type: none"> • Change in community capacity measured at baseline and follow up using Knowledge and Engagement (K&E) Survey (LHPCP). • Diverse and sustained community participation in developing and implementing community driven actions that promotes healthy eating and physical activity. • Learning from the first 2 community workshops and implemented in workshop 3. • Analysis of cross sector partnerships using Social Network Analysis survey (Deakin University). Diverse leadership at all levels – engagement in implementation phase. • Quarterly reporting of number of strategies used to engage people from diverse backgrounds and number of people from diverse backgrounds engaged. • Number of community members engaged in actions. An increase in knowledge of systems thinking process and influences of healthy eating and physical activity. Feedback from participants (evaluation reports). • Dissemination of information via diverse range of methods including social and print media, presentations, journals and informal discussions – quarterly reporting. • Primary school monitoring data (Deakin) 	<p>PARTNERS and community annually for all communities</p> <p>Quarterly reporting Dec 2019, March 2020 and June 2020 ALL PARTNERS August 2019 (annually) DEAKIN UNIVERSITY. To be completed by community annually for all communities. July 2019 to June 2020 ALL PARTNERS</p> <p>DEAKIN UNIVERSITY 2019, 2021, 2023</p>	<p>and 5 organisations represented. Rotating chair by partners and two months run without Primary Care Partnership (PCP) support. Minutes show ongoing (systems) reflective practice of work and practice is evidence of working in a systems way.</p> <p>Minutes show cross sector partnerships sharing, collaboration, systems and health promotion training opportunities and learnings (also in monthly agenda). They also reflect some community participation and solutions (further info below).</p> <p>Country Women’s Association (CWA) and local supermarket cooking classes are a good example of cross sector partnership.</p> <p>Multiple attempts (see below) made to increase participation of diverse community engagement in workshops with minimal success and agreed that a targeted approach may be the way forward (for example Yea Secondary Group Model Building (GMB) workshop).</p> <p>Follow up calls a year post GMB workshops showed the community better understood the bigger ‘system’ that affected healthy eating and physical activity.</p>
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			<p>K&E and Social Network Analysis (SNA) surveys baseline complete (low response rate).</p> <p>Learnings from GMB1 and 2 applied to GMB3. Evaluation reports showed positive feedback</p>
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Strategy: 1.1: Facilitate a community-based systems approach to support community led solutions.

Action: 1.1.1 LHPCP Integrated Health Promotion (IHP) Collaborative members continue to build understanding and capacity to implement and sustain a systems process.

Process indicators	Evaluation tools/timelines /responsibilities and scale of importance	Outcomes
<ul style="list-style-type: none"> ● Number of workers attending Systems Thinking training. ● Number of mentors supporting the group. ● Pre and post self-assessment of capacity. ● Number of other capacity building activities (including informal or incidental learning such as peer support or reflective practice). ● Reflective practices implemented and utilised. ● Use of systems mapping /process for other areas of work/issues. 	<p>Minutes, quarterly reports, capacity survey.</p> <p>Quarterly reporting Dec 2019, March 2020 and June 2020 ALL PARTNERS</p> <p>Scale: High</p>	<p>Developed, practiced and refined systems thinking skills and knowledge by:</p> <ul style="list-style-type: none"> ● Attended 15 LHPCP Prevention Collaborative meetings and weekly catch ups and including systems thinking activities and reflection throughout ● Trained 1 new health promotion worker through Deakin University systems manual and providing other peer support on systems ● Attended 6 virtual Systems Thinking Community of Practice sessions for systems thinking education, reflection and peer support from other practitioners working in systems ● Attended 3 Deakin University Systems Thinking webinars on GMB implementation and 1 Systems Thinking Gathering ● 3 members attended The Systems School's Innovating 2 Day Systems thinking conference for systems thinking education and collaboration with other practitioners working in systems ● Receiving mentoring and regular feedback (e.g. on workshops and post-GMB implementation) from 3 Deakin University staff ● Attended 3 RESPOND Regional Partner meetings to share learnings on systems and peer support from other partners ● Regular sharing of opportunities and learnings from training and how to apply or further work in a systems way during Collaborative meetings ● Regular (system) reflection practice on our work to continually assess how we're tracking, what's working/what's not at majority of meetings ● Continually returning to our Community system maps to see where we are making traction or for opportunities to influence the system

Action: 1.1.2 Support and promote RESPOND (and systems thinking/processes) to community, organisations and leaders.

<ul style="list-style-type: none"> • Post community workshop marketing plan designed and implemented, with regular review. • Number of community partners/leaders and members informed of RESPOND systems thinking model. • Number of methodologies to engage (# flyers, Facebook, print media, posters). • Number of tools supporting promotion produced (e.g. action comms tracker). • Changes in community thinking • Systems thinking incorporated in community meetings via tools. • Share stories of community led actions and innovations. 	<p>Verbal feedback from community members face-to-face, via email and phone including RSVP correspondence for GMBs to determine awareness and engagement levels. ALL PARTNERS – July 2019 to June 2020</p> <p>Attendance records and observation at community presentations/meetings and GMBs to determine engagement levels. ALL PARTNERS - Quarterly reporting Dec 2019, March 2020 and June 2020</p> <p>Timeline and task list with allocated activities for RESPOND implementation. K&E Survey evaluations. LHPCP - December 2019</p> <p>GMB workshop evaluations (Deakin participant surveys with CODE). ALL PARTNERS - December 2019</p> <p>“Story Bank” narrative data. ALL PARTNERS - July 2019 to June 2020</p> <p>Scale: High</p>	<p>Communication strategies developed and community engagement included:</p> <ul style="list-style-type: none"> • 2 marketing plans to promote monitoring data and overall RESPOND project implementation and systems process • Social media campaign including Facebook posts on monitoring (5), Vox Pops (6), new name voting (2) and logo competition (2) • Mainstream media campaign including; <ul style="list-style-type: none"> ○ Articles distributed to 4-6 local papers on monitoring data and systems thinking process (2), Get Cooking Class (1), and logo competition (1) ○ Local radio interview promoting logo competition ○ 2 Infographics promoting monitoring data and systems thinking process distributed to 27 schools ○ Mailchimp newsletters promoting implementation (4 sent to 86 community members) and logo competition (1 sent to 106 community members); 40-60% average open rate • Created and used Action Tracker to monitor communication/action with community members • Created Story Bank template to capture action stories from community members • Promoted systems thinking process at 25 community settings and meetings (including Council Community Planning, Children’s Network, Yea Market Planning and Alexandra District Health (ADH) Community Fair) plus 45 local businesses and public discussions across Yea, Kinglake and Alexandra • Other: informal face-to-face interactions with community members, facilitation of a youth services workshop using systems, monthly reports to health service’s management and Board and posts on health service Facebook pages
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Action: 1.1.3 Support Deakin University's measurement of Economic Evaluation, Knowledge and Engagement and Social Network Analysis surveys/evaluations and utilize Deakin University's monitoring data.

<ul style="list-style-type: none"> • Baseline Knowledge and Engagement monitoring complete. • Baseline Social Network Analysis monitoring complete. • Economic Evaluation data monitoring complete. • Number of community members/leaders participating in data collection. • Number of reports disseminated to community/leaders. • Dissemination of data / encourage understanding and use of data. 	<p>Knowledge and Engagement survey emailed to all GMB participants post GMB3 by LHPCP. LHPCP - August 2019 - To be completed by ALL PARTNERS and community annually for all communities</p> <p>Online Social Network Analysis survey emailed to all GMB participants post GMB3 by Deakin University. DEAKIN UNIVERSITY - August 2019 - To be completed by community annually for all communities.</p> <p>Economic Evaluation data spreadsheet completed with Deakin university. DEAKIN UNIVERSITY - October 2019 to June 2020. To be completed by LHPCP and PARTNERS</p> <p>Deakin University collating results. DEAKIN UNIVERSITY - October 2019 to June 2020</p> <p>Scale: Low</p>	<ul style="list-style-type: none"> • All members completed baseline Knowledge and Engagement survey for 2 communities • Disseminated Knowledge and Engagement survey to Deakin University disseminated survey to >100 GMB participants with only 21 responses for Murrindindi (report received) • All members completed Social Network Analysis for 2 communities 86 GMB3 participants - completed 21/46 (Yea) and 15/56 (Alexandra) - 16 received both (report received) • All members provided feedback to Deakin University on their monitoring reports for 2 communities, economic evaluation template and survey burden for communities. Murrindindi withdrawn from Economic Evaluation by Deakin • 2 monitoring infographics disseminated to 86 GMB participants, 27 schools, 133 community groups/organisations across 2 communities and 3 health services, and was displayed at 1 community fair (200 attendees)
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Action: 1.1.4 Facilitate third Community Group Model Building Workshop (GMB 3), building on the second workshop with 2 pilot communities.

<ul style="list-style-type: none"> • Localised causal loop diagram (spaghetti map) for healthy eating and physical activity understood by community 	<p>Community contacts collated utilizing LHPCP Prevention Collaborative members' networks/ contacts. ALL PARTNERS - July 2019</p>	<p>Worked together to plan, deliver and evaluate 2 GMB3 Workshops, including:</p> <ul style="list-style-type: none"> • Promotion of GMB3 and RESPOND via flyers, article in 3 local papers, direct face to face conversations, phone calls, local radio, promotional emails, Mailchimp and meetings • Developed 1 presentation with maps and gained feedback from Deakin University
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<p>and areas for actions identified.</p> <ul style="list-style-type: none"> • Number of community members attending workshop. • Number of actions identified. • Number of action groups or leaders for actions selected. • Evaluation report from workshops completed and disseminated. 	<p>Contacts and team member tasks allocated and recorded using shared documents/ spreadsheets via online platforms - SLACK and Google Docs. ALL PARTNERS - July 2019</p> <p>GMB3 Workshop draft agenda and slide show documentation. ALL PARTNERS - July 2019</p> <p>Post GMB3 actions/evaluation in discussion and being developed. ALL PARTNERS – December 2019</p> <p>Scale: High</p>	<ul style="list-style-type: none"> • Facilitated workshops with attendance of 59 participants (23 in Yea and 36 in Alexandra) • 2 causal loop diagrams presented and discussed during workshops (including identifying areas of importance and where participants can have influence) • Participants identified 75 existing actions (27 in Yea and 48 in Alexandra) and 97 new actions (32 in Yea and 65 in Alexandra) for healthy eating and physical activity • 24 participants signed up to 12 action or theme groups • Summarised actions and themes to create 10 theme infographics with actions (4 for Yea and 6 for Alexandra) and disseminated to community settings, groups and organisations, used in meetings • Used and updated action tracker (excel) for actions and allocated theme leads <p>What has been the effect?</p> <ul style="list-style-type: none"> • Anecdotally awareness of the RESPOND project has continued to increase in Murrindindi • Evaluation results from post-GMB3 survey showed positive response to sharing of ideas and prioritising children’s health • Follow up phone calls 6 to promote logo competition with 10 months post-GMB evaluation demonstrated that community members thought it was a “fascinating process”, “changed ... way of thinking” and “eyeopener on how intertwined different [areas] are”
<p>Action: 1.1.5 Engage groups from diverse backgrounds (i.e. Aboriginal people, LGBTQIA+, people with disabilities, CALD people) in community led solution generation and actions.</p>		
<ul style="list-style-type: none"> • Number of organisational and community networks used to recruit groups from diverse backgrounds. • Number of representatives of groups from diverse backgrounds engaged in action. • Number of additional supports put in place to support involvement. • Number of community members utilising these supports. • Number of additional community workshops to 	<p>Community contacts collated utilising LHPCP Prevention Collaborative members’ networks/ contacts. All PARTNERS - July 2019 to June 2020</p> <p>Attendance records at GMBs, data collected from RSVP forms and surveys at GMBs. ALL PARTNERS - August 2019</p> <p>Quarterly reporting. ALL PARTNERS - Quarterly reporting Dec 2019, March 2020 and June 2020</p>	<p>Communication and engagement with diverse groups, including:</p> <ul style="list-style-type: none"> • Promoted systems thinking process at community settings and meetings with access to these groups, including: 1 Access and Inclusion meeting (5 attendees), 1 Mitchell Shire Social Justice Meeting (20 attendees) and 1 Youth Steering Committee meeting (25 attendees) • Promoted systems thinking process on LGBTQIA+ social group Facebook Page through 3 monitoring data posts • Finalised Aiming for Equity document and utilised criteria for diverse backgrounds when inviting stakeholders to GMB3 and offering supports if needed (e.g. carpooling) • Ensured all workshop venues are accessible and included 1 accessibility needs question in RSVP form for GMB3; additional support put in place for 1 GMB3 to ensure there are dedicated scribes and support facilitators at each table • All members promoted systems thinking process through informal face-to-face interactions with community members from diverse backgrounds or those with access to these groups

<p>engage these groups directly (i.e. youth, Local Aboriginal Networks (LAN).</p>	<p>“Story Bank” narrative data. ALL PARTNERS - July 2019 to June 2020 Scale: Low</p>	<ul style="list-style-type: none"> • Developed Water Stories health promotion project targeting diverse groups, in consultation with young people and Aboriginal elder – did not proceed • Developed Health Rules Radio project with school students to collect and disseminate local health stories – did not proceed due to COVID-19 • Implemented National Close the Gap initiative Sea of Hands promoting health and wellbeing among Aboriginal people including social media posts and local paper article and on local radio • Supported the planning and implementation of CWA/Supermarket Get Cooking Workshop involving 20 participants some from diverse groups (single parents, people with disabilities, youth and older adults) - discontinued due to COVID-19 • Aboriginal program worker fed back to Deakin University about using Group Model Building for Aboriginal and Torres Strait Islanders and Indigenous communities
<p>Actions: 1.1.6 Support community to create, implement and sustain community led solutions and actions.</p>		
<ul style="list-style-type: none"> • Number of actions on register (status). • Number of communication/follow ups with individuals/groups/community meetings. • Number of community members engaged in RESPOND. • Number of training/support (resources) offered to community e.g. facilitator / running meetings training. • Share and celebrate stories of community led actions and innovations. 	<p>Action register. “Story Bank” narrative data. Quarterly Reporting. All PARTNERS - July 2019 to June 2020 Scale: High</p>	<p>Supported community to create, lead and share actions, including:</p> <ul style="list-style-type: none"> • Developed and utilised central email and Action Tracker to manage and record community contacts and projects • Attended 6 regional post-GMB3 implementation meetings to discuss action planning and implementation • Hosted 2 community action meetings with 2 attendees each in Alexandra and Yea • Attended 3 Yea community planning meetings with 100 participants overall. Identified priorities that supported Healthy Eating and Physical Activity (HE/PA) and joined 2 action groups that align with RESPOND (road safety and leisure centres) • Attended 1 Implementation meeting with Deakin University staff and other Prevention workers (10 attendees) to share learnings and reflections on post-GMB3 implementation • Planned and facilitated GMB workshop with 3 students and principal at Yea High school, resulting in localised systems map for school and participants identifying 12 existing actions and 14 new actions for healthy eating and physical activity at school; produced 4 action infographics to support voting process at school • Supported planning and implementation of CWA and Foodworks collaboration Get Cooking class by; attending meetings and providing resources, marketing and advertising (pilot class had 20 participants with future classes on hold due to COVID-19) • Included RESPOND page on Alexandra District Health calendar

		<ul style="list-style-type: none"> • Attended 7 meetings with community members to support other RESPOND community actions including provision of feedback and resources, and had informal face-to-face conversations with community members to support actions • Hosted 2 1-year post-GMB catch ups with broader collaborative and 3 community members • Implemented 3 new parents healthy eating education for infants' sessions reaching 18 families • Implemented 2 healthy eating education sessions for children in kindergarten reaching 24 early childhood aged children
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Strategy: 1.2: Build, strengthen and maintain partnerships to create environments that support healthy food and physical activity choices.

Action: 1.2.1 Continue to support Smiles 4 Miles (S4M) program.

Process indicators	Evaluation tools/timelines /responsibilities and scale of importance	Outcomes
<ul style="list-style-type: none"> • Drink Well Eat Well (DWEW) surveys evaluation (Jan 2019 to December 2019). • Number of services awarded for Smiles 4 Miles. • Number of educators trained for Smiles 4 Miles. • Number of services with menus approved by Healthy Eating Advisory Service (HEAS) and number of children receiving the required dietary intake for long day care (as of December 2019). 	<p>Lower Hume Oral Health Plan 2019-2020 annual report and quarterly reporting.</p> <p>LHPCP S4M Coordinator – July 2019 to June 2020</p> <p>Scale: High</p>	<ul style="list-style-type: none"> • 13 early childhood and 11 family day care educators completed their Drink Well, Eat Well (DWEW) survey, results of the pre (n=327 kids) and post (n=327 kids) surveys showed kids: <ul style="list-style-type: none"> ○ drank soft drink pre-1% (n=4) and post 1% (n=4). ○ drank water pre-99% (n=326) and post 97% (n=319). ○ consumed packaged snacks pre-46% (n=152) and post 42% (n=137). ○ consumed healthy snacks pre-89% (n=292) and post 92% (n=302). ○ consumed unhealthy lunches pre-17% (n=54) and post 13% (n=43). ○ consumed healthy lunches pre-73% (n=240) and post 82% (n=268). • At June 2020 there was a 79% (48) S4M award rate as 52% (25) early childhood services received awards in 2019-2020 and 27% (13) early childhood services had current awards. Currently 49 services registered for 2020 S4M, 42 re-registered and 7 newly registered early childhood services - reaching 2015 children and their families. • 1 training session with 1 early childhood service and 1 educator, 3 early childhood services had 17 staff complete refresher training online. Dental health refresher training delivered to 4 Murrindindi Shire and 10 Mitchell Shire Maternal & Child Health Nurses, and provided dental referral postcards.

		<ul style="list-style-type: none"> • As of December 2019, 3 of 5 early childhood services completed HEAS menu assessments -3 approved, 456 children receive recommended dietary intake for long day care hours. • Reviewed 6 early childhood services Healthy Eating and Oral Health policies - 5 updated and endorsed. • Award article in 3 local papers and promoted on LHPCP website and Facebook page. • Delivered 3 dental health sessions -4 parents and 10 dental health packs distributed to kids. 1 lunchbox session- Yea Kindergarten in partnership with a local dentist: 15 parents and 45 dental health packs distributed to kids. • Healthy Families Healthy Smiles newsletter and INFANT program information distributed to Maternal & Child Health Centre coordinators at Mitchell and Murrindindi Shires. • Assisted with the sustainable continuation of the Seymour Health Dental Service dental screenings within Smiles 4 Miles registered early childhood services. Promoted Seymour Health Dental Service to engage with the Aboriginal Health and Wellbeing Project and link in with the Aboriginal dental health care and Rumbalara dental visits.
<p>Action: 1.2.2 Continue to support healthy eating and physical activity initiatives in all settings and partnering with groups from diverse backgrounds (i.e. Aboriginal people, LGBTQIA+, people with disabilities and CALD people)</p>		
<p>Number of initiatives supported and reach.</p> <ul style="list-style-type: none"> • Number of people/community groups involved in initiative. • Number of healthy eating and physical initiatives partnered with Aboriginal Health & Wellbeing Project, as well as Diversity and Access Project Workers. • Number of community groups who include people from diverse backgrounds involved in initiatives. 	<p>Observations and data collection during initiatives. ALL PARTNERS July 2019 to June 2020</p> <p>Quarterly reporting. ALL PARTNERS Quarterly reporting Dec 2019, March 2020 and June 2020</p> <p>Scale: High</p>	<ul style="list-style-type: none"> • Delivered 2 Women's Health workshops at 2 leisure centres (20 participants with 100 resources packs delivered) • Delivered Healthy Schools Mitchell eNewsletter to 22 Mitchell primary and secondary schools (6 community subscribers with 50 visits) • Attended 3 youth steering committees and promoted RESPOND and other Healthy Partnership (HP) initiatives (25 attendees) • Delivered ADH staff newsletter promoting health and self-care during COVID-19 (135 staff) • Partnered with Mitchell Shire Council to deliver Walk to School; supported by attending 2 sign-up meetings with schools, 5 pop-up stalls at schools involving providing all captured (approx. 50-100 students per school) and supplied 250 healthy eating resources • Provided support to Seymour Health healthy eating initiatives at 25 meetings • Provided school nurses at 2 schools resources for their Breakfast club • Provided health promotion support and Body Confidence resources to 2 student wellbeing at 1 school • Attended Murrindindi Shire Council (MSC) Health and Wellbeing Workshop, National Dietetics Conference, 2 Victorian Active Living Alliance forum, 4 Victorian Healthy Eating Enterprise (VHEE) Implementation Round Tables, 3

		<p>Achievement Program webinars, Food Insecurity in Australia forum, Strengthening HP Practice through Evaluation webinar</p> <ul style="list-style-type: none"> ● Delivered partnership submission for VicHealth Ideas Partnership Grant (4 organisations) on locally driven Body Image Community workshops “In my skin” - grant was unsuccessful ● Attended 3 meetings with Mitchell Shire Youth, Community Development and Advocacy Teams promoting health promotion services and RESPOND ● Delivered a collaborative submission to National Obesity Strategy ● Supported better food options at BBQ's submission to DHHS for Grampians Pyrenees PCP ● Assisted with Seymour Health Dental Service dental screenings within Smiles 4 Miles registered early childhood services ● Promoted Seymour Health Dental Service engage with the Aboriginal Health and Wellbeing Project and link in with the Aboriginal dental health care and Rumbalara dental visits. ● Attended Seymour LAN meeting with regular updates on RESPOND project. ● Coordinated and members attended the Aboriginal Health Check Day at Alexandra District health engaging with families ● Attended the Aboriginal and Torres Strait Islander Health conference and fed back to the Lower Hume Prevention Collaborative and our networks. ● Facilitated the Close the Gap ‘Sea of Hands’ event - staff, visitors and Buxton Primary School staff and students - shared in local media and Facebook. ● Involved in Municipal Public Health and Wellbeing (for both Murrindindi and Mitchell) Year 3 reporting and Year 4 action planning to prioritise healthy eating, physical activity and RESPOND ● Delivered 13 webinars on keeping active and practising self-care during COVID-19 to Nexus Primary Health employees (average 15 attendees per session) ● ADH Community Fair - Invited community to respond to the ‘What Makes Me Healthy?’ - over 30 responses from diverse community. ● Supported community member with theatre sports activities and healthy afternoon tea at local Youth Theatre group (8 participants) ● Created Facebook page to share theatre-based ideas and activities for young people in Murrindindi in response to COVID-19 ● All organised events followed healthy eating catering, with water only ● Healthy Eating resources always on display at Goranwarabul House and updated regularly, as well as distributed at events ● Working on diversity policies/training and procedures internally within Nexus and Alexandra District Health to increase access, inclusiveness and build stronger relationships with diverse groups
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