Together For Health

Eastern Prevention Partnership Prevention

Community Health –
Health Promotion Annual Action Plan

2026 – 2027



ACCESS Health & Community

Link Health and Community

healthAbility

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



Together for Health: Eastern Prevention Partnership (the Partnership), previously known as the Inner and Outer East Prevention 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. The Partnership works across the Local Government Areas (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.

The Partnership operates as a single prevention workforce across organisational and municipal boundaries. While practitioners are employed by different community health services, they work collaboratively across the catchment, sharing priorities, resources, capability and leadership to maximise prevention impact for communities.

Introduction to the 2026-2027 Annual Action Plan

The 2026–27 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 2025-29 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 Program Guidelines 2025-2029 (the 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 community wellbeing. 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.

Collaboration with Our Partners

In 2026-27, the Partnership will continue to collaborate with local prevention partners and stakeholders to maximise collective impact, strengthen prevention systems, and address health inequities across the catchment. These include 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, and North East Public Health Unit (NEPHU).



Priority Areas and Outcomes

We will track annual impact towards these outcomes, with medium-term outcomes measurable after 4 years.



Increase Healthy Eating

- **Medium-term outcome:** Increased health-enabling environments that support healthy food and drink consumption.
- **Long-term outcome:** Increased consumption of fruit, vegetables and water in the EMR.



Increase Active Living

- **Medium-term outcome:** Increased availability and accessibility of environments that support safe, inclusive, and equitable opportunities for physical activity.
- **Long-term outcome:** Increased number of minutes of movement and physical activity across the EMR.



Reduce harm from tobacco and e-cigarette use

- **Medium-term outcome:** Increased health-enabling environments that are smoke-free and vape-free.
- **Long-term outcome:** Decreased smoking and vaping rates in the EMR.



Place-based Wellbeing Priorities

- **Medium-term outcome:** Increased environments that support health and wellbeing and address local inequities.
- **Long-term outcome:** Increased health-enabling environments that are fair and equal for everyone in the EMR.



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 Guidelines highlight that working within settings helps create supportive environments, reach priority populations, and effect 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 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 Partnership's place-based prevention approach 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 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 good 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 2026–27, 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 Practice

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 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 learning 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	• 20 services actively supported to implement the program • 15 services have new or updated policies that promote gender equity	Increased number of environments that support gender equity.	• # services create or update policies that promote gender equity and challenge gender stereotypes • # services registered to Healthy Places • # total health & wellbeing priority areas (HWPs) achieved/ re-recognised • # physical activity HWPs achieved/re-recognised • # healthy eating HWPs achieved/re-recognised • # services compliant with menu planning guidelines • # active living small steps • # tobacco/e-cigarette small changes
Healthy Places Healthy Futures (Health Places)	• 25 services actively supported to implement the program • 20 small steps/small changes achieved • 10 health & wellbeing priorities achieved/re-recognised	Increased number of environments that support health and wellbeing.	
Menu Planning Guidelines for long day care (includes Cooks Network)	• 25 services actively supported to meet menu planning guidelines • 8 new services compliant with menu planning guidelines	Increased number of environments that support healthy eating and oral health.	
Smiles for Miles	• 30 services engaged in Smiles for Miles • 10 services achieve/re-recognised for 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 learning services complete F2BM pre and post surveys. 1.2. Early learning services complete F2BM assessments.	• # F2BM assessments completed • # pre/post surveys completed
	Policy & Commitment: 1.3. Support early learning services to create or update health and wellbeing policies and/or action plans inclusive of gender equity and diversity.	• # policies developed or updated • # quality improvement plans developed
	Partnerships & Engagement: 1.4. Strengthen relationships with early learning service managers and staff.	*Formal measure not required**
	Components: 1.5. Build capacity of staff to create an environment supportive of gender equity and diversity.	• # changes to the environment • # staff who participate in training
	Foundations & Infrastructure: 1.6. Submit for publication in peer reviewed journals and present at conferences.	• # peer reviewed publications submitted
2. Healthy Places Healthy Futures (Healthy Places)	**Context:** 2.1. Consult early learning services to identify health priorities and existing strategies.	• # Healthy Places priority checklists completed
	Policy & Commitment: 2.2. Support services to commit to action plans and policies that embed health and wellbeing.	• # services registered • # policies developed/reviewed
	Components: 2.3. Support implementation of Healthy Places health & wellbeing priorities in services.	• # services actively supported • # HWPs achieved/re-recognised • # active living small steps • # tobacco/e-cigarette small changes • % of settings achieving small steps/ changes identified as priority
	Partnerships & Engagement: 2.4. Identify local partners, including existing networks for council owned/operated services, to strengthen implementation of health priority areas.	• # of partners supporting uptake of Healthy Places
	Foundations & Infrastructure: 2.5. Provide grants and incentives to support settings to implement Healthy Places	• # grants and incentives provided

Initiative	Activities	Measures
3. Menu Planning Guidelines for long day care (includes Cooks Network)	**Context:** 3.1. Conduct baseline menu assessments using FoodChecker.	• # baseline menu assessments completed
	Policy & Commitment: 3.2. Support services to commit to implement the menu planning guidelines	• # services actively supported to implement the menu planning guidelines
	Components: 3.3. Implement menu planning practices based on guidelines. 3.4. Facilitate regular network meetings for cooks to share experiences, recipes, and strategies.	• # services compliant with menu planning guidelines • # cooks/educators participating in network • # services participating in network
	Partnerships & Engagement: 3.5. Support services to connect with Healthy Places to build on menu planning efforts and embed nutrition into a whole-of-service approach. 3.6. Collaborate with internal and external stakeholders to provide guidance to the cooks during Network sessions.	• # of new services registered for Healthy Places
	Foundations & Infrastructure: 3.7. Work with early learning services to embed guidelines into health and compliance practices..	• # early learning services that embed the guidelines
4. Smiles for Miles (S4M)	**Context:** 4.1. Support development or review of healthy eating and oral health policy.	• # healthy eating and oral health policies developed and endorsed
	Components: 4.2. Support services to implement activities that promote healthy eating and oral health. 4.3. Build capacity of education staff to create an environment supportive of oral health	• # services participating in initiative • # children supported • # services achieve/re-recognised for S4M award • # staff who participate in training
	Partnerships & Engagement: 4.4. Partner with Access dental team to provide dental screenings in Smiles 4 Miles early learning services.	• # dental screenings 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 the guidelines
This supports a proportionate approach to measurement and allows greater focus on implementation and delivery.



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

Outside School Hours Care (OSHC)

Targets and Objectives

Initiatives	Annual targets	4-year objectives	4-year measures
Vic Kids Eat Well	• 10 schools/OSHC actively supported • 2 schools/OSHC achieving at least one small bite • 5 small bites achieved	Increased number of environments that support healthy eating.	• # Schools/OSHC registered to Vic Kids Eat Well • # healthy eating big bites • # Schools registered to Healthy Places • # total HWPs achieved/re-recognised • # physical activity HWPs achieved • # healthy eating HWPs achieved • # smoking, vaping, alcohol and other drugs HWPs achieved • # active living small steps • # tobacco/e-cigarette small changes
Healthy Places Healthy Futures (includes catalyst Interventions)	• 20 schools actively supported • 5 HWPs achieved/re-recognised • 15 active living small steps achieved • 15 tobacco/e-cigarette small changes achieved • 60% of schools engaging in 'catalyst' activities are actively working on HPAs	Increased number of environments that support health and wellbeing. Increased opportunities for children and staff to engage in health and wellbeing.	

A description of each initiative can be provided on request.

Initiative	Activities	Measures
1. Vic Kids Eat Well	**Context:** 1.1. Engage schools/OSHC in baseline assessments.	• # Vic Kids Eat Well baseline assessments completed
	Policy & Commitment: 1.2. Support schools/OSHC to register for Vic Kids Eat Well. 1.3. Support schools/OSHC to develop or update healthy eating policies.	• # schools/ OSHC registered to Vic Kids Eat Well • # policies updated
	Components: 1.4. Support implementation of small bites and big bites.	• # schools/OSHC actively supported with Vic Kids Eat Well. • # healthy eating small bites achieved • # healthy eating big bites achieved
	Partnerships & Engagement: 1.5. Collaborate with councils, schools/OSHC, community partners and Department of Education to align Vic Kids Eat Well with local health priorities to support implementation.	*Formal measure not required**
	Foundations & Infrastructure: 1.6. Provide training/capacity building and grants/incentives to support Vic Kids Eat Well implementation	• # staff/students trained • # incentives/grants provided

Initiative	Activities	Measures
2. Healthy Places Healthy Futures (including 'catalyst' initiatives)	**Context:** 2.1. Consult with schools to identify health priorities, existing strategies, barriers to health promoting behaviours and opportunities to support schools to increase engagement in health promoting activities. 2.2. Map 'catalyst' activities to Healthy Places components and adapt 'catalyst' activities to ensure maximum alignment with HWP actions. 2.3. Engage schools in Healthy Places health and wellbeing priority checklist.	• # Healthy Places priority checklist completed
	Policy & Commitment: 2.4. Support schools to register for Healthy Places 2.5. Support schools to develop and commit to action plans and policies that embed health and wellbeing (including food policies, active travel policies, and smoke-free and vape-free policies and environments).	• # schools registered Healthy Places • # policies/action plans developed/ updated • % of schools supported with 'catalyst' activities actively working on HWPs
	Components: 2.6. Support implementation of small bites, small steps and small changes. 2.7. Support implementation of Healthy Places health & wellbeing priorities in schools. 2.8. Deliver evidence-based/informed 'catalyst' activities to increase school engagement in Healthy Places	• # schools actively supported with Healthy Places • # HWPs achieved • # active living small steps • # tobacco/vaping small changes • # schools actively supported with catalyst activities • # students supported
	Partnerships & Engagement: 2.9. Collaborate with councils, schools, community partners and Department of Education to align Healthy Places with local health priorities to support implementation. 2.10. Map existing initiatives and supports that can be offered by partnering services as 'catalyst' activities within schools.	*Formal measure not required**
	Foundations & Infrastructure: 2.11. Provide training/capacity building, grants and incentives to support Healthy Places implementation.	• # Healthy Places grants and incentives provided



Sporting Clubs and Recreation

Goal

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

Settings for action

Sporting clubs

Recreation facilities

Targets and Objectives

Initiatives	Annual targets	4-year objectives	4-year measures
Healthy Sports Clubs (including Vic Kids Eat Well, Sport for All, and Smoke/Vape Free Environments)	• 30 sporting clubs actively supported • 5 small bites • 20 small steps • 10 small changes	Increased number of environments that support healthy eating. Increased equitable access to opportunities for movement through sport. Increased health-enabling environments that are smoke-free and vape-free.	• # clubs registered • # clubs create or update policies • # healthy eating big bites achieved • # active living small steps achieved • # tobacco/vaping small changes achieved • # recreation facilities create or update policies • # healthy eating small bites achieved • # healthy eating big bites achieved
Healthy Choices Guidelines (including Vic Kids Eat Well)	• 10 recreation centres actively supported • 2 recreation centres where at least 50% of food and drinks available is GREEN • 3 recreation centres where no more than 20% of drinks available is RED	Increased number of environments that support healthy eating	

A description of each initiative can be provided on request.

Initiative	Activities	Measures
1. Healthy Sports Clubs (including Vic Kids Eat Well, Sport4All, and Smoke/Vape Free Environments)	**Context:** 1.1. Consult with clubs and leagues on barriers to participation in Sporting Clubs for priority populations. 1.2. Conduct audits/baseline assessments.	• # audits/baseline assessments completed
	Policy & Commitment: 1.3. Support clubs to commit to and develop inclusive health and wellbeing action plans/food environments/policies.	• # clubs registered to state-wide programs (Vic Kids Eat Well) • # clubs actively supported • # action plans developed • # policies developed
	Components: 1.4. Support clubs to implement Vic Kids Eat Well. 1.5. Deliver capacity building strategies to support inclusion, health and wellbeing of clubs. 1.6. Support clubs to create smoke and vape free environments.	• # healthy eating small bites • # healthy eating big bites • # active living small steps • # tobacco/vaping small changes • # capacity building strategies delivered
	Partnerships & Engagement: 1.7. Collaborate with leagues, peak bodies, associations, local councils, local sport club networks, LGA Officers, club committee members and club staff/volunteers to build relationships that support clubs taking action to increase inclusion and health and wellbeing of club communities.	*Formal measure not required**
	Foundations & Infrastructure: 1.8. Provide support, for clubs to embed inclusive health and wellbeing practices.	• # clubs that embed policies or actions

Initiative	Activities	Measures
2. Healthy Choices Guidelines (including Vic Kids Eat Well)	**Context:** 2.1. Consult with councils and recreation facilities on menu and catering practices, including understanding council contractual requirements with facilities.	• # baseline assessments/re-assessments completed
	Policy & Commitment: 2.2. Support recreation facilities to create healthy food and drink policy to support health and wellbeing.	• # recreation facilities registered • # policies developed or reviewed
	Components: 2.3. Implement Healthy Choices Guidelines in cafes and catering services.	• # settings actively supported • # healthy eating small bites • # settings with no more than 20% RED (drinks)
	Partnerships & Engagement: 2.4. Work with local councils and recreation facilities/leisure providers to support implementation.	• *Formal measure not required**
	Foundations & Infrastructure: 2.5. Work with local councils to embed guidelines in recreation centre tenders and contracts.	• # councils that embed guidelines



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	• 10 settings actively supported • 30 active living small steps	Increased participation in active living opportunities through embedded community-led initiatives.	• # settings actively supported • # small steps achieved • % initiatives that are community-led
Smoke-free and Vape-free Communities	• 10 settings actively supported • 10 small changes	Increased health-enabling environments that are smoke-free and vape-free.	• # settings actively supported • # big changes achieved

A description of each initiative can be provided on request.

Initiative	Activities	Measures
1. Active Living Yarra Ranges	**Context:** 1.1. Consult with local council, partners and community to identify barriers to and opportunities for physical activity.	• Action plan developed (Y/N)
	Policy & Commitment: 1.2. Support council and partners to adopt or update policies/guidelines/ frameworks that promote active living. 1.3. Seek commitment from local community settings, groups and members to deliver, lead and sustain initiatives.	• # of policies/frameworks/ guidelines developed or updated
	Components: 1.4. Support the implementation of the Active Living Yarra Ranges action plan including increasing the proportion of community-led initiatives, and programs to support active living (e.g. Active April, Belgrave Play and Connect).	• # actions implemented • # actions supported • # settings supported • # active living small steps • % initiatives that are community-led
	Partnerships & Engagement: 1.5. Expand/broaden the membership of the Yarra Ranges Active Recreation Network, and collaborate with local council, community partners, and service providers to support implementation. 1.6. Explore partnership opportunities to offer targeted activities for priority populations.	*Formal measure not required**
	Foundations & Infrastructure: 1.7. Utilise the VicHealth Local Government Partnership project - Building Active Communities module and provide toolkits, resources, and training to support delivery.	*Formal measure not required**

Initiative	Activities	Measures
2. Smoke-free and Vape-free communities	**Context:** 2.1. Consult with local settings to identify barriers to and opportunities for increasing access to smoke and vape free environments.	• # audits completed
	Policy & Commitment: 2.2. Support settings (including workplaces, councils and public facilities) to adopt or update smoke-free and vape-free policies.	• # of policies developed or updated
	Components: 2.3. Support the implementation of smoke and vape free signage across settings. 2.4. Deliver capacity building strategies to support smoke and vape-free environments.	• # settings actively supported • # settings updated signage • # tobacco/vaping small changes • # capacity building strategies delivered
	Partnerships & Engagement: 2.5. Collaborate with NEPHU, local councils, community partners, and service providers to support implementation. 2.6. Implement and complete QUIT pilot program	• councils actively engaged
	Foundations & Infrastructure: 2.7. Utilise the Cancer Council and QUIT resources and toolkits to support delivery.	*Formal measure not required**
3. Food Systems	**Context:** 3.1. Consult with councils and local settings to understand local food systems	• # of LGAs food systems mapped
	Policy & Commitment: 3.2. Support to councils and other partners to commit to improving nourishing, inclusive and sustainable local food systems	• # of reports/resources created • # of initiatives developed or implemented • # of policies developed or updated
	Components: 3.3. Deliver capacity building strategies to support nourishing, inclusive and sustainable local food systems	• # capacity building strategies delivered
	Partnerships & Engagement: 3.4. Collaborate with NEPHU, local councils, community partners, and service providers to support implementation.	• # of partners collaborating on initiatives or actively supported
	Foundations & Infrastructure: 3.5. Utilise existing partnerships, policies and initiatives to increase	*Formal measure not required**

Support Interventions

In 2026–27, 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
Schools	Everybody in Every School	Continue to promote availability of the self-assessment tool and toolkit.	# schools and other services who download the toolkit
Other places in community	Sunday Sessions	Support uptake of Sunday Sessions.	# settings delivering Sunday Sessions
	Healthy Public Policy	Support workplace wellbeing initiatives including developing/reviewing nourishing, inclusive and sustainable food procurement policies and physical activity and movement policies within health services.	# policies/frameworks/ procedures developed/reviewed # active living small steps
	Step and Connect	Support community groups to deliver inclusive active living initiatives.	# settings delivering Step and Connect # of sessions delivered # active living small steps

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 Organization'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.

CONTEXT

Complexity of the system is understood. The system is prepared & mobilised for change

Context, complexity, and leverage points are understood through:
- System mapping
- Intelligence gathering

Community is engaged and mobilised

Community demands change

Communication & marketing activates readiness & leadership for change

Places, influencers & partners understand the importance of their contribution to prevention:
- Readiness & leadership for change
- Problem recognition or reframing
- Vision setting
- Assessments & ratings
- Benchmarking

POLICY & COMMITMENT

Commitments to prevention and healthy change are formalised

Places, influencers & partners formally commit to prevention through:
- Policy, strategy, standards, shared vision or actions
- Prevention embedded in strategic & operational plans
- Alignment or influencing policies & procedures
- Action plans & quality improvement plans

Coordinated & shared prevention language

COMPONENTS

Initiatives, services & resources are coordinated across the system

Places, influencers & partners participate in prevention through:
- New initiatives
- Capacity building
- Rewards, resources & incentives
- Accessing services

Existing components are modified, improved & leveraged

Resources, marketing & communications collateral developed

Media coverage

Components aligned to match community need & demand

Initiatives are mutually reinforcing

PARTNERSHIPS & ENGAGEMENT

Strong, effective partnerships & linkages are developed & strengthened across the system

Collaborative relationships & networks are strengthened to leverage change through:
- Participation in shared decision making (consultation)
- Development of shared competencies & skills
- Sharing of data & systems
- Participation in networks & events
- Connecting partners & places
- Partners are connected outside of the health sector

Communities of practice established or continued

Places, influencers & partners lead local prevention action

FOUNDATIONS & INFRASTRUCTURE

Resources, assets & supports are committed to strengthen prevention & workforce capacity

Allocation of new or redistribution of assets & funding to meet prevention needs, including:
- Allocation of internal & external staffing
- Key performance indicators developed
- Investment in resources & incentives
- Links created to external funding

A skilled workforce built through professional development

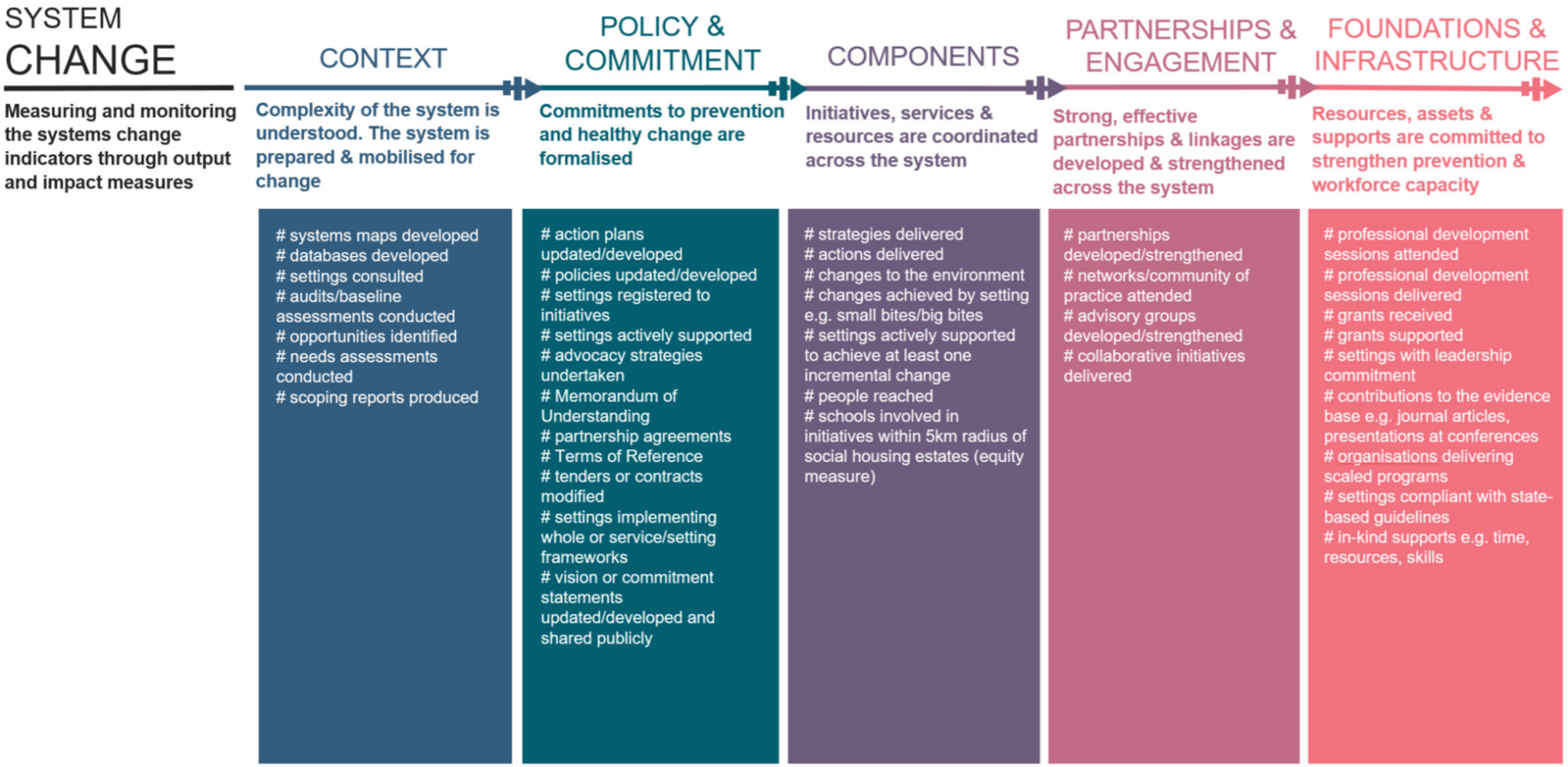
Policy, components & action embedded in places

Healthy options are available & environments are health promoting:
- Place changes
- Healthy & unhealthy options

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.



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