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| Community Health – Health Promotion Program Guidelines 2025-2029 |
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| To receive this document in another format, email the Public Health Promotion Programs team <prevention@health.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, April 2025Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. In this document, ‘First Peoples’ refers to both Aboriginal and Torres Strait Islander people when used in the context of First People’ Assembly of Victoria and Treaty. ‘Aboriginal’, ‘Torres Strait Islander’, ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.   Available at [Community Health - Health Promotion program 2021-25](https://www.health.vic.gov.au/publications/community-health-health-promotion-2021-25) <https://www.health.vic.gov.au/publications/community-health-health-promotion-2021-25> |
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# Introduction

The Community Health - Health Promotion program (the program) funds agencies to develop and implement local prevention and health promotion initiatives, contributing to the departments’ vision for supporting Victorians to be the healthiest people in the world. The program’s focus is aligned to priority areas of the [*Victorian public health and wellbeing plan 2023-27*](https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27) <<https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27>> to address the significant contributors to the burden of disease with a focus on more equitable outcomes across the Victorian population.

Addressing drivers of the burden of disease requires multiple, complementary and focused actions capable of reaching a broad range of settings such as schools, workplaces, retail outlets, sporting clubs, and health services.

The department acknowledges the collaborative work undertaken with the sector and internal departmental program areas in 2021-2023 to develop the Community Health – Health Promotion Program Guidelines (the guidelines) and associated impact measures. To meet requirements of the Victorian Gender Equality Act 2020, the department led a gender impact assessment of the guidelines in 2022, which incorporated key recommendations to emphasise the importance of considering gender equity and principles of intersectionality.

The guidelines have been updated with minor revisions to outline the 2025-2029 requirements for funded agencies (Activity 28085) and the Small Rural Primary Health Flexible Services program (Activity 35048, Grant 289 - PCCP - Flexible Services - Health Promotion).

# Victoria’s prevention eco-system

## Public health vision

Victoria’s prevention ecosystem is made up of many parts (people, organisations, processes, activities) that interact to implement interventions that protect health, prevent disease and promote the health of individuals and communities, and over time achieve population-level impacts.

The program connects to the department’s broader vision to strengthen public health in Victoria including disease prevention, health promotion and disease protection. The vision for Victoria’s public health system is that every Victorian has trust in our health system, and feels confident that:

* The environments where people live, work, play and study are healthy, safe and will promote the wellbeing of future generations.
* Everyone is supported to live their healthiest life, and intergenerational health outcomes are improved.
* People are connected with the right supports, in the right place and at the right time to deliver outcomes that matter to Victorians.

The program plays a key role in the prevention effort that occurs throughout Victoria at the community level. The program supports the vision for public health and contributes to collective efforts to improve health and wellbeing across geographic catchmentsBody is left aligned.

## Statewide policy

The department invests in various primary prevention initiatives designed to reduce the risk of chronic diseases and disorders. These initiatives focus on environmental, social, and behavioural approaches at the population level, addressing the underlying causes of poor health and wellbeing.

In Victoria, the Department of Health holds primary responsibility for guiding primary prevention efforts, aiming to reduce the burden of disease and enhance the overall health and wellbeing of the population. The *Victorian public health and wellbeing plan 2023-27* sets the strategic direction and priorities and the policy and funding guidelines for health services sets the terms and conditions for government-funded healthcare organisations.

To maximise effectiveness, complementary and mutually reinforcing interventions are most successfully coordinated and implemented locally, in partnership with stakeholders such as Local Public Health Units (LPHUs), local governments, community health organisations, other prevention partners, and communities themselves.

LPHUs are responsible for leading catchment wide population health planning that outline the priorities for the region, considering local needs, data and evidence. The accountability for these catchment-wide plans rests with the lead health service. Community Health-Health Promotion (CH-HP) agencies are important contributors to this planning to ensure alignment with their work and for regional prioritisation of projects, where relevant.

CH-HP agencies lead the delivery of and support local health promotion action addressing drivers of the burden of disease at a population level. This is achieved through multiple, complementary and focused actions capable of reaching a broad range of settings such as schools, workplaces, retail outlets, sporting clubs, and health services.

## Statewide priorities

The *Victorian public health and wellbeing plan 2023-2027* required by the *Public Health and Wellbeing Act 2008*, guides the coordination of efforts across state departments, health services, local government, community health, women’s health, non-government organisations, the private sector and communities. An external advisory group of sector and consumer representatives provides advice on its implementation. The plan, alongside other key statewide policies and strategies (listed below) sets the direction for health promotion and prevention, aimed at improving health outcomes and reducing health inequalities for all Victorians. The *Victorian public health and wellbeing outcomes framework* identifies indicators for monitoring for the plan and tracking progress.

* Department of Health strategic plan 2023-2027
* Victorian public health and wellbeing plan 2023-2027
* Victorian cancer plan 2024-2028
* Healthy kids, healthy futures plan – a five-year child health and wellbeing plan
* Healthy choices: policy guidelines (for various settings)
* Healthy choices: policy directive for Victorian health services
* Implementing Healthy Choices guidelines for environmentally sustainable food and drinks Practice Note
* Department of Education: Canteens, healthy eating and other food services
* Victorian menu planning guidelines for long day care
* Free from violence: Victoria's strategy to prevent family violence
* Active Victoria 2022–2026 – A strategic framework for sport and active recreation
* Treaty for Victoria
* Victorian Aboriginal Affairs framework
* Balit Murrup: Aboriginal social and emotional wellbeing framework 2017-2027
* Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023-2025
* Victorian Aboriginal sexual and reproductive health plan 2022-30
* Other relevant plans and frameworks (e.g. National Tobacco Strategy 2023-2030).

# Community Health – Health Promotion program focus

## Program purpose

The program aims to achieve impact at scale and maximise best possible outcomes by strengthening effort towards chronic disease prevention through the increasing healthy eating, increasing active living, and reducing tobacco and e-cigarette related harm priority areas, and in doing so also integrating considerations of climate change and health. The program is uniquely positioned to promote primary and secondary prevention across community-based services and settings. Its role enables breadth and depth, with a focus on targeted interventions for priority population groups, while also delivering universal interventions. The program aims for sufficient reach to achieve population level impact, while providing more support to settings and sub-populations to ensure impacts are equitable. The program also provides flexibility to accommodate local priorities and context.

The priorities of the *Victorian public health and wellbeing plan 2023-2027* represent the key drivers of the burden of disease. However, it is important to recognise that health status varies markedly across the population. Individuals from low socio-economic backgrounds, living in rural and remote areas and Aboriginal and Torres Strait Islander communities are disproportionately affected, live with chronic illness and die prematurely. Health promotion and prevention activities support individuals to keep healthy and minimise risk of ill health.

The program is seeking to deliver better health and wellbeing outcomes for individuals and communities. It achieves this by promoting statewide policies (e.g. tobacco/e-cigarette control) and programs (e.g. Vic Kids Eat Well) and enabling community-based, local action (e.g. increasing access to fresh, healthy food and increasing participation in local active recreation activities).

It also responds to adjustments in the systems supporting prevention arising from government reforms. Appendix one details some of the current reforms, significant investments and prevention initiatives within the Victorian prevention ecosystem, such as:

* Local Government prevention effort (including municipal public health and wellbeing planning)
* Local Public Health Units
* Mental health and wellbeing reform
* Prevention of family violence, violence against women and gender equality
* Active Schools initiative
* Healthy Loddon Campaspe initiative
* The Achievement Program and Vic Kids Eat Well
* VicHealth grants and programs aligned with the guidelines
* Women’s Health - Health Promotion Program
* Victorian Aboriginal Health and Wellbeing Partnership Action Plan Agreement 2023-2025.

## Program logic overview

A program logic model was developed to demonstrate the relationship between the inputs and activities of the program and the desired short-term impacts and longer-term outcomes. See pages 7-8 for the program logic.

### Prevention definitions

* Primary prevention aims to prevent problems occurring in the first place by eliminating or reducing underlying causes. This is achieved by controlling the exposure to risk and promoting factors that protect health, wellbeing, safety and social outcomes.
* Secondary prevention aims to stop, interrupt, reduce or delay the progression of a problem through early detection and intervention. Examples include screening and risk detection activities, with referral to appropriate services for follow up care where a condition is detected.

The program logic demonstrates that the program delivers lead functions (activities/outputs) to elicit changes in local settings and environments (short-term outcomes), which increases exposure to health-promoting environments particularly for children and families[[1]](#footnote-2) (medium-term outcomes) and facilitates sustainable behaviour change through improved capability, opportunity, and motivation (individual level impact) and contributes to a transformed system underpinning the prevention of chronic disease in Victoria (multilevel impact) to deliver the long term outcomes we seek.

### Defining impact and outcome

* **Impact** is defined as an effect that health promotion programs have on people, stakeholders, settings or systems; impact refers to the objective of health promotion programs. Impacts can range from immediate, to intermediate and long-term.
* **Outcome** is defined as the long-term effect that goes beyond individual policies, programs and projects programs.

## Community Health – Health Promotion program logic

Table 1: Community Health – Health Promotion program logic

| Inputs | Activities / Outputs | Direct/Immediate impacts/changes | Short-term outcomes | Medium term outcomes | Long term outcomes |
| --- | --- | --- | --- | --- | --- |
|  |  | Change measurable within each annual cycle | Change observed over 1-4 years | Change observed over long term 5-10 years | Change observed over long term 5-10 years |
|  | Activity monitored locally as part of good project management | Changes measured locally as part of implementation practice, and aggregated statewide where possible | Statewide or sample measurement periodically across systems (e.g. review of food environments in health services) | Regular measurement as part of statewide surveillance systems (e.g. Victorian Population Health Survey) | Regular measurement as part of statewide surveillance systems (e.g. Victorian Population Health Survey) |
| Legislation and policy*Public Health and Wellbeing Act 2008**Victorian public health and wellbeing plan 2023-2027* and *Victorian public health and wellbeing outcomes framework*Municipal public health and wellbeing plans, Child Health and Wellbeing Plan (*Healthy kids, healthy futures*)Healthy Choices PolicyVictorian Cancer Plan*Climate Change Act 2017*FundingProgram guidelinesAligned supplementary fundingSupporting ProgramsStatewide agencies and programs (e.g. VicHealth, Vic Kids Eat Well, Quit, Healthy Eating Advisory Service) | Organisational ActivityCommunity-based implementation of statewide policies and programsApply best (or promising) practice health promotion to develop and implement other local interventions to meet program objectives in the focus areas of the *Victorian public health and wellbeing plan 2023-2027 (m*inimum 70%) and other plan priorities (max 30%)Ongoing monitoring and evaluation of impact of interventionsBuilding relationshipsCollaboration with others in prevention system to maximise impact and minimise duplication (e.g. Prevention of Violence against Women, local government, Women’s Health, LPHUs)Meaningfully engage with local communities and build relationships to influence change (e.g. sporting clubs, early childhood services, schools)Ongoing engagement with priority population groups to ensure interventions address health inequalities and support social inclusionDH activityBuild the capacity of the health promotion workforce to deliver on the program guidelinesAlignment of the impact of statewide policy and outcomes across government  | Local level, immediate changes achieved arising from activities aligned to shared program objectives in the focus areas (e.g. 70%), collected consistently and aggregated statewideLocal level, immediate changes, arising from activities in other *Victorian public health and wellbeing plan 2023-2027* priorities (e.g. 30%) collected and reported consistent with indicators from other statewide reporting frameworks. (e.g. mental health) where available or collected and reported at local/catchment level Understanding the barriers and enablers to program implementation to inform future planning at a local levelImmediate impacts/changes of program in relation to strengthening partnerships and engaging with priority groups and settingsCreate opportunity for community activation in local priority population groups and settingsFunded agency workforce is delivering best practice health promotion interventions aligned with the program guidelines  | Organisations align their work to contribute to short-term outcomes that contribute to substantive change in the focus areas across the statePriority population groups actively participate in community health interventions across the state | Population level outcomes measured that show sustained change in behaviour at an LGA level in the focus areasReduce the gap in inequalities across key health and wellbeing outcomes across the state  | Progress towards achieving targets and measures in the focus areas, as outlined in the *Victorian public health and wellbeing outcomes framework* (e.g. increase in sufficient physical activity prevalence, decrease in smoking) |

### Assumptions

* The funded agencies can significantly influence health and wellbeing outcomes in environments, settings and communities.
* Implementation of statewide programs and initiatives will lead to population-level health and wellbeing outcomes and not widen health inequalities.
* The funded agencies have the capability, skills and capacity to deliver the lead functions outlined for increasing healthy eating, increasing active living and reducing tobacco and e-cigarette related harm.
* The 70/30 policy setting will enable sufficient dose of activity on healthy eating, active living, tobacco and e-cigarette related harm and improving wellbeing to contribute to population-level impact.
* Settings (e.g. early childhood services, schools, workplaces, communities) will engage with funded agencies in healthy eating, active living and tobacco and e-cigarette primary prevention interventions.
* The most effective way of achieving population-level health and wellbeing outcomes across the focus areas is through a settings-based approach to prevention and health promotion.
* Meaningful engagement with local communities and priority population groups will reduce inequalities in health and wellbeing outcomes.

## Organisations funded for a specific purpose

A small number of specialist organisations are funded through the program that have specific organisational missions that are not directly aligned with the focus areas of the *Victorian public health and wellbeing plan 2023-2027.* These organisations are:

* Barwon Child, Youth and Family
* Collective of Self-help Groups
* Emerge Australia
* Foundation House, Victorian Foundation for Survivors of Torture Inc.
* Latrobe University, Trans and Gender Diverse Voice Clinic
* North Richmond Community Health, Centre for Culture, Ethnicity and Health
* The Royal Children’s Hospital, Young People’s Health Service
* The Royal Women’s Hospital Library.

These organisations should work with the department to negotiate funding expectations that are appropriate for the organisation's specific role while also seeking to contribute to Victoria’s prevention system. Planning and reporting expectations will be negotiated on a case-by-case basis.

## Small organisation requirements

Organisations that are funded less than $50,000 are exempt from reporting on their activities, however are required to adhere to the Service Agreement contractual obligations and deliver services for which they are funded by the department.

## 2025-2029 70/30 per cent plus incremental steps

* Funded agencies are expected to allocate a minimum of 70 per cent of funding towards achieving impact in chronic disease prevention and mental wellbeing. This includes the increasing healthy eating, increasing active living, reducing tobacco and e-cigarette related harms and improving wellbeing priorities of the *Victorian public health and wellbeing plan 2023-2027*. If funded agencies already meet or surpass this requirement, it is important that there is a continued strengthening over time, and agencies do not reduce their investment in these focus areas without consultation with the department.
* The improving mental wellbeing priority is included in 70 per cent policy setting until the department’s Wellbeing Promotion Office provides further advice on the delivery of mental wellbeing promotion and prevention efforts following the release of *Wellbeing in Victoria: a strategy to promote good mental health (Wellbeing Strategy (to be released in 2025))*. The department will continue to monitor investment in mental wellbeing and provide further advice. Agencies are encouraged to adopt a co-benefits approach[[2]](#footnote-3) across the focus areas and align with the *Wellbeing Strategy (to be released in 2025) (in development)*[[3]](#footnote-4)and *Mental health and wellbeing outcomes and performance framework (2024)*.
* Alcohol harm reduction can be combined with the tobacco and e-cigarette related harm focus area as part of the 70 percent funding allocation. If funded agencies wish to address alcohol separate to tobacco, e.g. alcohol and other drugs as a priority, this can be done through the 30 percent allocation.
* The remaining 30 percent of funding allocation can be invested in other prevention priorities as determined through local need and context, across any of the 10 priorities of the *Victorian public health and wellbeing plan 2023-2027.*
* Funded agencies who allocate effort to prevention of all forms of family violence and/or sexual and reproductive health as part of their 30 per cent allocation can support women’s health services who are the lead agency in delivering health promotion activities for these priorities.
* Women’s health services can link with and support the program to address gender and intersectional considerations for local initiatives related to the focus areas and other local priorities.

Climate change and health considerations can be integrated into chosen priorities and *Community Health – Health Promotion* frameworks on page 11 and the *Tackling climate change and health* box on page 20 provides suggested strategies for increasing climate change co-benefits of work in increasing healthy eating and active living. The way initiatives are delivered should also harness the community’s increasing motivation for climate change action to leverage improvements in healthy eating and active living. For further information and resources on climate change and health, refer to box 2.

## Program frameworks

The following frameworks outline the various program functions in ‘leading’ and ‘supporting’ the delivery of health promotion and prevention activity related to increasing healthy eating, increasing active living and reducing tobacco and e-cigarette related harm. These frameworks adopt a socio-ecological model of health[[4]](#footnote-5), acknowledging that the program has a role in contributing to healthy public policy, healthier environments, organisations and communities, in addition to actions across the prevention system.

The program delivers initiatives that are focused on change in the community and in settings where people live, learn, work and play. To achieve this, it is important that organisations delivering the program are themselves leaders in prevention and health promotion, for example meeting benchmarks of the Achievement Program, implementing Healthy Choices, or providing tobacco and vaping free environments. Organisations delivering the program can utilise program staff to support the organisation to achieve this leadership position, however the primary focus of the program should be external to the funded organisation.

Table two: Definition of ‘lead’ and ‘support’ functions

| Program components  | Lead (delivery) functions  | Support functions  |
| --- | --- | --- |
| Program funding  | Funding can be allocated to delivery of these functions as outlined in the framework. | Funding, such as staff time, can contribute to and support these functions (but leading these functions is out of scope for the program).  |
| Lead agency  | The program is a lead delivery agency at a local level for these functions. | Other agencies/prevention partners have responsibility for leading these functions. |
| Range of functions  | The program is not required to deliver all lead functions outlined across the frameworks but expected to use these lead functions as the basis for planning.Provides a suite of evidence-based strategies, noting a multi-strategic approach is recommended.Breadth of work dependent on individual agency resourcing/capacity. | The program can contribute to these support functions.Will depend on local context and role of other prevention partners. |

### Healthy eating

#### Lead functions

##### Policy

* Prioritise implementation of policies that promote uptake of healthier and more sustainable foods and drinks in key public settings where people, in particular children, spend their time (e.g. *Healthy choices policy guidelines,* Victorian *Menu planning guidelines for long day care,* Canteens*, healthy eating and other food services policy, healthy and more sustainable food procurement policy* and *Healthy choices: policy directive for health services).*

##### Environments and community

* Implement evidence-based programs and initiatives supporting healthier food environments in settings (e.g. Vic Kids Eat Well, Achievement Program, Smiles 4 Miles[[5]](#footnote-6), Cooks Connect[[6]](#footnote-7)).
* Embed sustainability principles in the implementation of healthy eating initiatives in settings (e.g. Catering for Good and the *Implementing Healthy Choices guidelines for environmentally sustainable food and drinks Practice Note*).
* Lead community activation and engagement approaches to drive support and uptake for initiatives supporting increased access and promotion of healthier foods within the community (e.g. Vic Kids Eat Well, statewide campaigns).
* Coordinate local engagement and support from the Healthy Eating Advisory Service (HEAS) in training, menu planning and healthy food and drink provision and promotion in key settings (including early childhood services, Outside School Hours Care, schools, sport and recreation facilities and health services). ​
* Work in partnership with communities to adapt and deliver local and tailored interventions to support increased access to and promotion of healthier foods and drinks and system change efforts to support food security, including with priority population groups.
* Work in partnership to promote evidence-based approaches that promote breastfeeding and support parents and caregivers to provide good nutrition for infants and young children throughout their first 2,000 days of life.
* Amplify and localise statewide social marketing campaigns by championing the campaign messages in the local community.
* Work with local and state partners to reduce children’s exposure to marketing of discretionary foods and drinks to reduce consumption. For example, working with local councils to implement policies to reduce discretionary food and drink marketing in council settings, sports and recreation facilities and at events.

##### Prevention system actions

* Promote healthy and more equitable, sustainable food systems across Victoria, including efforts to support food security, with a focus on priority population groups.
* Engage with local and statewide partners to determine local needs and priorities in healthy eating.
* Build capacity among settings and internal and external stakeholders e.g. Community of practice (CoP) and networks (e.g. Cooks Networks for long day care) for settings staff and others to create healthier and more sustainable food environments.
* Leverage off networks, relationships and cross-sectoral connections to influence the determinants of healthy eating and address co-benefits to health and wellbeing (e.g. climate change and health, active living, mental wellbeing).
* Influence food systems to improve health and wellbeing, as an advocate, broker, enabler and connector, including through strategies that minimise environmental impact and increase healthy and sustainable food procurement, distribution and consumption.

#### Support functions

##### Environments and community

* Contribute to local action (e.g. LPHU catchment plan implementation, Healthy Loddon Campaspe) on healthy eating and increasing access to healthy and affordable food.
* Support food security initiatives to increase access to nutritious, culturally appropriate, dignified and affordable food for priority population groups and embed opportunities that foster autonomy. For example, food relief initiatives, community food hubs, food skills and food literacy.
* Support efforts to improve local food security and local food system resilience to the impacts of extreme weather events and climate change.

##### Prevention system actions

* Link with other agencies to understand and address gender and intersectional considerations for local healthy eating initiatives and tailor accordingly (e.g. gender norms and stereotypes, sexual and gender diversity, cultural norms).
* Consider the possible impacts of climate change on all programs, and the potential climate change mitigation and emissions reduction benefits of all initiatives conducted through the program functions that could be enhanced, expanded and tailored accordingly.
* Participate in topic or placed based networks, communities of practice and partnerships to collaborate on shared priorities, join up work, learn from others, as well as contribute to local coordination and leveraging opportunities for engagement, activation and implementation. This could include forums facilitated by HEAS, Achievement Program and VicHealth.
* Support/partner with agencies representing priority population groups (e.g. Aboriginal Community Controlled Organisations) and connect priority population groups to healthy eating initiatives delivered by other agencies[[7]](#footnote-8).
* Leverage other programs and events delivered by other prevention workforces (e.g. Smile Squad) to advance local work in healthy eating

##### Individual/family behaviour change

* Activate referral pathways and support promotion, awareness and implementation of evidence-based lifestyle modification programs including Life! program and INFANT (noting program delivery e.g. facilitating group sessions for these initiatives is out of scope for program funding). program funding).

##### Addressing food insecurity

Community health services are well positioned to respond to communities in need, including those at risk of food insecurity. While the determinants are complex, health promotion responses can focus on systems change efforts to support these communities along the food insecurity continuum.

The healthy eating framework (on pages 12-13) outlines the lead delivery and support functions and articulates the support role that the program can play, including:

* Supporting food relief efforts to provide Victorians experiencing health inequalities with nutritious and culturally appropriate foods that support health and wellbeing and embed opportunities that foster autonomy and enable dignity and choice. Examples include supporting the adoption of the *Victorian Healthy Food Relief Guidelines* to help food relief providers to offer a variety of nutritious foods to support the health and wellbeing of those needing food relief and the School Breakfast Clubs program available to all Victorian Government schools.
* Strengthening programmatic responses underpinned by a human right–based approach that goes beyond food provision and aims to reduce reliance on future food relief. This includes supporting initiatives that increase access to low-cost nutritious and culturally appropriate foods and/or skills to utilise food (e.g. sourcing and preparing low cost, seasonal foods). Examples include social enterprise models that are recipient centered, strive to empower recipients and provide opportunities for active involvement, social connections and broader support (Booth et al. 2018).
* Collaborative place-based approaches to increase access to healthy and affordable food.
* Support universal settings to implement guidelines for healthy food provision such as schools, early childhood services, recreational facilities, Aboriginal Community Controlled Organisations (ACCOs), aged care and supported accommodation services can be an effective way to increase equitable access to nutritious and culturally appropriate food in the longer term (Kumanyika AJPH 2019).

### Active living

#### Lead functions

##### Policy

* Support organisations and settings to develop and implement active living policies or frameworks in key settings (e.g. early childhood education and workplaces)

##### Environments and community

* Implement evidence-based programs and initiatives that promote movement and reduce sitting time in workplaces, schools, at home and during leisure time (e.g. Achievement Program).
* Lead community activation and engagement approaches that promote movement within the community (e.g. Active in Nature program).
* Tailor and implement active travel initiatives (Walk to School, Ride 2 School) with schools, and other settings
* Increase participation in sport and active recreation, by working in partnership with communities to adapt and deliver active living initiatives tailored to local context, with a focus on initiatives that engage priority population groups who face barriers to participation (e.g. women and girls).

##### Prevention system actions

* Engage with local and statewide partners to determine local needs and priorities in active living.
* Build capacity for active living among settings and internal and external stakeholders (e.g. CoPs for settings staff and others) to create active living environments.
* Leverage off networks, relationships, and cross-sectoral connections to influence the determinants of active living and address co-benefits to health and wellbeing (e.g. climate change and health, healthy eating, mental wellbeing).

#### Support functions

##### Environments and community

* Contribute to local action (e.g. Change Our Game, Fair Access Policy, Opening the Gate, Healthy Loddon Campaspe) to promote active living.
* Work collaboratively with schools to support uptake of the Active Schools Framework by leveraging the Active Schools Toolkit and other resources.
* Amplify and localise social marketing campaigns in the local community.

##### Prevention system actions

* Link with other agencies to understand and address gender and intersectional considerations for local active living initiatives and tailor accordingly (e.g. gender norms and stereotypes, sexual and gender diversity, cultural norms).
* Consider the possible impacts of climate change and leverage the climate change mitigation and emissions reduction benefits of active living initiatives (e.g. increasing the proportion of transport trips that use active modes of travel).
* Participate in topic or placed based networks, CoPs and partnerships to collaborate on shared priorities, join up work, learn from others, as well as contribute to local coordination and leveraging opportunities for engagement, activation, and implementation. This could include forums facilitated by the Achievement Program or VicHealth
* Connect priority population groups to other active living initiatives delivered by other agencies e.g.  ACCOs.
* Support other initiatives that drive uptake of sport and active living in communities (e.g. vouchers, incentives to get kids active).

##### Individual/family behaviour change

* Activate referral pathways and support promotion, awareness and implementation of evidence-based lifestyle modification programs including Life! Program, INFANT Program, Get Active Victoria, Active Kids Vouchers (note program delivery (e.g. facilitating group sessions) for these initiatives is out of scope for program funding).

### Tobacco and e-cigarette related harms

#### Lead functions

##### Policy

* Oversee the development, implementation and review of smoke and vape (e-cigarette) free policies within key settings (including own workplace).

##### Environments and community

* Implement evidence-based programs and initiatives supporting tobacco and vape free environments (e.g. Achievement Program).
* Deliver local communication activities that promote access to smoking, vaping and nicotine cessation support such as the Quitline and build awareness of the health risks associated with smoking and vaping and the benefits of quitting. Communication activities should be undertaken as part of a broader plan of activities to reduce tobacco and vaping related harm and not as an isolated approach.
* Work in partnership with key stakeholders and communities to develop and deliver evidence-informed initiatives to reduce smoking and vaping for population groups with the highest rates of tobacco and vape use or at the greatest risk of smoking and vaping related harms[[8]](#footnote-9).
* Advocate for the adoption of smoke and vape free environments and policies in specific settings, locations, or community events, and collaborate with the community and organisers to implement.

##### Prevention system actions

* Engage with Quit Victoria, ACCOs, and other partners to determine local needs and priorities in tobacco and vaping control.
* Build capacity among settings and internal and external stakeholders to implement strategies to reduce tobacco and vaping related harm in communities (e.g. CoPs for settings staff and others to create smoke and vape free environments in addition to those legislated under the *Tobacco Act 1987* or through local laws).
* Leverage related public health priorities (e.g. mental health and the wellbeing of young people) to improve engagement in addressing issues associated with smoking and vaping and implement a holistic approach to improving health.

#### Support functions

##### Environments and community

* Partner with local councils and community organisations to implement voluntary smoke and vape free environments at specific settings and/or community events.
* Connect priority population groups to the Quitline and smoking, vaping and nicotine cessation support and initiatives delivered by other agencies (e.g. ACCOs).
* Amplify and localise statewide and national social marketing campaigns and resources that are delivered by Quit Victoria, including through the new digital cessation hub <quit.org.au>.

##### Prevention system actions

* Link with other agencies to understand and address intersectional considerations for local tobacco control initiatives and tailor accordingly (e.g. gender norms and stereotypes, sexual and gender diversity and cultural norms).
* Participate in topic or place-based networks, CoPs and partnerships to collaborate on shared priorities, join up work, learn from others, as well as contribute to local coordination and leveraging opportunities for engagement, activation, and implementation

##### Policy

* Activate referral pathways for smoking and vaping cessation support led by other health professionals (e.g. those based in local hospitals or health services). Note that service delivery and providing brief advice is out of scope for the funding.

#### Tackling climate change and health

Climate change is a significant public health issue where there are opportunities for community health services to make positive change in their community to benefit health and wellbeing and climate mitigation. Additionally, harnessing intrinsic motivations of climate change and environmental sustainability movements can impact on changes to health behaviour and achieve healthy eating and active living objectives. Through the increasing healthy eating and active living priority areas, deliberate consideration of opportunities to expand initiatives to deliver enhanced climate action can be taken. Initiatives can be considered wholistically to deliver positive health, social and environmental outcomes.

##### Increasing healthy eating

CH-HP agencies can take action to increase access, sale and consumption of fresh and locally grown produce, encourage drinking of tap water rather than bottled water, reduce access, sale and consumption of energy dense, nutrient poor (or discretionary), packaged and ultra-processed foods and drinks, and reduce food waste. The Implementing Healthy Choices guidelines for environmentally sustainable food and drinks Practice Note provides guidance on implementing the Healthy Choices policy framework for health and environmental sustainability outcomes.

Eating locally grown fruits and vegetables and limiting consumption of animal-based foods is good for health and the environment. Reducing consumption of packaged discretionary and ultra-processed foods and drinks improves health outcomes and reduces carbon emissions. A population shift to dietary patterns in line with the Australian Dietary Guidelines, and reduced food waste across the food system from production to consumption, delivers health and environmental co-benefits.

The Catering for Good Directory (the Directory) makes it easier for Victorian organisations to deliver on healthier and more sustainable food procurement and delivers on social outcomes by considering caterers that are certified social enterprises and Aboriginal and Torres Strait Islander owned businesses. Funded CH-HP agencies are not only encouraged to order from the caterers on the Directory for their organisational catering, they are also encouraged to use the Catering for Good Toolkit for health promoters to engage and support new caterers in their local community to be listed on the Directory. In addition, funded CH-HP agencies are encouraged to lead by example and develop their own healthy and more sustainable organisational catering policy.

##### Increasing active living

Increased use of active and public transport improves health and wellbeing outcomes through increased physical activity and delivers climate change mitigation co-benefits by reducing the number of trips by car and reducing emissions. It can also produce additional health co-benefits through improvements to air quality.

Climate change and the increasing number of hot days will impact the environments used for active transport and active recreation, reducing physical activity. Climate change adaptation initiatives such as shading, urban greening and cooling strategies and green-blue infrastructure (e.g. trees, green walls, parks, rain gardens, wetlands and waterways) will increase climate resilience and enable communities to continue using their local environments for active living.

CH-HP agencies can take action to increase access to end of trip facilities at their own organisations for clients, community members and staff, and support action and advocacy for safe walking and cycling routes and increased shading, greening and blue-green infrastructure.

##### Achievement Program’s climate and health pathway

The Achievement Program includes a [Climate and Health pathway](https://www.achievementprogram.health.vic.gov.au/climate-health) <https://www.achievementprogram.health.vic.gov.au/climate-health> to help members strengthen the environmental sustainability activities already in place and take new actions that support health and wellbeing. The pathway supports members to take six broad climate actions that will also benefit health and wellbeing: Increase active travel; Eat more plants; Reduce waste; Use less energy; Connect with nature; and Get climate-ready. The six key climate actions are woven into the Health Priority Areas and are presented in separate Climate and Health resources.

Funded CH-HP agencies can use this pathway to drive action on climate change and health.

##### Increasing participation and access in natural spaces

Fifty-one per cent of Australians who experienced climate-related disasters reported mental health impacts such as feelings of hopelessness and symptoms of anxiety and depression in the 2022 national YouGov poll (Climate Council and Beyond Blue, 2023). Creating opportunities for people to connect with and develop a reciprocal relationship with nature can lead to reduced anger, sadness and anxiety.

Fostering climate action and resilience to improve mental wellbeing is a focus in the *Wellbeing Strategy (to be released in 2025),* which includes priorities to ‘Integrate wellbeing in the design and development of physical, social and natural infrastructure’ and ‘Increase access to and participation in natural and cultural spaces’.

CH-HP agencies may deliver or refer people to local programs that facilitate people’s participation in green and blue spaces. Activities may include walking groups, nature bathing, climate cafés and community gardening for horticulture. By participating in nature-based activities, people can also experience social connection and physical health benefits, both protective factors for good mental wellbeing. Further, CH-HP agencies can look to the wisdom and knowledge of Aboriginal and Torres Strait Islander communities, who promote social and emotional wellbeing through their ongoing spiritual and cultural connections to Country.

##### Resources

* [Tackling-climate-change-impacts-health-municipal-public-health-wellbeing-planning](https://www.health.vic.gov.au/publications/tackling-climate-change-impacts-health-municipal-public-health-wellbeing-planning) <https://www.health.vic.gov.au/publications/tackling-climate-change-impacts-health-municipal-public-health-wellbeing-planning>
* Primarily developed for councils when developing their municipal public health and wellbeing plans, but elements are also relevant to CH-HP agencies. Relevant sections include ‘key concepts (pp. 20-23, principles and enablers’ (pp. 14-16), ‘Healthy and sustainable food systems’ (pp. 55), and ‘Improving mental health and wellbeing’ (p61-62)
* [Climate change and health: Better Health Channel](https://www.betterhealth.vic.gov.au/health/healthyliving/climate-change-and-health) <https://www.betterhealth.vic.gov.au/health/healthyliving/climate-change-and-health>
* [Climate change and health - community resources: Health.Vic](https://www.health.vic.gov.au/environmental-health/climate-change-and-health-community-resources) <https://www.health.vic.gov.au/environmental-health/climate-change-and-health-community-resources>
* [Victoria’s Climate Change Strategy](https://www.climatechange.vic.gov.au/victorias-climate-change-strategy) <https://www.climatechange.vic.gov.au/victorias-climate-change-strategy>
* [Catering for Good](https://heas.health.vic.gov.au/catering-for-good/) <https://heas.health.vic.gov.au/catering-for-good/directory/>, including the Catering for Good Toolkit.
* [Healthy and more sustainable food procurement](https://www.health.vic.gov.au/public-health/healthy-and-more-sustainable-food-procurement) <https://www.health.vic.gov.au/public-health/healthy-and-more-sustainable-food-procurement> . A policy template and guide is available.

#### Promoting social connection and inclusion

Social connection and inclusion are key protective factors for mental wellbeing, in addition to having positive effects on a range of other health and wellbeing outcomes such as increased physical activity and other health promoting behaviours (Mamatis et al. 2019).

As part of the recommendations from the Royal Commission into Victoria’s Mental Health System, the Victorian Government established the Wellbeing Promotion Office. The Wellbeing Promotion Office is leading the development of *Wellbeing Strategy (to be released in 2025),* a 10-year strategy for promoting wellbeing, reducing the prevalence of mental distress, suicidality and alcohol and drug-related harms. From a series of consultations, people in Victoria expressed the need to feel connected to each other, our communities, cultures and the spaces around us. They also expressed the need to be safe and respected for who they are to experience good mental wellbeing. Related priorities of the *Wellbeing Strategy (to be released in 2025)* include:

* Increasing access to and participation in natural and cultural spaces
* Embedding respect and inclusion in communities and organisations
* Supporting connected communities.

The *Wellbeing Strategy (to be released in 2025)* and associated Wellbeing Action Plans aim to support primary prevention efforts to strengthen wellbeing through collective action. CH-HP agencies are encouraged to align their priorities with the *Wellbeing Strategy (to be released in 2025)* and consider how social connection and inclusion can be promoted through activities across the ecological model of health (see Appendix two). Place-based partnerships across sectors are encouraged to achieve these priorities. Examples of actions for CH-HP agencies include but are not limited to, delivery or referral of individuals to social prescribing supports (e.g. individual level), providing education to increase understanding and reduce stigma around loneliness and social isolation in their community, and partnering with organisations to create conditions for everyone, regardless of their background, identity or circumstances, to fully participate and feel valued in society (e.g. societal level). This includes promoting people’s access to economic, social and cultural opportunities.

The program logic model also acknowledges the importance of social inclusion as a determinant of other health and wellbeing issues, such as the focus areas of the *Victorian public health and wellbeing plan 2023-2027.*

## Practice principles

This section offers a guiding explanation of the three practice principles, which underpin the operations of the program’s intent and are essential for ensuring good practice.

* Local collaboration and community engagement
* Intersectional health equity lens
* Place-based approaches

### Local collaboration and community engagement

To ensure a coordinated local prevention effort, funded CH-HP agencies are encouraged to collaborate with other local partners to address priority areas including healthy eating, active living, reducing tobacco and e-cigarette related harm and improving wellbeing. Municipal public health and wellbeing plans continue to form the building blocks for planning at a local level. These plans are a legislated requirement and must have regard to the Victorian public health and wellbeing plan 2023-2027. They include goals and strategies for helping to achieve health and wellbeing, outline how the community will be involved and how the plan will be executed in partnership with relevant agencies. The alignment of prevention and health promotion planning to municipal public health and wellbeing plans will strengthen collaborative efforts in local communities.

LPHUs have developed Population Health Catchment Plans. They will have a role in delivery, supporting and coordinating preventive health in the catchment. They can assist local governments and services to collaboratively plan and deliver share priorities and outcomes.

Local organisations are encouraged to pool resources and effort, where appropriate, to maximise impact and investment. Initiatives should focus on changing the local context for the long term, addressing the underlying determinants and recognise that delivering multiple and mutually reinforcing interventions and ‘joined-up’ action through cross-sector efforts is mostly likely to achieve sustained impact. The integration of climate change to leverage improvements in healthy eating and active living expands potential partnerships for initiatives and opens other sources of funding for programs.

Collaborative approaches to the preparation of planning and reporting documentation are encouraged. Please note that the planning and reporting requirements outlined in these guidelines must be met, and the documentation of shared plans and reports must clearly identify the contribution from each funded agency.

Partnerships between local agencies and ACCOs and Aboriginal and Torres Strait Islander communities are fundamental to improving prevention activities and improving population health outcomes. Partnerships provide the foundation for Aboriginal and Torres Strait Islander self-determination, shared power and decision making and cultural safety. The [Guidelines for engagement between Local Public Health Units and the Aboriginal Community-Controlled Health Sector](https://dhhsvicgovau.sharepoint.com/sites/PHUIH/Streams/Forms/AllItems.aspx?id=%2Fsites%2FPHUIH%2FStreams%2FAboriginal%20and%20Torres%20Strait%20Islander%20Health%2FLPHU%20Aboriginal%20health%20sector%20engagement%20guidelines%202024%20%2Epdf&parent=%2Fsites%2FPHUIH%2FStreams%2FAboriginal%20and%20Torres%20Strait%20Islander%20Health) and [Victorian Government and Local Government Strategy](https://www.localgovernment.vic.gov.au/our-partnerships/victorian-aboriginal-and-local-government-strategy) provide practical guidance to embed the voices and priorities of local Aboriginal and Torres Strait Islander communities into health program planning and implementation.

#### Intersectional health equity lens

A gender impact assessment was conducted on the program which recommended a strengthened focus in the guidelines on the importance of intersectionality, health equity and the determinants of health. The *Victorian public health and wellbeing plan 2023-2027* recognises the importance of the wider determinants of health (Figure 2) and are integral to the long-term vision for public health and wellbeing in Victoria and must be considered when delivering health promotion activities locally. The program has an important role in impacting the environmental and socio-cultural determinants such as healthy settings and social norms.

##### Potentially vulnerable and disadvantaged populations may include, but are not limited to:

* Aboriginal and Torres Strait Islander communities
* Multicultural communities
* People of low socioeconomic status
* People who are homeless
* People with disabilities
* People who identify as LGBTIQ+.

Equity is addressed through a combination of universal approaches that impact on the structures and environments that influence our health, alongside targeted approaches to strengthen and support populations. In more recent years, there has been growing interest in intersectionality as an essential lens for studying the social determinants of health, reducing health disparities, and promoting health equity and social justice (Lopez & Gadsen 2016). Alongside targeted interventions, universal interventions will also ensure they reach disadvantaged population groups which are at risk of poor health outcomes. Intersectionality refers to the ways in which different aspects of a person’s identity can expose them to overlapping forms of discrimination and marginalisation. By applying an ‘intersectional health equity lens’ to the focus areas of increasing healthy eating, increasing active living, reducing tobacco and e-cigarette related harm and improving wellbeing it is apparent that social determinants such as discrimination, gender, socio-economic status have a role in impacting on health inequalities. Funded agencies are encouraged to apply this lens to their work in both the focus areas and across other health priorities as determined through their 70/30 percent allocation. For example, this means providing more support to settings and population groups that may experience disadvantage.



Figure 2: The main determinants of health (adapted from Dahlgren, G and Whitehead, M 1991, Policies and strategies to promote social equity in health, Stockholm, Sweden: Institute for Future Studies)

#### Place-based approaches

A place-based approach recognises that people and places are inter-related and that the places where people spend their time play an important role in shaping their health and wellbeing. Local context is critical as some areas – such as regional and rural areas – face greater challenges to staying healthy and active. A place-based approach considers local needs and local priorities, engages the community as an active partner in developing solutions, and maximises value by leveraging multiple networks, investments and activities to deliver the best outcomes for communities. Literature on successful place-based social equity initiatives shows that depth of effort is achieved when activities are focused on a geographically bounded or defined area over a long term. Programs and resources going into a geographical location are both concentrated and sustained at the same time. Activities can also achieve breadth in this way, because any given place will contain several different settings for intervention (Victorian Government, 2020).

When working with settings, the aspirations and motivations of those managing and spending time in that setting are important in determining their priority focus for change within a broad public health framework. While an emphasis on the focus areas is encouraged it is recognised that the program will need to account for the priorities of the setting they are engaging with.

Place-based approaches also recognise the importance of addressing health inequalities across the life course that are associated with the determinants of health.

Funded agencies are encouraged to continue working in partnership with Local Public Health Units to support the development and implementation of a population health catchment plans that enable place-based approaches aligned to the focus areas.

## Delivering outcomes-based health promotion and measuring impact

The *Victorian Public health and wellbeing outcomes framework* provides the outcomes, indicators, and measures to monitor and report progress in our collective efforts to achieve better health and wellbeing at a population level. Achieving significant change in population level outcomes can take a long time. Regular assessment of progress in the shorter-term, through consistent and reliable measures of change at a system and setting level, provides feedback on whether we are on track to improving public health and wellbeing outcomes and improving equity.

### Health equity considerations

Both *breadth* (number and type of settings engaged) as well as *depth* (the intensity of effort) of prevention activity is important to measure. This reflects the need for greater or more sustained support in disadvantaged populations/settings. Reporting on impact measures supplemented with key narrative insights will provide a picture of both breadth and depth.

Consistent, shorter-term measures have been progressively introduced to monitor the achievements of the program (e.g. the overall investment) in making progress linked to outcomes and equity, as outlined in the Victorian public health and wellbeing outcomes framework. The measures are aimed at informing overall system performance and improvement over time.

These shorter-term progress measures are one component of program reporting for the purpose of demonstrating impact at scale. Funded agencies will also be able to report on impacts achieved outside these measures, for example work with priority population groups.

The development of the impact measures takes an outcomes approach, providing assessment of what is achieved by the program. The impact measures are not designed to capture How the impacts are achieved, that is the health promotion practices. This can be shared through narrative reports, blog stories and/or presentations as appropriate.

#### Impact measures

* Measure what matters.
* Monitor WHAT is achieved, not HOW the achievements are made.

#### Principles and criteria for program impact measure suite development

The impact measure suite has been developed based upon the principles and measure criteria listed below.

##### Principles

1. Purpose and scope:
* measure what matters to demonstrate short-term state and sub-state impact of the program aligned to the lead (delivery) functions of the program
* to provide actionable insights and contribute to state, regional and local decision making about future effort
* to provide a fit-for-purpose measure suite that balances comprehensiveness, agency and stakeholder needs, accountability and reporting burden.
1. Alignment:
* with the program guidelines
* with the focus areas of increasing healthy eating, increasing active living and reducing smoking and e-cigarette related harm of *the Victorian public health and wellbeing plan 2023-2027*
* with the related outcomes the *Victorian public health and wellbeing outcomes framework*.
1. Recognise:
* the *statewide programs and resources*, specifically the Achievement Program, Vic Kids Eat Well, Smiles 4 Miles, HEAS and Quit Victoria
* *that a broad range of social and environmental determinants influence behaviour*, and that the assessment of determinants beyond the settings that funded agencies are directly engaged with is out of scope
* *the integrated health promotion approach of the statewide strategic direction for community health*, including cross-sector collaboration and partnerships at a local level
* *that existing data collections are prioritised for measure data sources, where* available or can be readily made available, and that supplementary data collected locally uses standard tools
* that the suite will *not measure all impacts of the program*
* that there will be other mechanisms to report on impacts outside the statewide suite of measures
* that *not all agencies will contribute* to all measures due to which focus areas are selected to work on, the local balance of lead roles, and variations in levels of funding and associated capacity
* that the measures *suite will be* *reviewed* to enable the suite to continue to be fit-for purpose
* that there is a *range of capacity* in data collection and evaluation across the agencies.

4. Confidentiality:

* *that public reporting will protect the confidentiality of individual agencies*. Internal reports, or reports to the sector, may include data at the agency level for the purposes of benchmarking and systems assessment.

##### Criteria

* *Compelling:* Assesses a key or strong component of the program and change if impact has been made and the direction of that impact that is meaningful to agencies and stakeholders.
* *Achievable:* Change in the result is achievable through implementation of evidence-based interventions directed at environments and settings, at the level of resourcing.
* *Understandable:* Direction of change in the result indicates impact or otherwise and the measure and direction of change is meaningful to agencies and stakeholders.
* *Trackable:* Data is available at least annually and over a long enough time to monitor impact.
* *Comparable:* Enables monitoring of inequalities of achievement by geographic areas and settings
* *Robust:*Measures are definable, and data is statistically appropriate and fit for purpose.

##### Impact measures to monitor achievements

For information on impact measures to monitor achievements in healthy eating, active living and tobacco and e-cigarettes, please see the [CH-HP Impact measures practice guide](https://dhhsvicgovau.sharepoint.com/sites/CHHPP/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FCHHPP%2FShared%20Documents%2FCHHP%20impact%20measures%20practice%20guide%202023%2D25%2Epdf&parent=%2Fsites%2FCHHPP%2FShared%20Documents) <https://dhhsvicgovau.sharepoint.com/sites/CHHPP/SitePages/Guidelines-and-resources.aspx>

##### Data collection to report against impact measures

The impact measures will be reported annually via the data collection tool, with data gathered on changes achieved in the preceding 12 months.

Impact measures for healthy eating, active living and tobacco and e-cigarettes should be reported via the Community Health - Health Promotion Annual Data Collection webform portal. Please see the relevant links for each priority below:

* [Healthy eating](https://urldefense.proofpoint.com/v2/url?u=https-3A__healthpromotionsdata.powerappsportals.com_HealthyEating_&d=DwMFAg&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=iBIxfcVvVlkPhf8nfASk4TfigEKNN1kgKgBI1J_Qe4U&m=v4Dg8T5UiYekEtd_V8MPvyhvPdiojiLSiaAPwv-WeYNY6j-TKpAuLIWVc9zNlyK1&s=ACnsu-tbTnCOa-P5f0N7ogfCzsjWbwlMaRA4JbMn7JA&e=) <https://healthpromotionsdata.powerappsportals.com/HealthyEating/>
* [Active living](https://urldefense.proofpoint.com/v2/url?u=https-3A__healthpromotionsdata.powerappsportals.com_ActiveLiving&d=DwMFAg&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=iBIxfcVvVlkPhf8nfASk4TfigEKNN1kgKgBI1J_Qe4U&m=v4Dg8T5UiYekEtd_V8MPvyhvPdiojiLSiaAPwv-WeYNY6j-TKpAuLIWVc9zNlyK1&s=xRq6lLsZoJB4KyxGdHSGpsA0VwO0PH1zSDuQ8bcehG4&e=) <https://healthpromotionsdata.powerappsportals.com/ActiveLiving>
* [Tobacco and e-cigarettes](https://urldefense.proofpoint.com/v2/url?u=https-3A__healthpromotionsdata.powerappsportals.com_Tobacco&d=DwMFAg&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=iBIxfcVvVlkPhf8nfASk4TfigEKNN1kgKgBI1J_Qe4U&m=v4Dg8T5UiYekEtd_V8MPvyhvPdiojiLSiaAPwv-WeYNY6j-TKpAuLIWVc9zNlyK1&s=MBuR6Lhgs2IfplCpG9hSlr0qnM0dKhCfkRwJT7g8ix4&e=) <https://healthpromotionsdata.powerappsportals.com/Tobacco>

##### Evaluation

For department guidance regarding evaluation please see the [Evaluation framework for health promotion and disease prevention programs](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Evaluation-framework-for-health-promotion-and-disease-prevention-programs) <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Evaluation-framework-for-health-promotion-and-disease-prevention-programs>.

## Reporting

Annual reporting requirements for CH-HP funded agencies include:

* Indicators webform for healthy eating, active living and tobacco and e-cigarettes
* Narrative report
* Budget acquittal (see Appendix five: budget template).

Currently, the new Breakfast Club bites are not reflected in the indicators webform however agencies are encouraged to include any achievements against this bite in their annual narrative report.

For guidance on how to complete the narrative report, please see Appendix six: narrative report template.

Table three: schedule for reporting

|  |  |
| --- | --- |
| CH-HP reporting requirements | Due date |
| Annual report 2024 – 25 | 31 July 2025 |
| Strategic plan 2025 – 2029 including annual plan 2025 –2026 | 31 August 2025  |
| Annual report 2025 – 2026 | 31 July2026 |
| Annual plan 2026 – 2027 | 31 August 2026 |
| Annual report 2026 – 2027 | 31 July 2027 |
| Annual plan 2027 – 2028 | 31 August 2027 |
| Annual report 2027 – 2028 | 31 July 2028 |
| Annual plan 2028 – 2029  | 31 August 2028 |
| Annual report 2028 – 2029 | 31 July 2029 |
| Strategic plan 2029-2033 including annual plan 2029 – 2030 | 31 August 2029 |

Note: Budget acquittals for the previous financial year are due by 31 August each year. For more information on budget due dates please see Appendix 5: budget forecast and acquittal template.

## Annual plans

Agencies are required to submit their endorsed annual plans to the state-wide prevention inbox <Prevention@health.vic.gov.au>.

The program is aligned to the priorities of the *Victorian public health and wellbeing plan 2023-2027* and will work in partnership with LPHUs, local government, women’s health and other prevention partners to ensure complementary, mutually reinforcing interventions, to address the significant contributors to the burden of disease.

In the first year of the planning cycle, CH-HP agencies should highlight their four-year objectives and outcomes alongside their annual actions.

The plan (on a template of your agency’s choice) should reflect the program guidelines and:

* Include key initiatives to be undertaken (including settings, approaches, target groups, indicators of success and timeframes).
* Clearly identify the total budget allocated to implementation of the annual plan, by completing a budget using the template (Appendix 5). The acquittal for 2024-25 and should be submitted against this budget using the same template (e.g. leave the column headed ‘Actuals’ blank when submitting your budget with the annual plan).
* Identify indicators and definitions of success that guide implementation and assist with shorter term decision-making.
* Outline how existing statewide resources and programs will be engaged and implemented locally, including:
	+ [Achievement Program](https://www.achievementprogram.health.vic.gov.au/) <https://www.achievementprogram.health.vic.gov.au/>
	+ [Vic Kids Eat Well](https://www.vickidseatwell.health.vic.gov.au/) <https://www.vickidseatwell.health.vic.gov.au/>
	+ [Healthy Eating Advisory Service](https://heas.health.vic.gov.au/) <https://heas.health.vic.gov.au>
	+ [Menu planning guidelines for long day care](https://heas.health.vic.gov.au/resources/plan-a-menu/menu-planning-guidelines-for-long-day-care/) <https://heas.health.vic.gov.au/resources/plan-a-menu/menu-planning-guidelines-for-long-day-care/> including via [Cooks Connect](https://heas.health.vic.gov.au/resources/health-promoter-resources/) <https://heas.health.vic.gov.au/resources/health-promoter-resources/>
	+ [Healthy Choices guidelines](https://www.health.vic.gov.au/preventive-health/healthy-choices) (including Healthy choices policy directive and Practice note) <https://www.health.vic.gov.au/preventive-health/healthy-choices >
	+ [Smiles 4 Miles](https://www.dhsv.org.au/oral-health-programs/smiles4miles) <<https://www.dhsv.org.au/oral-health-programs/smiles4miles>>
	+ [Quit](https://www.quit.org.au/) <https://www.quit.org.au/>

In preparing the plan, the agencies are also required to demonstrate how they will partner with LPHUs, local government and Victorian women’s health organisations. Further information about these initiatives is available in Appendix one.

As in previous years, funded agencies are expected to work with, promote and support HEAS and the local implementation of the Achievement Program.

# Appendix one: State-wide health and wellbeing initiatives

## Initiative/Reform

### Achievement Program and Vic Kids Eat Well

Following the 2023 review of the Achievement Program (AP), including Vic Kids Eat Well, the AP will continue to be delivered by Cancer Council Victoria over 2024-27. The AP is undergoing significant strategic enhancements to streamline the program and align with the focus of the *healthy kids, healthy futures plan*. These include AP brand refresh; benchmarks review; and completion of the Healthy Workplaces component of the program.

Changes will also be made to Vic Kids Eat Well, the statewide initiative focused on boosting healthy food and drink options in the place’s children spend their time - including schools, out of school hours care, sports clubs, recreation facilities, council operated facilities and more. This includes the addition of a Breakfast Club bite in 2025 and introduction of new models of support to complement the current one on one health promoter support to settings.

Both programs will continue to rely on the leadership and expertise of local health promoters driving change in local communities. Health promoters can register to support [Vic Kids Eat Well.](https://www.vickidseatwell.health.vic.gov.au/get-involved/health-promoters.html)< https://www.vickidseatwell.health.vic.gov.au/get-involved/health-promoters.html>.

Registered health promoters across Victoria have access to an extensive support network and support from Cancer Council Victoria and HEAS through training and development opportunities and data to track progress and achievements.

Community organisations that participate in Vic Kids Eat Well are encouraged to continue their healthy eating journey through the Achievement Program and HEAS.

### Women’s Health – Health Promotion Program

The Women’s Health – Health Promotion program is focused on addressing the health consequences of gender inequity, sexual and reproductive health, gendered violence prevention and the mental health and wellbeing of women. The Blood Borne Virus and Sexually Transmitted Infections - Health Promotion and Prevention program will continue to improve prevention, testing and treatment of blood borne viruses and sexually transmissible infections, and support work to eliminate associated stigma and discrimination. The Women’s Health - Health Promotion guidelines were finalised in September 2022. These guidelines have been aligned to and complement the Community Health – Health Promotion guidelines. To ensure gender equality is central to Victoria’s future of public health, funding of $19.4 million over two years (2022-23 and 2023-24) will be provided to Victoria’s women’s health services to improve the health and wellbeing of Victorian women, targeting the most at-risk and disadvantaged communities. This new funding recognises the key role of Women’s Health Services in the Victorian public health system in leading statewide and regionalised approaches to reducing the impact of gender inequality on health and wellbeing outcomes for Victorian women. Approximately 20 per cent of the funding will be allocated to prevention of gender-based violence activity, with the remainder to boost capacity to deliver the Women’s Health Program.

### Prevention functions in Local Public Health Units

Local Public Health Units work with partners in their regional catchment including community health, women’s health, local government and Aboriginal organisations to support and coordinate and deliver preventive health in the catchment. Each Local Public Health Unit is required to develop a Population Health Catchment Plan and outlining local priorities determined through needs assessments and consultation. Catchment plans are required to align with state public health and wellbeing plan priorities and have an implementation focus detailing initiatives to be undertaken with stakeholders over a 6-year duration (unless otherwise negotiated with the Department) with an opportunity for revision in 2025.

### Mental Health and Wellbeing reforms

Following the [final report of the Royal Commission into Victoria’s Mental Health System](https://finalreport.rcvmhs.vic.gov.au/download-the-interim-report/) <https://finalreport.rcvmhs.vic.gov.au/download-the-interim-report/>, the Department of Health is leading work to reform the mental health and wellbeing system in Victoria. As part of these reforms, a Wellbeing Promotion Office has been established within the department and is led by Victoria’s first State Wellbeing Promotion Adviser.

The Wellbeing Promotion Office provides leadership and coordination and supports capacity building for mental health and wellbeing promotion (via partnership with Prevention United), across sectors and whole-of-government to foster a statewide approach to promoting good mental wellbeing and preventing mental distress in Victoria. The Wellbeing Promotion Office will coordinate actions with partners to begin shifting towards a society with wellbeing promotion and prevention-led approaches at the centre.

The *Wellbeing Strategy (to be released in 2025)* is a 10-year strategy that outlines the needs and aspirations of Victorians in order to thrive, both now and for future generations. The *Wellbeing Strategy* outlines eight priorities to strengthen wellbeing in places where we live, learn, work and play. It calls for collective action across communities, business and community organisations, service providers, and government to prevent mental distress and promote wellbeing. The first of a series of rolling Wellbeing Action Plans will set the foundations for a wellbeing promotion system: strengthening leadership, resourcing, collaborative relationships, capability, and evidence, data and monitoring. Reporting and monitoring for the Wellbeing Strategy will align with the Mental Health and Wellbeing Outcomes and Performance Framework, released in December 2024.

### VicHealth

Agencies may collaborate with organisations to support the implementation of VicHealth-funded grants or initiatives, provided these efforts are directly aligned with one or more of the priority focus areas outlined in the program guidelines. VicHealth also offers support to organisations in the form of training, workshops, and resources to help build capacity in health promotion.

### Local government prevention effort

Local government performs important legislated functions to protect, improve and promote public health and wellbeing. They do this by:

* creating environments which supports the health of members of the local community and strengthens the capacity of the community and individuals to achieve better health
* initiating, supporting and managing public health planning processes at the local government level
* developing and implementing public health policies and programs within the municipal district
* facilitating and supporting local agencies whose work has an impact on public health and wellbeing to improve public health and wellbeing in the local community.

Local Government are required to develop a municipal public health and wellbeing plan every four years.

### Active Schools Initiative

The Department of Education is implementing the Active Schools program in Victorian Government Schools to ensure all students have the skills, confidence and motivation to be active for life. This includes an Active Schools toolkit for school leaders and teachers, the Active Schools Expert Support Service, and funding for schools that need it most to get kids moving. The Community Health - Health Promotion program can work collaboratively with schools to support implementation of the Active Schools Framework by leveraging the Active Schools Toolkit and supports.

### Prevention of family violence, violence against women and gender equality

The Department of Families, Fairness and Housing leads the roll out of *Ending Family Violence: Victoria’s 10-Year Plan for Change* including the development of the final rolling action plan scheduled for release in mid-2025. Other key strategies and frameworks include:

* *Free from Violence,* Victoria’s 10-year strategy to prevent family violence and all forms of violence against women. A range of prevention programs are delivered under *Free from Violence* in the places that people live, work, learn and socialise.
* Victoria’s approach to primary prevention is guided by the evidence base in *Change the Story*, which defines the primary, or underlying, drivers of violence.
* Respect Victoria’s whole-of-community behaviour change campaigns raise awareness about family violence and change the culture that allows family violence to happen in the first place.
* The Respectful Relationships program, delivered by the Department of Education and Training, supports schools and early childhood settings to promote and model respect, and teach children how to build healthy relationships, resilience and confidence.

The Free from Violence Local Government Program provides funding to 27 Victorian councils to embed prevention initiatives in their workforces and the services they deliver, such as community sport, early childhood services and parenting groups, to promote respectful relationships and increase community understanding of the causes of family violence and violence against women. The establishment of the Commission for Gender Equality in the Public Sector to oversee the implementation of the *Gender Equality Act 2020* further supports primary prevention efforts in Victoria.

### Victorian Aboriginal Health and Wellbeing Partnership Action Plan 2023-2025

The department is a member of the Aboriginal Health and Wellbeing Partnership Forum, the lead decision-making body for Aboriginal health and wellbeing in Victoria. Members are committed to implementing the self-determined Aboriginal Health and Wellbeing Partnership Action Plans which are aligned to Victoria’s commitments under the National Agreement on Closing the Gap. The Action Plans are reviewed every two years to drive health system reform for Victorian Aboriginal people. The first domain within the Aboriginal Health and Wellbeing Partnership Forum Agreement and Action Plan is *Prevention and early intervention are central to health* and includes several priority preventative health actions.

### Quitline

Since 1985, the Victorian Government has funded Quit Victoria to deliver the Quitline to help Victorians quit smoking. Today, Quit Victoria continues to provide cessation support which now includes vaping cessation and innovations such as the use of digital tools to increase interaction with all ages and generations who need support. Quit has also been funded to develop the national digital cessation hub: Quit.org.au

### Healthy Eating Advisory Service

HEAS is delivered by the National Nutrition Foundation and funded by the Victorian Government. HEAS supports key settings, including early childhood services, schools, health services, sport and recreation facilities and workplaces, with implementing Victorian Government healthy food and drink policies and guidelines and increasing access to healthier food and drinks. It also builds the capacity of the health promotion workforce to support these settings. Alongside this, HEAS supports the Victorian Government with ensuring healthier and more sustainable food procurement, such as through delivery of the Catering for Good Directory (outlined below).

### Cooks Connect

The *Cooks Connect* initiative strengthens support for long day care services to meet Victorian menu planning guidelines. It includes a toolkit and supporting resources for the health promotion workforce to develop and scale up cooks’ networks across Victoria. For more information and to access the toolkit and supporting resources, visit [Cooks Connect](https://heas.health.vic.gov.au/health-promoter-resources/cooks-connect/) <https://heas.health.vic.gov.au/health-promoter-resources/cooks-connect/>.

### Catering for Good

Catering for Good is a commitment to healthier and more sustainable food procurement that delivers health, environmental and social outcomes. As such it is ‘good for people’, ‘good for the environment’ and ‘good for the community’. The Catering for Good Directory makes it easier for Victorian organisations to organise catering that is healthier and more sustainable and delivers on social outcomes by considering caterers that are certified social enterprises and Aboriginal and Torres Strait Islander owned businesses. The Catering for Good Toolkit assists the health promotion workforce to engage and support new caterers in their local community to be listed on the Directory. For more information and to access the directory, visit the [Catering for Good Directory](https://heas.health.vic.gov.au/catering-for-good/directory/) <https://heas.health.vic.gov.au/catering-for-good/directory/>.

# Appendix two: Socio-ecological model of health

An ecological framework recognises that individual health behaviours are influenced at different levels within a complex environment (Centers for Disease Control and Prevention 2022) This type of framework is commonly used in health program planning, as it illustrates these different levels as embedded health planning systems which are interrelated and not mutually exclusive. The social ecological model understands health to be affected by the interaction between the individual, the group/community, and the physical, social, and political environments (McCloskey et al. 2015). This approach focuses on integrating approaches to change the physical and social environments rather than modifying only individual health behaviours.

The first level of the model includes individual biology and other personal characteristics, such as age, education, income, and health history. The second level, the interpersonal level, includes a person’s closest social circle, such as friends, partners, and family members, all of whom influence a person’s behaviour and contribute to his or her experiences. The third level, community, explores the settings in which people have social relationships, such as schools, workplaces, and neighbourhoods, and seeks to identify the characteristics of these settings that affect health. Finally, the fourth level looks at the broad societal factors that favour or impair health. Examples here include cultural and social norms and the health, economic, educational, and social policies that help to create, maintain, or lessen socioeconomic inequalities between groups (Centers for Disease Control and Prevention 2022; Krug et al. 2002).

Figure 3: Socio-ecological model of health adapted from Centers for Disease Control and Prevention 2022, [The social-ecological model,](https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html) viewed 20 June 2022, <<https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>l>

# Appendix three: Aboriginal and Torres Strait Islander self-determination

According to the National Aboriginal Community Controlled Health Organisation, self-determination is: The ability of Aboriginal and Torres Strait Islander communities to determine their own political, economic, social and cultural development (NAHSWP 1989). Specifically, this means that rather than Aboriginal and Torres Strait Islander communities merely being ‘engaged’ or ‘consulted’ as ‘advisors’ or ‘co-designers’ of services and policies, they are authorised and empowered to own, direct and make strategic decisions about the following:

* values and motivations on which a policy or program is based
* strategic intent
* policy or program design
* funding and allocation of resources
* implementation and operations
* evaluation measures and definitions of success.

These strategic decisions are best made based on Aboriginal and Torres Strait Islander values and traditions, as defined by Aboriginal and Torres Strait Islander communities, in a particular location or geographic area.

## Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023-2025

The actions address five domains and fifteen self-determined priorities:

* Prevention and early intervention are central to health
* Culturally safe healthcare
* A self-determined health system
* Working from shared evidence based
* Building a sustainable health sector

## Treaty in Victoria

Statewide Treaty negotiations opened with a ceremonial event at Darebin Parklands on 21 November 2024.

Laws passed by the Victorian Parliament determine what can be included in Treaty agreements.

Australia’s first formal truth-telling process, the Yoorrook Justice Commission, is investigating parts of our past that have been buried. It is shining a light on the injustices of today. Treaty will be informed by the Commission's findings and recommendations.

The First Peoples’ Assembly of Victoria has been operating effectively for four years as the independent body representing First Peoples in Victoria’s Treaty process. Assembly members are democratically elected representatives from Traditional Owners in all areas of the state.

Victoria’s Treaty is about putting practical frameworks in place to implement better policies and make sure First People have a say in decisions that impact First Peoples’ lives.

## Cultural safety

Aboriginal and Torres Strait Islander cultural safety occurs when Aboriginal and Torres Strait Islander people and communities feel respected and safe – and the cultural richness, diversity, histories, strength and knowledge held by Victoria’s Aboriginal and Torres Strait Islander communities is recognised, understood and valued. Cultural safety is underpinned by Aboriginal and Torres Strait Islander self-determination, where Aboriginal and Torres Strait Islander voices contribute to the design and delivery of services, as articulated in the Victorian Government's [Self-determination reform framework](https://www.firstpeoplesrelations.vic.gov.au/self-determination-reform-framework) <https://www.firstpeoplesrelations.vic.gov.au/self-determination-reform-framework>.

The responsibility to lead, act and to improve the healthcare experience and healthcare outcomes for Aboriginal and Torres Strait Islander communities lies across all health services and programs.

The [Aboriginal and Torres Strait Islander cultural safety framework](https://www.health.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework-part-1) <https://www.health.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework-part-1> supports mainstream Victorian health, human and community services, along with the department, to create culturally safe environments, services and workplaces.

# Appendix four: Program logic template

A program logic is a high-level planning tool that succinctly demonstrates the logical reasoning connecting the program activities to long term outcomes. There should be a clear link between the activities implemented and the expected outputs and impacts, together with a consideration of the contextual or uncontrolled influences.

Table four: program logic template

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inputs | Activities | Outputs | Impacts | Outcomes |
| Resources (inc. budget) | What you will do | Program or strategy deliverables immediately after interventionLinked to process indicators e.g. reach | Linked to objectives/impact measures* Change in knowledge, skills and/or attitudes (1-18 months post intervention)
* Change in environment
* Change in behaviours (12 months-3 years post intervention)
 | Linked to outcomes and measures in the *Victorian public health and wellbeing framework* |

# Appendix five: Budget forecast and acquittal template

A budget template includes a statement of income and expenditure in a given financial year (e.g. 1 July 2024 – 30 June 2025).

The statement is used to show where funding is planned to be allocated (forecast/estimate) and is an accompanying document to the CH-HP annual plan. Annual plans are due to be submitted by due 31 August 2025. A program manager or director should sign the statement.

For acquittal purposes only, this statement (Part A) requires sign off by the Chief Executive Officer or the Chief Financial Officer. Acquittals are due by 31 August each year.

In addition, agencies are required to estimate program costs under the priority areas.

When completing this form, please ensure that only current year CH-HP funding (activity code 28085 CH-HP, 35048 Small rural or other not specified health promotion) is captured/reported.

Assistance with this task is available from the Health Promotion Programs team.

The department recommends that no more than 25% of funds be allocated towards organisational overheads.

|  |  |
| --- | --- |
| **Agency** |   |
| **Primary contact (name)** |   |
| **Email** |   |

**Part A. Budget forecast and acquittal**

**Revenue**

**Section 1. CH-HP Program funding received from the department for the reporting period**
Excluding carry forward or other income streams

|  |  |
| --- | --- |
| **Section 1. CH-HP Program funding received from the department for the reporting period** (excluding carry forward or other income streams)   | **Total CH-HP funding provided**  |
| **Total income** This refers to the 'total annual funding’ from CH-HP you will receive in the 2023-24 budget period  | $  |

**Expenditure**

|  |  |  |
| --- | --- | --- |
| **Section 2: Staffing complement and expenditure costs**  | Forecast/estimate   | Actuals  |
| **Total equivalent full time (EFT)**  Please only record the portion directly allocated to CH-HP related work  |   |   |
| **Number of positions funded**  |   |   |
|   | Forecast/estimate   | Actuals  |
| **Salaries** Total expended on staff salaries inclusive of work cover, superannuation, leave provisions  | $  | $  |
| **Staffing expenses** For example, travel, accommodation, training  | $  | $  |
| **Sub total**  |   |   |
| **Section 3. Organisational overheads**  | Forecast/estimate   | Actuals  |
| **Management**  | $  | $  |
| **Rent, maintenance, utilities, cleaning**  | $  | $  |
| **Other** please specify  | $  | $  |
| **Sub-total**  | $  | $  |
| **Section 4. Initiative/program costs and other expenses**  | Forecast/estimate   | Actuals  |
| **Health promotion costs** For example costs associated with delivering the CH-HP Program including design and implementation, development of program materials  | $  | $  |
| **Evaluation** Actual spend only, if any, please do not include EFT here, FTE is captured in Section 7  |  |  |
| **Other**Not captured above, please specify  |  |  |
| **Sub-total** | **$** | **$** |
| **Section 5. Annualised expenditure summary and balance**  | Forecast/estimate   | Actuals  |
| **A** | **Total actual expenditure on staffing** (subtotal from section2)  | $  | $  |
| **B** | **Total overheads** (from section 5)  |   |   |
| **C** | **Total actual initiative/program costs** (from section 4)  | $  | $  |
| D | **Total expenditure** (D=A+B+C)  | $  | $  |
| E | **Balance/variance** income reported in section 1 minus (-) total expenditure reported in row D, if all current funds are expended this should equal $0.00  | $  | $  |

|  |  |
| --- | --- |
| **ENDORSEMENT for planned expenditure** Required for plan approval from program manager or director. | **ACQUITTAL CERTIFICATION and APPROVAL SIGN OFF required by CEO or CFO** Required at acquittal only. |
|

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Title |  |
| Date |  |

  |

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Title |  |
| Date |  |

  |

**Part B. Program activity and evaluation**

To monitor the level of activity against each of the priority areas outlines in the CH-HP Program guidelines, agencies are asked to estimate the proportion of their program budget against these priorities.

For example, if total funding being acquitted is $100,000 then the funding distributed below should total $100,000.

|  |  |  |
| --- | --- | --- |
| **Section 6. Program activity** | Forecast/estimate  | Actuals |
| Increasing healthy eating  | $ |  |
| Increasing active living  | $ |  |
| Reducing smoking and e-cigarette related harm | $ |  |
| Mental Health and wellbeing  | $ |  |
| Other (**please select** from Victorian Public Health and Wellbeing Plan priorities of preventing of all forms of violence, improving sexual and reproductive health, reducing harmful alcohol and drug use as identified in your organisation’s current action plan). | $ |  |
| Total (this total should match the total annual funding in Section 1 if fully allocated and balance with row D in section 5) | $ | $ |

**Evaluation activity (by funded staff)**

Best practice for evaluation is 5-10% of funding inclusive of direct funding and investment of staff time. In this section, please estimate staff time allocated to evaluation over the funding period. This could include time spent collecting data, contributing to Department of Health data sets or evaluation of new initiatives   Please do not count direct funding for evaluation here, this is captured in section 4.

|  |  |  |
| --- | --- | --- |
| **Section 7. Evaluation activity**  |  Forecast/estimate  | Actuals  |
| Estimate the total number of days staff funded with CH-HP funding spend on evaluation over the funding period  |   \_\_\_\_\_\_\_\_\_  Days   |   \_\_\_\_\_\_\_\_  Days  |

# Appendix six: Narrative report template

The narrative report should accompany and complement the indicators webform for healthy eating, active living and tobacco and e-cigarettes. It should provide supplementary information on the yearly progress towards and achievements in improving public health and wellbeing outcomes and equity. The narrative report may also include quantitative data, where not already captured by the webform indicators, and for other priority areas. In the final year of the planning cycle there is an opportunity to highlight the impacts achieved across the four-year period.

The length of the report should be approximately 13 pages, including the appendices.

The headings for the sections of the report are as follows:

* Key messages: one page
* Executive summary: two pages (optional)
* Progress towards outcomes and equity: seven pages
* Learning and insights: one page
* Appendices: two pages
* Additional information (optional).

**Page 1: Key messages [one page max]**

The one-page summary should be written in bullet point format and include the following key messages:

* Focus on changes made to progress towards and achieve better public health and wellbeing outcomes and equity, each year.
* Emphasise the key population-level progress and achievements gained.  These would be the achievements that have made most difference for specific settings/environments, organisations and communities.
* Consider any policy implications of relevance to the Victorian Government. This would include any insights and advice, based on your experience to date, that may be important for other Victorian Government (or local government) policies or programs to consider.  For example, any critical success factors and/or barriers for implementation of initiatives at a local level, which may have wider relevance or implications.

##### Pages 2-3: Executive summary (optional) (2 pages max)

The executive summary should begin with a succinct outline of the key prevention and health promotion issues that are the focus of key initiatives.  Please include detail on any:

* significant changes to issues that have occurred should be briefly discussed.
* significant learnings and insights, gained throughout implementation.
* relevant background and contextual information.

##### Pages 4-10: Progress towards outcomes and equity (7 pages max)

The main part of the report should provide a brief overview of the initiatives implemented with funding provided. This includes the key changes made, the progress and achievements gained, and any key evaluation results. It should also explore any success factors, the challenges encountered and how they were addressed.

The focus should be on examples of contributing to healthy public policy, healthier environments, organisations and communities, and actions across the prevention system.  CH-HP agencies may choose to express this progress against the objectives, outputs and outcomes detailed in their strategic plan.

CH-HP agencies must also clearly identify where they are lead and any co-funding for initiatives.

Table five: Optional table format that may support agencies to report their progress against each priority area

.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Key initiatives/ interventions | Lead role of the agency | Partners | Co-funding arrangements | Planned Outcomes | Outputs / deliverables | Impacts, outcomes and equity achieved in the reporting period | Priority population groups reached and LGA  |
|  e.g. VKEW | e.g. lead role in implementation of VKEW | e.g. schools, sports clubs | Nil | e.g. school/s achieving x number of small/big bites |  e.g. x number of schools and sports clubs' part of VKEW |  Insert any impacts, outcomes and equity achieved relevant to the initiative/ intervention |  e.g. Multicultural communities, people living in rural or remote areas, Aboriginal and Torres Strait Islanders and LGA where priority population reached |

##### Page 11: Learning and insights (one page max)

This section should outline what you have learnt to date during the development and delivery of your initiatives. This includes further exploration of any policy implications (noted in the Key messages section).

Please include a brief description of any new strategies, or adaptions to current strategies, you plan to or have employed, based on these learnings.

##### Pages 12-13: Appendices (2 pages max)

Appendices should present one to two case studies and outline the qualitative aspects of working in different settings and priority population groups. Measurable achievements can also be included.

Case studies should be written in a format suitable for publication in the *Prevention Newsletter*. A separate template is available for that purpose (see page 45).

##### Pages 14-end: Cross-cutting themes (optional)

This optional section provides space for agencies to include narrative around any cross-cutting themes, not already explored in the required reporting sections above (pages 1-13). This may include how agencies have addressed gender equity and intersectionality in initiatives. It may also include any co-benefits for climate change and how agencies have supported sustainability of initiatives beyond the planning cycle.

#### Prevention blog story template

Prevention Victoria is for the prevention and population health sector. It showcases the work of the sector to the sector, including state and local government, health and community services, academics and settings (early childhood services, schools, communities, workplaces, food and hospitality, etc).

We cover work being implemented across Victoria to address the priorities of the *Victorian public health and wellbeing plan 2023-2027* that demonstrates good population health practice in your community, in your industry or across the State. Please provide an engaging snapshot of your work and direct readers to where they can get more information, such as links to your website or websites of partner organisations as well as links to relevant policy documents, journal articles or reports.

##### 1. Release date – let us know if there are any timing issues we need to be aware of.

* Anytime
* Date specific

##### 2. Give us a short, snappy heading, 5-6 words is plenty.

E.g. On the fast-track to eliminating HIV / Bringing better health to Latrobe.

##### 3. In one sentence, tell us what is important about this story and why it of interest to your sector.

Try to articulate your main point in just one sentence. This is what readers will see before they click through to the whole story (use the body of the story to unpack this main point).

*E.g. For the first time, Victoria has an outcomes framework to measure long term progress. / New resources are now available to support healthy communities*.

##### 4. Tell us your story!

Keep it simple. Write for your audience. Use short sentences. Stick to the core idea. Make it real for people and connect it to their work/lives. Add memorable points – quotes, unusual elements, numbers. Aim for 150-200 words.

Start by describing (a) why you undertook the work – what need/priority are you addressing and what impact or outcome are you aiming to achieve?

Include (b) a broad outline of what you did – how did you decide on the approach you did? What helped /enabled the work? Were there any barriers to be overcome? How does this work contribute to or compliment other work in your organisation and with the work of partner organisations?

Then tell us about (c) what impact you’re having - what are the early signs of progress towards your objectives? Are there evaluation results? Identify the key lessons learnt. What happens next?

##### 5. Add a call to action – What do you want people to do as a result of your story?

E.g. Register now / Think about how you might apply this knowledge in your work….

Are there any recommendations you would make to others wanting to address a similar issue?

##### 6. Provide up to four social media messages – what message would you like to communicate to people?

E.g. Supporting schools to deliver pleasurable food education for kids @HEAS\_Vic @NutritionAust @CancerVic @SAKGF #PlaygroundtoPlate (140 characters per tweet)
Please include your organisation’s twitter handle and any partner organisations.

##### 7. Finally help us to place your story on the website

Highlight what setting/s your story relates to:

* Community
* School and early years
* Local government area
* Recreation and sport
* Industry
* Hospitals and health services (inc. community health)
* Workplaces
* Food and hospitality
* State
* Policy to action
* Outcomes
* Partnerships

##### 8. Collective effort across the state

Does your story relate to one of the focus areas of the *Victorian health and wellbeing plan 2023-2027* <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan> Please highlight the relevant focus areas:

* Tackling climate change and its impact on health
* Increasing healthy eating
* Increasing active living
* Reducing tobacco and e-cigarette related harms

Or another priority of the ***Victorian public health and wellbeing plan 2023-2027***?

Which one/s? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What elements of good population health practice does your story demonstrate? *Please highlight*

* Develop and deliver prevention initiatives at scale
* Ensuring programs and projects are collectively contributing to a clearly defined population health outcome
* Developing and supporting leadership at every level
* Using a mix of universal and targeted approaches to address inequity
* Working with priority population groups to develop and implement initiatives to maximise ownership and outcomes
* Work to create healthy and sustainable environments

Where possible, please incorporate this principle/s into the body of your story.

How to submit

Please submit your story through your DH Contact or email **prevention@health.vic.gov.au**

##### Image

To make your story more engaging, please provide a relevant image with your story (size required 1060 x 700px) and ensure any consent has been obtained where appropriate.

If you don’t have an image, we can source one from iStock

Check out the [website](https://dhhsvicgovau.sharepoint.com/sites/CPHDPublicHealthNetworksandPrograms-GRP/Shared%20Documents/Network%20Programs/01.%20Public%20Health%20Programs%20Functions/Community%20health%20-%20health%20promotion/Policy%20and%20guidelines/2025-2029%20CH-HP%20Program%20Guidelines%20refresh/Final%20version%20CH-HP%20Program%20Guidelines%202025-2029/website) <http://prevention.health.vic.gov.au/> for examples of what we are after.

This story was prepared by:

Name:

Email:

Phone:

Please provide an alternative contact:

# References

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Victorian Government, 2020, A framework for place-based approaches, Victorian Government, viewed 01 March 2025 < [https://www.vic.gov.au/framework-place-based-approaches>](https://www.vic.gov.au/framework-place-based-approaches%3E)

1. Settings that target children and families are a priority for action in relation to healthy eating and active living, as identified in *Healthy kids, healthy futures*. This doesn’t preclude funded agencies working with other priority settings or populations as determined locally. [↑](#footnote-ref-2)
2. The term co-benefits relate to the additional benefits related to improved health and wellbeing outcomes beyond the primary health issue of interest. A co-benefits approach is important as it may support with achieving multiple health and wellbeing outcomes, demonstrate a holistic approach to improving health and improve engagement in the focus areas by partners and the community. [↑](#footnote-ref-3)
3. The department is working to ensure the *State Wellbeing Strategy (to be released in 2025)* aligns with the *Victorian public health and wellbeing plan 2023-2027*. [↑](#footnote-ref-4)
4. See appendix two for further detail on the socio-ecological model of health [↑](#footnote-ref-5)
5. Smiles 4 Miles is an oral health program delivered by Dental Health Services Victoria. Oral health promotion is included under the umbrella of healthy eating in the *Victorian public health and wellbeing plan 2023-2027* due to the co-benefits of addressing poor diet and consumption of sugary drinks. [↑](#footnote-ref-6)
6. The Cooks Connect initiative supports long day care services to meet Victorian Government menu planning guidelines and includes a toolkit and supporting resources for health promoters to assist them with setting up Cooks Networks. [↑](#footnote-ref-7)
7. A commitment to Aboriginal self-determination will see Aboriginal communities and Aboriginal Community Controlled Organisations take the lead in prevention initiatives related to their communities with support by the program as required. See appendix three for definition of Aboriginal self-determination. [↑](#footnote-ref-8)
8. Priority population groups might include:

	1. Smoking: people from low socio-economic backgrounds, experiencing mental health and alcohol and other drug issues, LGBTIQ+, Aboriginal and Torres Strait Islander communities, people who are pregnant.
	2. Vaping: young people and people who have never smoked. [↑](#footnote-ref-9)