

Together For Health

Inner and Outer Eastern Metropolitan Region
Prevention Annual Action Plan

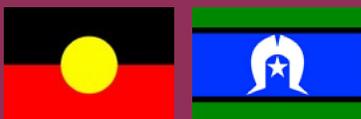
2025 – 2026



Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands across the Eastern Metropolitan Region, the Wurundjeri Woi-wurrung and Bunurong peoples of the Kulin Nation, on whose unceded lands our work takes place.

We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples. We honour them as the First Peoples of this nation and are committed to working in genuine partnership, grounded in self-determination and a deep respect for Indigenous ways of knowing, being, and doing.



Introduction to the Partnership

The Inner and Outer East Prevention Partnership (the Partnership) is a long-standing collaboration between Access Health and Community, healthAbility, and Link Health and Community, working together for over a decade to deliver integrated health promotion under the Community Health - Health Promotion (CHHP) program. In 2025–26, the



Partnership welcomes an expanded geographic footprint following the merger of Inspiro with Access Health and Community, further strengthening its ability to align planning and delivery across the eastern region. The Partnership now works across the LGAs of Boroondara, Manningham, Monash, Whitehorse, and Yarra Ranges, taking a coordinated, place-based approach to address shared priorities and drive collective impact across its catchment.

Introduction to the 2025-2026 annual action plan

This 2025–26 Action Plan sets out the Partnership's annual actions that will contribute to the Eastern Metropolitan Region (EMR) Strategic Prevention Plan 2025-29.

The EMR CHHP Strategic Plan was developed collaboratively under a Memorandum of Understanding (MOU), which brings together five community health agencies: Access Health and Community, healthAbility, EACH, Eastern Health, and Link Health and Community. The Strategic Plan is aligned with the CHHP guidelines and supports coordinated delivery across the EMR. It establishes shared regional priorities and encourages coordinated, mutually reinforcing activity at both regional and local levels to ensure that resources are used efficiently, duplication is minimised, and greater impact is achieved through collective action. Through this work, we aim to improve population health, increase access to health enabling environments, reduce health inequities, and prevent disease, delivering long-term benefits and health and wellbeing for communities.

While the EMR plan provides the overarching framework, this one-year action plan outlines how the Partnership will implement place-based initiatives tailored to local context to improve the wellbeing of community. Community health organisations are well placed to lead this place-based work, with deep local knowledge, trusted relationships, and the ability to engage meaningfully with priority populations in key community settings. These strengths ensure that CHHP initiatives are relevant, accessible, and responsive to the diverse communities they serve.

In 2025-26, the Partnership will continue to collaborate with local government, Local Public Health Units (LPHUs) and other stakeholders to maximise collective impact, strengthen prevention systems, and address health inequities across the catchment.



Early in Life

Schools

Sporting clubs

Sport & Recreation

Other places in the community

Settings

We work across five key settings – where people live, learn, work, connect and play – because these are the places that shape our daily lives and health. The CHHP guidelines highlight that working in settings helps create supportive environments, reach priority populations, and make lasting change. By focusing our efforts in these places, we can better address the factors that influence health and wellbeing and deliver prevention activities where they are most likely to have an impact.

Principles

Informed by the CHHP Program Guidelines and adapted to reflect the local context of the Eastern Metropolitan Region, our everyday prevention practice is guided by the following principles, as outlined in the EMR CHHP Strategic Plan 2025–2029:

- Prevention outcomes at scale
- Systems practice
- Innovation, continuous improvement and adaptability
- Intersectional health equity
- Evidence-informed practice
- Collaboration and partnership

Lenses

Our place-based prevention approach in the Inner and Outer East is guided by a range of lenses that strengthen equity, inclusivity and impact. These lenses help us explore how initiatives can be shaped or experienced differently by population groups, particularly when considering how the social determinants interplay in peoples’ lives. As outlined in the CHHP Program Guidelines, applying an intersectional health equity lens is essential to address overlapping forms of disadvantage, reduce systemic barriers, and promote fairness in health outcomes. The following lenses are integrated across our planning, delivery and evaluation:

Equity - All actions are guided by a commitment to equity. We utilise tools such as SEIFA index and local knowledge to prioritise the settings we work with, ensuring prevention efforts are inclusive, accessible and tailored to meet the needs of communities disproportionately experiencing additional barriers to health and wellbeing.

Climate - A climate lens tool has been developed to support climate health actions, co-benefits and advocacy in our prevention practice. This lens helps guide our work to promote climate-resilient communities, advocate for climate action, and align health promotion with environmental sustainability.

Intersectional Gender - The Partnership has partnered with Women’s Health East to co-develop an intersectional gender lens tool. In 2025–26, we will continue to pilot and refine this tool to strengthen our ability to apply an intersectional gender lens in action and evaluation – promoting anti-oppressive practice, critical thinking and reflection.

Size Inclusion - The Partnership will continue to draw on evidence-informed resources to apply a size-inclusive lens to prevention initiatives. This approach challenges weight stigma and supports respectful, inclusive engagement with people of all body sizes.

All tools referenced can be made available on request.

Systems Approach

Our work is underpinned by a systems approach. We recognise that improving health and wellbeing at scale requires more than isolated programs or behaviour change interventions. It involves shifting the broader systems that shape our environments, decisions, and opportunities for health.

To assess progress and capture the conditions needed for sustained, local-level change, we utilise System Change Indicators (see Appendix 1). Developed by Monash Health's Health Promotion Team (2018), these indicators are informed by the BUILD Framework (2007), Healthy Together Victoria's System Change Logic, the World Health Organization's System Building Blocks, and the Ottawa Charter. They support our understanding of where change is occurring across the system and help describe how multiple, concurrent actions are contributing to long-term health and wellbeing outcomes.

The systems change approach is built around five key indicators:

- Context
- Policy and practice
- Components
- Partnerships and engagement
- Foundations and infrastructure

These indicators represent the core areas where action can influence change within complex systems. Our annual action plan is structured using these five pillars to support a consistent and strategic systems approach. However, we do not seek to address all five indicators each year, nor do we follow them in a fixed or sequential order. Instead, we prioritise those most relevant to the current stage of each initiative and the parts of the system being influenced. The focus and level of activity across the indicators will vary. For example, there may be more emphasis on context at the beginning of an initiative and greater focus on infrastructure as it matures. This enables a responsive, adaptive, and purposeful approach to planning and delivery.

The indicators were developed to ensure consistent measurement across settings and also provide a framework for going beyond traditional measures of individual behaviour change or program reach. They allow us to track how systems are shifting to better support health. Both qualitative and quantitative methods are used to evaluate and demonstrate the progress and impacts we make in improving health and wellbeing and preventing the burden of disease.



We recognise that improving health and wellbeing at scale requires more than isolated programs or behaviour change interventions. It involves shifting the broader systems that shape our environments, decisions, and opportunities for health.



Early in Life

Goal

Increase health enabling environments in early years services that support improved health and wellbeing outcomes for children, families and staff.

Settings for action

Early Learning Services
Kindergartens

Targets and Objectives

| Initiatives | Annual targets | 4-year objectives | 4-year measures |
|---|--|---|--|
| Free to Be Me | <ul style="list-style-type: none"> 20 services actively supported to implement the program 10 services have new or updated policies that promote gender equity | Increased number of environments that support gender equity. | <ul style="list-style-type: none"> # services create or update policies that promote gender equity and challenge gender stereotypes # services registered to AP # total health priority areas (HPAs) achieved # physical activity HPAs achieved # healthy eating HPAs achieved # services compliant with menu planning guidelines # of big steps, big changes |
| Achievement Program | <ul style="list-style-type: none"> 25 services actively supported to implement the program 20 small steps achieved | Increased number of environments that support health and wellbeing. | |
| Menu Planning Guidelines for long day care | <ul style="list-style-type: none"> 25 services actively supported with menu planning 10 new services meeting menu planning guidelines | Increased number of environments that support healthy eating and oral health. | |
| The Cooks Network | | | |
| Smiles for Miles | <ul style="list-style-type: none"> 30 services engaged in Smiles for Miles 10 services achieve S4M award | | |

A description of each initiative can be provided on request.



| Initiative | Activities | Measures |
|--------------------------------|--|--|
| 1. Free to Be Me (F2BM) | Context: 1.1. Early years services complete F2BM pre and post surveys. 1.2. Early years services complete F2BM assessments. | <ul style="list-style-type: none"> • # F2BM assessments completed |
| | Policy & Commitment: 1.3. Support early years services to create or update health and wellbeing policies and/or action plans inclusive of gender equity and diversity. | <ul style="list-style-type: none"> • # policies developed or updated • # quality improvement plans developed |
| | Partnerships & Engagement: 1.4. Strengthen relationships with early years' service managers and staff. | <i>Formal measure not required*</i> |
| | Components: 1.5. Build capacity of education staff to create an environment supportive of gender equity and diversity. | <ul style="list-style-type: none"> • # changes to the environment • # staff who participate in training |
| | Foundations & Infrastructure: 1.6. Submit for publication in peer reviewed journals and present at conferences | <ul style="list-style-type: none"> • # peer reviewed publications submitted |
| 2. Achievement Program | Context: 2.1. Consult early years services to identify health priorities and existing strategies (needs assessments). | <ul style="list-style-type: none"> • # AP baseline assessments completed |
| | Policy & Commitment: 2.2. Support services to commit to action plans and policies that embed health and wellbeing. | <ul style="list-style-type: none"> • # services registered • # policies/action plans developed |
| | Components: 2.3. Support implementation of AP health priority areas in services. | <ul style="list-style-type: none"> • # services actively supported • # HPAs achieved • # active living small steps • # tobacco/e-cigarette small steps |
| | Partnerships & Engagement: 2.4. Identify local partners to strengthen implementation of health priority areas. | <ul style="list-style-type: none"> • # of partners supporting health priorities |
| | Foundations & Infrastructure: 2.5. Provide grants and incentives to support AP implementation. | <ul style="list-style-type: none"> • # AP participation grants and incentives provided |



| Initiative | Activities | Measures |
|--|---|--|
| 3. Menu Planning Guidelines for long day care | Context: 3.1. Conduct baseline menu assessments using FoodChecker. | <ul style="list-style-type: none"> # baseline menu assessments completed |
| | Policy & Commitment: 3.2. Support services to commit to meeting the menu planning guidelines. | <ul style="list-style-type: none"> # services compliant with menu planning guidelines |
| | Components: 3.3. Implement menu planning practices based on guidelines. | <ul style="list-style-type: none"> # services actively supported to implement the menu planning guidelines |
| | Partnerships & Engagement: 3.4. Support services to connect with the Achievement Program to build on menu planning efforts and embed nutrition into a whole-of-service approach. | <ul style="list-style-type: none"> # of new services registered for the Achievement Program |
| | Foundations & Infrastructure: 3.5. Work with early childhood services to embed guidelines into health and compliance practices. | <ul style="list-style-type: none"> # early years services that embed the framework |
| 4. The Cooks Network | Context: 4.1. Conduct survey to identify interest and challenges faced by cooks in menu planning and nutrition delivery. | <i>Formal measure not required*</i> |
| | Components: 4.2. Facilitate regular network meetings for cooks to share experiences, recipes, and strategies. | <ul style="list-style-type: none"> # network meetings held # cooks participating # services participating |
| | Partnerships & Engagement: 4.3. Collaborate with internal and external stakeholders to provide guidance during sessions. 4.4. Strengthen partnerships to support the expansion of the Cooks Network across our catchment. | <ul style="list-style-type: none"> # stakeholders supporting |
| | Foundations & Infrastructure: 4.5. Provide access to resources such as the Cooks Connect Toolkit, FoodChecker, and training materials. 4.6. Scale-out Cooks' Network by offering sessions in more locations and varied forms of delivery eg: in-person, hybrid | Scale-out completed (Yes/No) |



| Initiative | Activities | Measures |
|----------------------------|--|--|
| 5. Smiles for Miles | Policy & Commitment: 5.1. Support development or review of healthy eating and oral health policy. | <ul style="list-style-type: none"> • # healthy eating and oral health policies developed and endorsed |
| | Components: 5.2. Support services to implement activities that promote healthy eating and oral health. | <ul style="list-style-type: none"> • # services participating in initiative • # children supported • # dental screenings provided • # services achieve S4M award |
| | Partnerships & Engagement: 5.3. Build capacity of education staff to create an environment supportive of oral health. 5.4. Partner with Access dental team to provide dental screenings in Smiles 4 Miles early childhood services. | <ul style="list-style-type: none"> • # staff who participate in training |
| | Foundations & Infrastructure: 5.5. Provide resources to services. | <ul style="list-style-type: none"> • # resources provided |

** Some actions do not have formal measures to ensure practitioner time is prioritised on collecting meaningful impact and outcome measures, rather than process measures, in line with DH CH-HP guidelines. This supports a proportionate approach to measurement and allows greater focus on implementation and deliv*



Schools

Goal

Increase health enabling environments in education settings that support improved health and wellbeing outcomes for students, staff and families.

Settings for action

Primary schools, secondary schools and Outside School Hours Care (OSHC).

Targets and Objectives

| Initiatives | Annual targets | 4-year objectives | 4-year measures |
|---|---|--|---|
| Vic Kids Eat Well and Student Leadership Project | <ul style="list-style-type: none"> • 10 schools actively supported • 2 schools achieving at least one small bite • 2 small bites | Increased number of environments that support healthy eating and physical activity and movement and smoking, vaping, alcohol and other drugs. | <ul style="list-style-type: none"> • # Schools registered to AP • # HPAs total • # physical activity HPAs achieved • # healthy eating HPAs achieved • # smoking, vaping, alcohol and other drugs HPAs achieved • # of big bites, big steps, big changes |
| Achievement Program and Student Leadership Project | <ul style="list-style-type: none"> • 5 schools actively supported • 1 HPA achieved | Increase opportunities for children and staff to engage in healthy eating and physical activity and movement and reduce smoking, vaping, alcohol and other drug use. | |
| Walk to School | <ul style="list-style-type: none"> • 5 schools actively supported • 9 active living small steps achieved | | |
| Morning Move 4 Mind | | | |

A description of each initiative can be provided on request.

| Initiative | Activities | Measures |
|--|---|--|
| 1. Vic Kids eat Well and Student Leadership Project | Context: 1.1. Engage schools in baseline assessments. | <ul style="list-style-type: none"> # baseline assessments completed |
| | Policy & Commitment: 1.2. Support schools to sign up to VKEW. 1.3. Support schools to develop or update healthy eating policies. | <ul style="list-style-type: none"> # schools registered # policies updated |
| | Components: 1.4. Support implementation of small bites and big bites. 1.5. Facilitate student-led activities and projects to promote healthy eating. | <ul style="list-style-type: none"> # schools actively supported with VKEW # small bites achieved # big bites achieved # student voice campaigns developed # student leaders supported |
| | Partnerships & Engagement: 1.6. Coordinate with local partners to align VKEW with local health priorities and to support student-led initiatives. | <i>Formal measure not required*</i> |
| | Foundations & Infrastructure: 1.7. Provide training and incentives to support implementation. 1.8. Support schools to embed the student leadership project into the VCE Vocational Major (VM) Framework. | <ul style="list-style-type: none"> # training provided # staff/students trained # incentives provided # schools that embed the framework |

| Initiative | Activities | Measures |
|---|---|--|
| 2. Achievement Program and Student Leadership Project | Context: 2.1. Consult schools to identify health priorities and existing strategies (AP baseline assessments). | <ul style="list-style-type: none"> # AP baseline assessments completed |
| | Policy & Commitment: 2.2. Support schools to commit to action plans and policies that embed health and wellbeing. | <ul style="list-style-type: none"> # schools registered # policies/action plans developed |
| | Components: 2.3. Support implementation of AP Health Priority Areas in schools. 2.4. Deliver student-led campaigns and activities to address schools' health priorities. | <ul style="list-style-type: none"> # schools actively supported with AP # HPAs achieved # active living small steps # tobacco/e-cigarette small steps # student voice campaigns developed |
| | Partnerships & Engagement: 2.5. Engage with health services and community partners to align AP with local health priorities and support implementation. | <i>Formal measure not required*</i> |
| | Foundations & Infrastructure: 2.6. Provide training, grants and incentives to support AP implementation. | <ul style="list-style-type: none"> # AP participation training, grants and incentives provided |
| 3. Implement physical activity initiatives (e.g. Walk to School and Morning Move 4 Mind) | Context: 3.1. Consult with schools and communities to identify barriers and opportunities to active transport and movement. | <i>Formal measure not required*</i> |
| | Policy & Commitment: 3.2. Support schools to develop active travel policies. | <ul style="list-style-type: none"> # policies developed or updated |
| | Components: 3.3. Deliver community events to support Walk to School. 3.4. Deliver MM4M sessions and Walk to School activities in schools. | <ul style="list-style-type: none"> # schools actively supported with physical activity initiatives # active living small steps # students supported |
| | Partnerships & Engagement: 3.5. Collaborate with councils, schools, community partners and Department of Education to support implementation. | <i>Formal measure not required*</i> |
| | Foundations & Infrastructure: 3.6. Support schools to embed MM4M framework into curriculum. | <ul style="list-style-type: none"> # schools that embed the framework |



Sporting Clubs

Goal

Increase health enabling environments in sporting clubs that support improved health and wellbeing outcomes for players, coaches and the sporting community.

Settings for action

Sporting clubs

Targets and Objectives

| Initiatives | Annual targets | 4-year objectives | 4-year measures |
|---|---|---|--|
| Vic Kids Eat Well | <ul style="list-style-type: none"> • 10 sporting clubs actively supported • 5 sporting clubs achieving at least one small bite • 5 small bites | Increased number of environments that support healthy eating. | <ul style="list-style-type: none"> • # services create or update policies • # big bites achieved • # big steps achieved |
| Inclusive clubs/ Sport for All | <ul style="list-style-type: none"> • 10 sporting clubs actively supported • 5 sporting clubs achieving at least one small step • 5 small steps | Increased equitable access to opportunities for movement through sport. | |

A description of each initiative can be provided on request.

| Initiative | Activities | Measures |
|--|--|---|
| 1. Vic Kids Eat Well | Context: 1.1. Engage clubs to register. 1.2. Conduct baseline assessments, including understand current clubs' rewards system. 1.3. Evaluate Healthy rewards pilot. | <ul style="list-style-type: none"> • # baseline assessments completed • Evaluation completed |
| | Policy & Commitment: 1.4. Support clubs to create food environment changes to support health and wellbeing. | <ul style="list-style-type: none"> • # clubs registered • # clubs actively supported |
| | Components: 1.5. Support achievement of small bites and big bites. 1.6. Utilise VicSport/VicHealth Healthy Partnerships in Sport tool to support VKEW implementation. 1.7. Deliver Healthy Rewards that support health and wellbeing (pending evaluation). | <ul style="list-style-type: none"> • # small bites • # big bites • # clubs using Partnerships tool • # clubs participating in Healthy Rewards |
| | Partnerships & Engagement: 1.8. Collaborate with leagues, associations, local councils to support VKEW rollout. | <i>Formal measure not required*</i> |
| | Foundations & Infrastructure: 1.9. Provide incentives for sporting clubs to accelerate VKEW implementation. | <ul style="list-style-type: none"> • # incentives provided (grants) • # changes embedded |
| 2. Inclusive Clubs/ Sport for All | Context: 2.1. Consult with clubs and leagues on barriers to participation for target groups (including women and gender diverse people). | <i>Formal measure not required*</i> |
| | Policy & Commitment: 2.2. Support clubs to develop inclusive action plans and policies. | <ul style="list-style-type: none"> • # action plans/policies developed |
| | Components: 2.3. Deliver webinars, workshops to support inclusion. | <ul style="list-style-type: none"> • # webinars/workshops delivered • # small steps achieved • # sports club staff trained |
| | Partnerships & Engagement: 2.4. Collaborate with peak bodies, local sport club networks, LGA Officers, club committee members and club staff/volunteers to build relationships that support clubs taking action to increase gender equity and inclusion. | <i>Formal measure not required*</i> |
| | Foundations & Infrastructure: 2.5. Provide support for clubs to embed inclusive practices. | <ul style="list-style-type: none"> • # changes embedded |



Sport & Recreation

Goal

Increase health enabling recreation environments that support improved health and wellbeing outcomes for community.

Settings for action

Recreation facilities.

Targets and Objectives

| Initiatives | Annual targets | 4-year objectives | 4-year measures |
|--------------------------|--|---|--|
| Vic Kids Eat Well | <ul style="list-style-type: none"> • 6 recreation centres actively supported • 2 recreation centres where at least 50% of food and drinks available is GREEN • 4 recreation centres where no more than 20% of drinks available is RED | Increased number of environments that support healthy eating. | <ul style="list-style-type: none"> • # services create or update policies • # big bites achieved |

A description of each initiative can be provided on request.



| Initiative | Activities | Measures |
|---|---|---|
| 1. Vic Kids Eat Well/ Healthy Choices Guidelines | Context: 1.1. Consult with Councils and recreation facilities on menu and catering practices, including understanding Council contractual requirements with facilities. | <ul style="list-style-type: none"> • # baseline assessments completed |
| | Policy & Commitment: 1.2. Support recreation facilities to create healthy food and drink policy to support health and wellbeing. | <ul style="list-style-type: none"> • # recreation facilities registered • # policies developed or reviewed |
| | Components: 1.3. Implement Healthy Choices Guidelines in cafes and catering services. | <ul style="list-style-type: none"> • # settings actively supported • # small bites • # big bites • # settings with 50% GREEN (food and drinks) • # settings with no more than 20% RED (drinks) |
| | Partnerships & Engagement: 1.4. Work with local councils to support implementation. | <i>Formal measure not required*</i> |
| | Foundations & Infrastructure: 1.5. Work with local councils to embed guidelines in recreation centre tenders and contracts. | <ul style="list-style-type: none"> • # councils that embed guidelines |

EARLY IN LIFE

SCHOOLS

SPORTING CLUBS

SPORT & RECREATION

OTHER PLACES IN COMMUNITY



Other Places in Community

Goal

Increase health enabling community places and environments that support improved health and wellbeing outcomes for community.

Settings for action

Neighbourhood houses, community health services, council owned and run facilities (e.g. libraries), prevention partners, food environments (e.g. growers, retailers, caterers).

Targets and Objectives

| Initiatives | Annual targets | 4-year objectives | 4-year measures |
|-----------------------------------|---|--|---|
| Active Living Yarra Ranges | <ul style="list-style-type: none"> • 5 settings supported • 9 active living small steps | Increased participation in active living opportunities through embedded community-led initiatives. | <ul style="list-style-type: none"> • # settings supported • # small steps achieved • # community-led initiatives |
| Step and Connect | <ul style="list-style-type: none"> • Transition plan developed | | |

A description of each initiative can be provided on request.



| Initiative | Activities | Measures |
|--------------------------------------|--|---|
| 1. Active Living Yarra Ranges | Context: 1.1. Consult with local councils, partners and community to identify barriers to and opportunities for physical activity. | <ul style="list-style-type: none"> Action plan developed (Y/N) |
| | Policy & Commitment: 1.2. Support councils and partners to adopt or update policies that promote active living. | <ul style="list-style-type: none"> # of policies developed or updated |
| | Components: 1.3. Support the implementation of the Active Living Yarra Ranges action plan including community-led initiatives, and programs to support active living (e.g. Walk to Work, Get Active Yarra Ranges). | <ul style="list-style-type: none"> # actions implemented # actions supported # settings supported # active living small steps |
| | Partnerships & Engagement: 1.4. Collaborate with Yarra Ranges Active Recreation Network, local councils, community partners, and service providers to support implementation. | <i>Formal measure not required*</i> |
| | Foundations & Infrastructure: 1.5. Utilise the VicHealth Local Government Partnership project - Building Active Communities module and provide toolkits, resources, and training to support delivery. | <i>Formal measure not required*</i> |
| 2. Step and Connect | Context: 2.1. Consult with local community groups and priority cohorts to identify barriers to participation. 2.2. Consult with local community settings, groups and members to identify local champions to lead actions long-term. | <ul style="list-style-type: none"> # champions identified |
| | Policy & Commitment: 2.3. Seek commitment from local community settings, groups and members to deliver Step and Connect. | <ul style="list-style-type: none"> # Sign-ups to deliver Step and Connect |
| | Components: 2.4. Deliver walking groups and social connection opportunities (short term until Dec 2025). 2.5. Support community groups to deliver inclusive active living initiatives. (long term) | <ul style="list-style-type: none"> # Sign-ups to deliver Step and Connect # of walking groups/members # of sessions delivered # community-led walking groups # active living small steps |
| | Partnerships & Engagement: 2.6. Collaborate with local partners, Heart Foundation and Parks Victoria to support activities. | <i>Formal measure not required*</i> |
| | Foundations & Infrastructure: 2.7. Provide resources, training, and support for ongoing delivery of Step and Connect. | <ul style="list-style-type: none"> # of champions trained |

Support Interventions

In 2025–26, the Partnership will continue to deliver its lead functions in priority areas while also contributing to broader prevention activity through support functions, in alignment with the CH-HP program guidelines. Guided by the statewide frameworks, the Partnership is concentrating its efforts to ensure greater impact across fewer settings and health priorities, in line with local need and capacity. Our work includes both leading and supporting evidence-informed initiatives that contribute to coordinated, mutually reinforcing actions across the prevention system. These areas of focus are outlined below.

| Settings The places we prioritise our actions | Interventions Place-based interventions we support across the health priorities | Role Some of our actions and inputs towards change | Measures Some of our outputs and impacts (in bold) |
|---|---|--|---|
| Early in Life | INFANT (Outer East) | Develop the partnership with local government and evaluate program impact. | <ul style="list-style-type: none"> • # sessions delivered • # people reached |
| Schools | Spaces and Play Leader Project (Inner East) | Support schools to implement the project to improve gender equity. | <ul style="list-style-type: none"> • # students and schools involved in the program |
| | Young Leaders – Gender Equity (Outer East) | Support FVREE to improve gender equity in schools. | <ul style="list-style-type: none"> • # students and schools involved in the program |
| | Everybody in Every School (Outer East) | Continue to promote availability of the self-assessment tool and toolkit. | <ul style="list-style-type: none"> • # schools and other services who download the toolkit |
| Other community places | Strategic alignment (Inner and Outer East) | Collaborating with regional and catchment partners including Inner East Health Collective (Officers from 5 local governments and the 3 partner community health services), local government, community health and Women’s Health East, Community Health Health Promotion Special Initiative Group (CHHPSIG) and North East Public Health Unit (NEPHU). | <ul style="list-style-type: none"> • # (and list) Interventions/actions delivered in partnership |
| | Sunday Sessions (Inner and Outer East) | Support uptake of Sunday Sessions. | <ul style="list-style-type: none"> • # settings delivering Sunday Sessions • # people reached |

Support Interventions

| Settings The places we prioritise our actions | Interventions Place-based interventions we support across the health priorities | Role Some of our actions and inputs towards change | Measures Some of our outputs and impacts (in bold) |
|---|---|---|--|
| Other community places | Upper Yarra Partnership (UYP) (Outer East) | Support the UYP to co-design the development of interventions that address social and emotional wellbeing in Upper Yarra. | <ul style="list-style-type: none"> • # community consultations and co-designed initiatives supported |
| | Food Policy (Inner and Outer East) | Develop/review nourishing, inclusive and sustainable food procurement policies. | <ul style="list-style-type: none"> • # policies developed/reviewed |
| | Healthy Partnerships in the Yarra Ranges (Outer East) | Support Yarra Ranges Health Partnerships to implement health and wellbeing enabling activities. | <ul style="list-style-type: none"> • # setting supported |
| | VicHealth Local Government Partnership Project (Inner and Outer East) | Support implementation of the VicHealth Local Government Partnership Project modules | <ul style="list-style-type: none"> • # councils partnered • # (List) impact stream in progress • # (List) impact stream completed |

Appendix 1

System Change Indicators

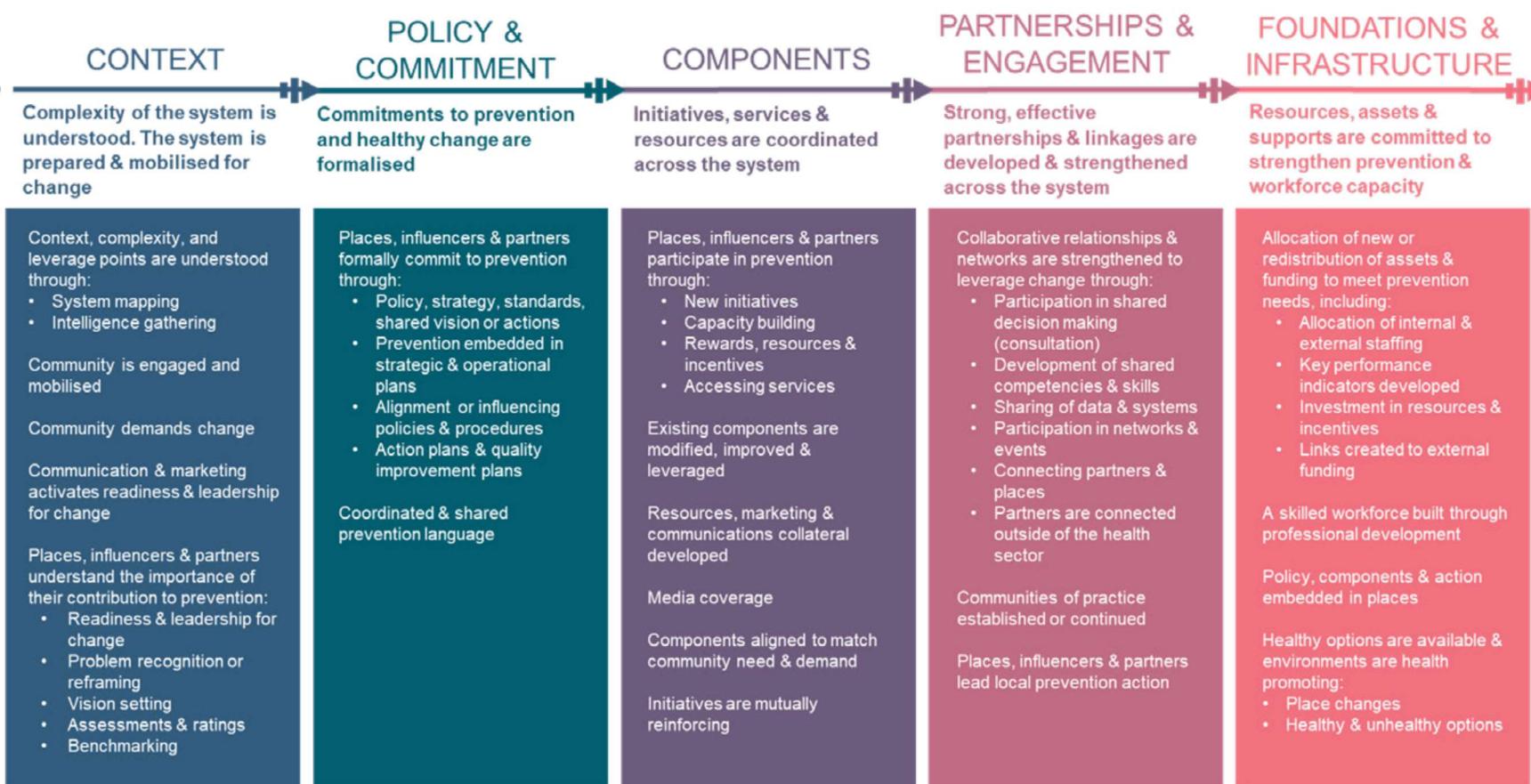
The *System Change Indicators* (developed by Monash Health Health Promotion Team (2018) and are based upon BUILD Framework (2007), Healthy Together Victoria's System Change Logic, and the World Health Organisation's System Building Blocks and Ottawa Charter.

The *Indicators* will measure local system change. Local level environmental and system change create places that are conducive of health and wellbeing and will contribute to population health and wellbeing outcomes.

SYSTEM CHANGE

Leveraging the system to create, strengthen & embed a sustainable prevention system & health culture within places

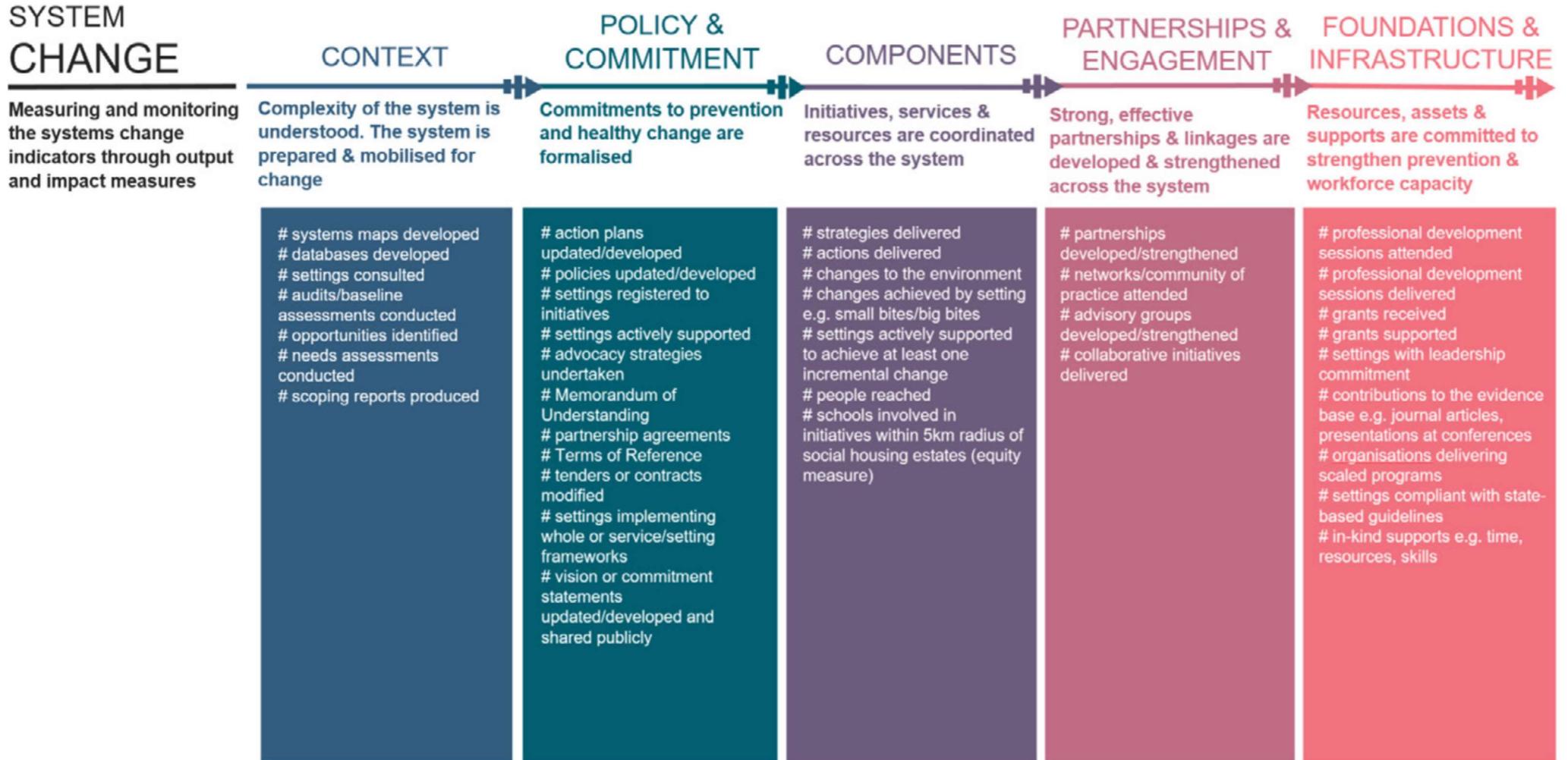
At the core of all indicators of system change is scale. System changes will grow, adapt, spread, and be replicated as appropriate.



Appendix 1

System Change Indicators – Measures

We will continue using consistent System Change Indicator measures across our settings. The below image is an example of the outputs and impacts that will indicate change in the system. Over time, we aim to build on these and refine the suite.



Leadership contacts

Access Health and Community

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