

**Evaluation of the Latrobe Health Innovation Zone,  
Latrobe Health Assembly and Latrobe Health Advocate**

Presentation 3

30 November 2018



# Executive summary

This presentation focuses on innovation and community empowerment – key areas of focus in the interim report

## Latrobe Health Initiatives

The Victorian Government has established the Latrobe Health Innovation Zone in response to recommendations made by the Hazelwood Mine Fire Inquiry Board in the *Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan*.

Key components of the Latrobe Health Innovation Zone include:

Figure 1.1 Latrobe Health Initiatives

### LATROBE HEALTH INNOVATION ZONE (THE ZONE)



The objective of these three initiatives is to improve health and wellbeing in Latrobe Valley.

## Evaluation of the Latrobe Health Innovation Zone, Latrobe Health Assembly and Latrobe Health Advocate

Deloitte has been engaged by the Department of Health and Human Services as the evaluator of the initiatives.

The evaluation has a **developmental** approach. This means it provides opportunities for Latrobe Valley communities to positively influence the design and impact of the initiatives as they unfold.

The evaluation has been in place throughout 2018.

Consistent with a developmental approach, the evaluation is well placed to offer guidance regarding innovation and empowerment that can further strengthen the initiatives.

## This presentation

Building on findings from the evaluation's recent interim report, this presentation focuses on **innovation** and the pathway to community **empowerment**. This presentation has been informed by an interim report workshop, a targeted literature review, an interview with a global innovation expert and a community survey.

The main body of this presentation provides specific actions for the initiatives in the form of 'to-do' lists.

## Innovative initiatives

The initiatives have been established to work with Latrobe Valley communities to improve health and wellbeing outcomes through innovation – doing things differently. Innovation means trying different approaches to improving health and wellbeing in Latrobe Valley.

Innovation cannot be assumed to occur organically. It requires more than creative ideas. Lessons in innovation processes internationally show that innovation requires a planned process focussed on the root causes of priority issues.

The evaluation community survey results\* (N = 169) demonstrate respondents have an intuitive understanding of innovation.

Key points for the initiatives to consider include:

- **Mechanisms** should be established to support collaboration
- **Integrating** skillsets and perspectives will enable innovation
- The Zone, Assembly and Advocate need to support a collective, innovative **mindset**, and endorse local innovative ideas.



# Executive summary

This presentation provides a model for the initiatives to build awareness, understanding, engagement and empowerment

## Pathway to community empowerment

A measurable positive change in the health and wellbeing outcomes of a community requires more than additional investment or new organisations being established. It requires a change in the way the community views health and wellbeing, and a recognition that they can make change happen – both individually and at a community level.

The initiatives will be most successful if they are able to engage and empower the community. This is because community based action can achieve more than the initiatives acting in isolation. This requires a vision and way of operating that leads to community empowerment.

Reaching a position of community empowerment will take time. However, the initiatives need to be clear in how their ways of working are actively encouraging this.

To do so, they need to support Latrobe Valley communities through phases of: awareness, understanding, engagement and empowerment.

### Awareness and understanding

Awareness is an initial step of knowing the initiatives exist. The next step is understanding what the initiatives are about. Once there is community understanding, the opportunity for change represented by the initiatives can be realised through engagement and empowerment.

Communities can be **mobilised** to create change when there is shared understanding and collective will. Tools like a communication strategy are important to ensure communication is planned and coordinated.

However, most important is a way of operating that makes it easy for the community to be actively involved. It is not just about the community receiving information, it is about them being excited by what these initiatives represent, and having ways of being actively involved that suit them.

In the recent evaluation community survey, the majority of Latrobe Valley community members indicated Facebook is the preferred way of hearing what the Assembly (81%) and Advocate (80%) are doing\*.

### Engagement and empowerment

The initiatives have been established to improve health and wellbeing outcomes. This is a big ask.

While the initiatives can and are doing positive things now, realising this ambitious agenda requires a high level of community engagement. It requires a community that is empowered to make positive choices.

Achieving this will require a supportive, open and coordinated environment. The initiatives can play a key role in creating this environment.

### Next steps and implications

Future evaluation presentations will contain **deeper dives** into key topics and initiative projects.

The first of these will focus on awareness and understanding, engagement and empowerment, to be reported in presentation 4 in early 2019.

# Table of contents



<b>Section</b>	<b>Page</b>
Executive summary	02
Table of contents	04
Introduction	05
Recap of relevant interim report findings	10
Innovative initiatives	16
Pathway to community empowerment	21
• Awareness and understanding	24
• Engagement and empowerment	28
Next Steps	33
Appendix	36
A: Interim report findings and improvement opportunities	37
B: Evaluation progress to date	42
C: References	43



# Introduction



# Introduction

## The Latrobe Health Initiatives were established to improve health and wellbeing in Latrobe Valley

### Latrobe Health Initiatives

Figure 1.2 Latrobe Health Initiatives



The *Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan* outlines the Victorian Government’s response to recommendations made by the Hazelwood Mine Fire Inquiry Board. In line with their response, the Victorian Government has established the Latrobe Health Innovation Zone (DPC, 2016; Hazelwood Mine Fire Inquiry, 2016).

Key components of the Latrobe Health Innovation Zone (the Zone) include the Latrobe Health Assembly (the Assembly) and the Latrobe Health Advocate (the Advocate) – referred to collectively as the 'Latrobe Health Initiatives' or 'initiatives'.

The overarching objective of these initiatives is to improve health and wellbeing in Latrobe Valley. Specifically, Latrobe Valley communities have indicated they would like the initiatives to:

Figure 1.3 Initiative impact areas



### Latrobe Health Innovation Zone

The Zone is a geographical designation, aligned with Latrobe City Council and Latrobe Local Government Area (LGA) boundaries. The Victorian Government has allocated \$27.3 million over five years to fund initiatives and programs within the Zone (IGEM, 2017).

The role of the Zone is to give voice to community aspirations in the planning and delivery of better health and wellbeing outcomes. It represents a commitment to new ways of working between individuals and organisations (DHHS, n.d.).

The Assembly, Advocate and other key stakeholders all operate 'within the Zone'. Other key stakeholders within the Zone include Latrobe Valley communities, the Department of Health and Human Services (DHHS), Gippsland Primary Health Network, Latrobe City Council, Latrobe Community Health Service, Latrobe Regional Hospital and Latrobe Valley Authority. Key stakeholders also include health and wellbeing service providers, and organisations that influence health and wellbeing, such as education providers; sport and recreation clubs and facilities; and other local businesses.

In 2017, Federation University was engaged by the Department of Health and Human Services (DHHS) to work with the community to develop a Charter for the Zone. The Latrobe Health and Wellbeing Charter (the Charter) was co-designed with Latrobe Valley communities through a series of community and stakeholder workshops, surveys and collaborative discussions. The Charter was publicly launched on 18 March 2018. It is 'a commitment to shared values and principles. Its supporters commit to driving innovation and change to improve health and wellbeing' (DHHS, 2018).

A Social Marketing Team Coordinator and Social Marketing Production Officer for the Zone (“the Social Marketing Team”) are co-located with the Assembly backbone.



# Introduction

Key components of the Zone include the Assembly and the Advocate – referred to collectively as the 'initiatives'

## Latrobe Health Assembly

The role of the Assembly is to provide input and direction for health initiatives within the Zone. It is also the responsibility of the Assembly to facilitate new ways of working between Latrobe Valley communities, local and state-wide agencies and government (Latrobe Health Assembly, n.d.).

The Assembly's strategy states that their dream is to improve the health and wellbeing of 10,000 people in 10 years (Latrobe Health Assembly, 2018). The Assembly has identified four pillars of focus to achieve this dream:

1. Great place
2. Positive culture
3. Better care
4. Healthy living

The Assembly consists of 45 members. The Assembly meets five times per year. The Assembly was formally incorporated on 26 June 2017. However, their first meeting was held on 19 December 2016. Assembly members volunteer their time to represent community member interests. Each Assembly member belongs to an 'Action Group' aligned with one of the four pillars.

The Assembly is overseen by a 10-member Board, chaired by Professor John Catford. The Board is comprised of the Chief Executive Officers (CEOs) from the Gippsland Primary Health Network, Latrobe City Council, Latrobe Community Health Service and Latrobe Regional Hospital. A representative from the Department of Health and Human Services (DHHS), and four community member representatives, also sit on the Board.

Stakeholders consulted through the evaluation from May to July 2018 felt the Assembly and Assembly Board represent a new way of working for key organisations and community members in Latrobe Valley.

The Victorian Minister for Health formally approved these Board members in November 2017. The first official Board meeting was held in December 2017. Most Board members had been involved in the Assembly since its inception.

The Assembly is supported by a backbone staff comprised of an Executive Officer, Projects Coordinator, Engagement and Communications Coordinator, Planning and Research Officer, Grant Program Support Officer and Administration Officer.

The Assembly is currently delivering 30 projects. 16 projects are complete and a further 17 projects are in-development.

## Latrobe Health Advocate

The Advocate has been appointed to provide independent community-wide leadership within the Zone by enabling, mediating and advocating for health and wellbeing (DHHS, n.d.). The appointment of the Advocate, Jane Anderson, was announced by The Hon. Jill Hennessy MP, the Victorian Minister for Health, on 3 May 2018. The Advocate commenced in her role on 1 June 2018.

The Advocate released her Statement of Intent in October 2018. This statement sets out the Advocate's priorities for 2018-19:

- Inclusive communities – Enabling inclusiveness of marginalised communities within Latrobe Valley
- Health is everyone's business – Engaging the breadth of Latrobe Valley communities to prioritise and have a say about the sustainability of their health and wellbeing
- Systems change – Using a project/campaign approach to change conditions that hold a problem in place with an initial focus on: mental health, alcohol and other drugs, palliative care.



# Introduction

Developmental evaluation uses real-time information to support social innovation. It does this by learning from things as they occur and providing feedback to inform positive change (Patton, 2008)

## Evaluation of the Latrobe Health Innovation Zone, Latrobe Health Assembly and Latrobe Health Advocate

Deloitte has been engaged by the Department of Health and Human Services (DHHS) as the evaluator of the Zone, Assembly and Advocate.

The evaluation has a **developmental** approach. This means the evaluation provides opportunities for Latrobe Valley communities to positively influence the design and impact of the Latrobe Health Initiatives as they unfold.

The evaluation is developmental but it incorporates process and outcome evaluation (see Figure 1.4, adjacent):

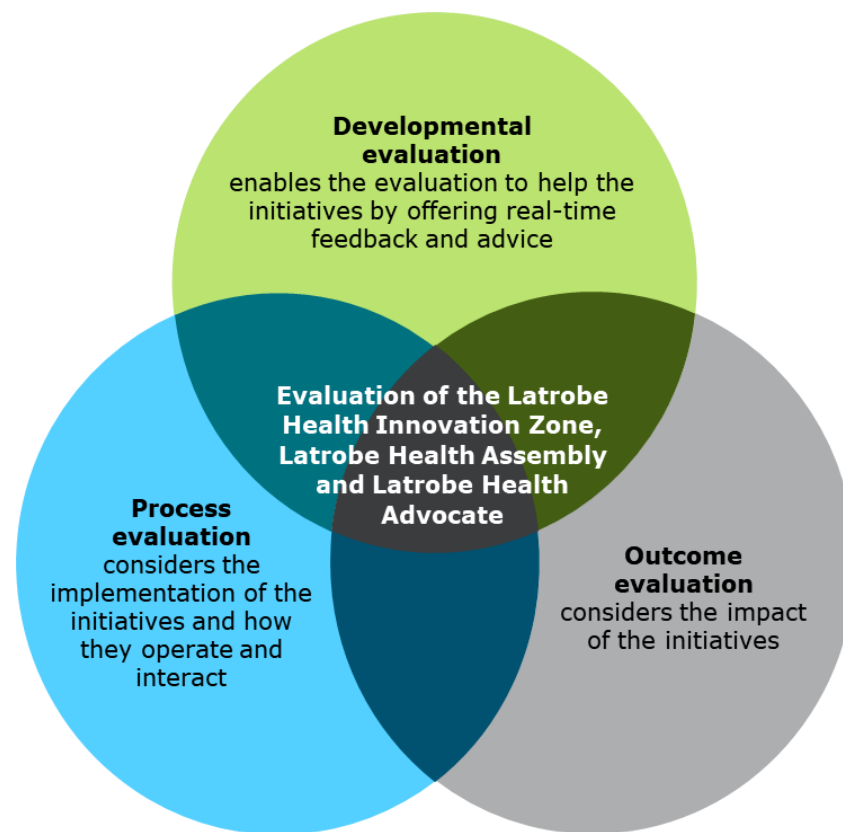
- The **developmental** approach enables the evaluation to help the initiatives, by offering real-time feedback and advice
- **Process** evaluation is considering the implementation of the initiatives and how they operate and interact
- **Outcome** evaluation will consider the impact of the initiatives.

Since commencing in May 2017, the evaluation team has worked with a large number of Latrobe Valley community members to co-design the [evaluation framework](#) and provide feedback on the initiatives, firstly via the [first evaluation presentation](#) and again via the recently published [interim evaluation report](#).

The evaluation is scheduled to continue until 2020.

You can find out more about the evaluation by emailing [LHIZeval@deloitte.com.au](mailto:LHIZeval@deloitte.com.au), liking [www.facebook.com/LHIZeval/](https://www.facebook.com/LHIZeval/), or visiting [www2.health.vic.gov.au/about/health-strategies/latrobe-health-innovation-zone/evaluation-framework](http://www2.health.vic.gov.au/about/health-strategies/latrobe-health-innovation-zone/evaluation-framework).

Figure 1.4 Intersection between developmental, process and outcome evaluation







# Introduction

This presentation focuses on three areas that were identified as key areas of focus in the interim evaluation report

## This presentation

This presentation focuses on three areas that were identified as key areas of focus in the interim evaluation report\*:

1. Innovative initiatives
2. and 3. Pathway to community engagement
  - Awareness and understanding
  - Engagement and empowerment.

The purpose of this presentation is to provide practical and actionable tools and advice for the initiatives, DHHS and other Latrobe Valley stakeholders.

This presentation:

- Reiterates why innovation, awareness and understanding, and engagement and empowerment are important
- Provides a model for what this looks like, including how innovation can thrive and community empowerment can be achieved

## Data informing this presentation

This presentation has been informed by:

- Findings and improvement opportunities identified through the evaluation, as summarised in the [interim report](#) (published September 2018)
- An interim report workshop with the DHHS Health and Wellbeing Steering Committee and Assembly Board members (held in September 2018)
- A targeted literature review (conducted in October)
- 169 responses to a 6-question multiple choice community survey (from October to November 2018)
- An interview with an innovation expert (conducted in October)
- Other qualitative data collected during the development of the evaluation framework, presentation 1 and interim report (from May to July 2018).

For more detail regarding the interim evaluation findings and improvement opportunities relating to this section, please refer to Appendix A of this presentation.





# Recap of relevant interim report findings



# Recap of relevant interim report findings

The interim evaluation report was published in September 2018

The interim evaluation report considers the period from May 2017 to July 2018.

This section provides an overview of the findings and improvement opportunities identified in the interim evaluation report relating to:

1. Innovative initiatives
2. and 3. Pathway to community engagement
  - Awareness and understanding
  - Engagement and empowerment.

For more detail regarding the interim evaluation findings and improvement opportunities, please refer to Appendix A of this presentation.





# Innovative initiatives

The interim evaluation report presented a number of findings and improvement opportunities related to innovation

## Findings

- Stakeholders do not currently share a common understanding of what innovation will look like and how it will be measured
- Furthermore, stakeholders do not share a common appreciation for the relationship between innovation and evidence.

### Improvement opportunity

- The Assembly and key stakeholders within the Zone require a shared understanding of innovation
- The definition adopted should challenge stakeholders within the Zone to do things in fundamentally different ways
- This will require collaboration and mechanisms for considering diverse ideas.

#### *Progress since the interim report:*

- The Assembly is procuring [EngagementHQ](#) – an online community engagement platform.

### Improvement opportunity

- Other evidence that should be considered includes learnings from previous collaborative approaches to improving health and wellbeing.

#### *Progress since the interim report:*

- The Assembly is developing a 'social prescribing' project to improve collaboration between the health sector and wellbeing activities.

### Improvement opportunity

- Assembly projects should continue to be informed by the existing evidence-base
- The Assembly should further consider how to systematically incorporate evidence into their decision making
- This should not be an onerous process.

#### *Progress since the interim report:*

- The Assembly is working with VicHealth to understand what evidence is available and relevant to the Assembly Pillar Groups.

### Improvement opportunity

- Section 2 of the [interim report](#) should be a useful resource for the Planning and Research Officer
- This section describes health and wellbeing indicators where Latrobe Valley performs well and areas where there is room for improvement.



# Awareness and understanding

The interim evaluation report presented a number of findings and improvement opportunities related to awareness and understanding

## Findings

- Awareness of the Latrobe Health Initiatives is low among community members and organisations
- Increasing awareness and understanding of the initiatives is important for building trust, buy-in, and ownership within Latrobe Valley communities.

## Improvement opportunity

- Raising the public profile of the initiatives through coordinated communications needs to be a priority.

### *Progress since the interim report:*

- DHHS, the Social Marketing Team, the Assembly, the Advocate and the Hazelwood Health Study Ministerial Advisory Committee have agreed to develop a broader communication strategy covering the three initiatives.

## Improvement opportunity

- Measuring and demonstrating impact from early pilot projects will assist in building community optimism for the potential of these initiatives.

### *Progress since the interim report:*

- The Assembly released its first [Annual Report](#) in November 2018. This report contains descriptions of key Assembly projects including output measures and stakeholder feedback.

## Improvement opportunity

- The approach to branding should demonstrate a commitment to health and wellbeing through collaboration.

### *Progress since the interim report:*

- DHHS, the Social Marketing Team, the Assembly, the Advocate and the Hazelwood Health Study Ministerial Advisory Committee have agreed to develop a broader communication strategy covering the three initiatives.

## Improvement opportunity

- The Zone offers an opportunity to create a 'social movement' that is bigger than the individual initiatives in isolation
- The Zone should be seen as an innovative approach to improving health and wellbeing in Latrobe Valley
- To assist in this, the Latrobe Health Innovation Zone brand should be developed
- Other initiatives and organisations should be co-branded with the Zone where appropriate.

### *Progress since the interim report:*

- Refer to adjacent column.



# Awareness and understanding (continued)

The interim evaluation report presented a number of findings and improvement opportunities related to awareness and understanding

## Improvement opportunity

- The final version of the Assembly's Communications Plan should detail the community segments the Assembly wishes to target and the key messages that are likely to resonate with each segment.

### *Progress since the interim report:*

- The Assembly acknowledges the value of conducting this work and plans to include this next level of detail in the final version of its Communications Plan.

## Improvement opportunity

- The Assembly's draft Communications Plan should sit within a broader communication strategy covering all Latrobe Health Initiatives.

### *Progress since the interim report:*

- DHHS, the Social Marketing Team, the Assembly, the Advocate and the Hazelwood Health Study Ministerial Advisory Committee have agreed to develop a broader communication strategy covering the three initiatives.

## Improvement opportunity

- Once the Advocate's Statement of Intent is finalised, they should focus on building their public profile.

### *Progress since the interim report:*

- The Advocate delivered their Statement of Intent in October 2018. This statement lists raising their public profile as a priority.
- The Advocate has also established a [Facebook page](#) and [Twitter account](#)



# Engagement and empowerment

The interim evaluation report presented a number of findings and improvement opportunities related to engagement and empowerment

## Findings

- The Latrobe Health Initiatives need to generate a greater sense of community involvement and empowerment. This requires an appropriate model of community engagement
- The Assembly is making progress toward improving how they engage with their members. There remains scope for the Assembly to introduce greater flexibility in this process. The process to recruit additional Assembly members provides an opportunity for the Assembly to reinvigorate their membership.

## Improvement opportunity

- Community engagement should be built into the Assembly's model
- This includes utilising Assembly member networks
- Efforts should be made to ensure engaging with the Assembly is easy and accessible for all community members.

### *Progress since the interim report:*

- The Assembly has recently conducted a 'Community Engagement Survey', receiving 164 responses.
- The Assembly is procuring [EngagementHQ](#) – an online community engagement platform.
- The Assembly acknowledges the importance of improving how they leverage member networks. Recent Assembly newsletters have included requests for members to share information with their networks.

## Improvement opportunity

- The Assembly also need to consider how to best support members who want to engage but who are unable to given the current model.

### *Progress since the interim report:*

- The Assembly continues to encourage member engagement via Basecamp – a member-based online collaboration tool that allows members to provide feedback and communicate in between meetings.

## Improvement opportunity

- Methods for Assembly members to provide input could be expanded, both during meetings and between meetings
- These methods should be supported by technology
- Assembly members could be provided with further guidance on how to leverage their personal and professional networks.

### *Progress since the interim report:*

- The Assembly continues to encourage member engagement via Basecamp and is considering re-introducing Pillar Group meetings (formerly Working Groups).

## Improvement opportunity

- Furthermore, the Assembly could designate some meetings for ideas generation
- This could be a mechanism for allowing members who are unable to attend Working Group meetings to participate in this process
- Some meetings could be open to the community.

### *Progress since the interim report:*

- The Assembly has adopted a new approach to Assembly meetings which now involve discussion and idea generation within the four Pillar Groups (formerly Working Groups).



# Innovative initiatives





# Innovative initiatives

## The initiatives represent an opportunity to drive new ways of improving health and wellbeing in Latrobe Valley

Innovation means trying different approaches to improving health and wellbeing in Latrobe Valley.

Innovation cannot be assumed to occur organically. Lessons in innovation processes internationally show innovation requires a planned process focused on the root causes of priority issues. Leveraging evidence and local knowledge can accelerate the innovation process.

Community participation will differentiate the initiatives from a traditional funding model.

This section provides an overview of why innovation is important and how this can be facilitated in the Zone.

### Why is innovation important?

#### Innovation requires creativity and focus.

Innovation must be targeted. This means key problems must be prioritised. Focusing on one problem at a time means root causes can be addressed and innovative solutions can be realised. This is challenging because the scope of the initiatives is broad. Achieving innovative outcomes requires:

- Choosing a focus area for innovation (for example, mental health or criminal offences)
- Developing ideas through a planned and collaborative process
- Accepting there will be ups and downs along the way.

#### Innovation requires an openness to new ideas and a commitment to working intensively with the community.

Working with Latrobe Valley communities, and trusting their ideas, is important because this kind of social innovation is based on understanding and responding to specific community needs through a process of empowerment.

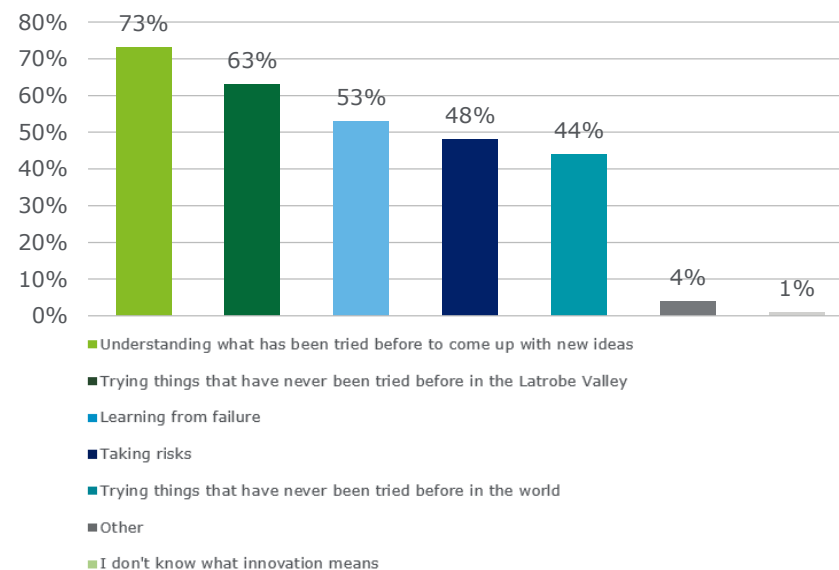
### What does innovation mean to Latrobe Valley communities?

The majority of Latrobe Valley community members (73%) who completed the online survey\* reported that innovation is about **understanding what has been tried before to come up with new ideas.**

The responses indicate that Latrobe Valley communities have an **intuitive understanding** of innovation.

This understanding provides a **foundation for innovating** to improve health and wellbeing outcomes in the Zone.

Chart 1.1 What does innovation mean to Latrobe Valley communities? (N=161)



\*The survey was distributed via Facebook and email. Demographic characteristics of respondents are not available. It is, therefore, not possible to establish whether the survey sample is representative of the population. 17



# Innovative initiatives

Innovation must address a specific problem and its root cause in a target population – this requires a balance of creativity and focus

## Case study 1: The Sternins decrease malnutrition in Vietnam

**Objective:** Develop a sustainable model to decrease high levels of malnutrition in 10,000 Vietnamese villages.

**Method:** Identify behaviours of local families who were 'very, very poor' but whose children were well-nourished. Partner with Save the Children to support the transfer of local knowledge of dietary choices and food preparation between families.

**Learnings for the initiatives:** Find cases within the Zone that differ from the norm. Scaling these cases can provide local solutions to local problems.

## Case study 2: Chefs give entrepreneurs a leg up in to the industry via La Cocina

**Objective:** Upskill low income food entrepreneurs as they establish and expand their businesses.

**Method:** Support women of colour and immigrant communities to achieve financial security by facilitating knowledge-building relationships, access to market opportunities and an affordable commercial kitchen space.

**Learnings for the initiatives:** Given the appropriate resources, communities are natural entrepreneurs. Provide platforms for Latrobe Valley communities to prosper. These platforms should be relevant to local interests.

## Case study 3: Growing Power

**Objective:** Mentor vulnerable youth and encourage them to contribute to the local community.

**Method:** Rehabilitate low-income children in the juvenile justice system by training them how to grow compost and vegetables, and develop positive networks.

**Learnings for the initiatives:** Look for new approaches to instigating natural feedback loops.

Building the capacity of vulnerable populations can be achieved in many ways.

## Case study 4: Aravind Eye Care System

**Objective:** Eliminate avoidable blindness in South India.

**Method:** Provides high-quality products to a large number of people, in a cost-effective way.

Enable less privileged communities to access free-of-cost or at-cost treatment based on the profit made from paying patients.

**Learnings for the initiatives:** New funding models can be used to cross-subsidise access to health and wellbeing services for low income families.

This can alleviate familial and health system pressures.



# Principles for developing an innovation mindset

Innovation relies on a strategic process involving focus, clear planning, objective mapping and role definitions

## Focus



## Define the theory of change



## Leverage existing knowledge



Innovation does not simply mean being creative. Innovation relies on a strategic process involving focus, clear planning, objective mapping and role definitions. This process can leverage creativity, where appropriate.

Successful innovation requires a well-defined theory of change. This should connect inputs and activities to expected outputs and outcomes.

Exploring what has and has not worked in similar settings means learning from others' successes, challenges and failures. This helps to avoid wasted effort and promote stakeholder buy-in.

## Strengthen community member involvement through "design thinking"



## Conduct root cause analysis



Design thinking promotes innovative thought processes. It does this by encouraging problem solvers to empathise with community member needs, challenges, strengths and opportunities by involving community members in the problem solving process.

Innovation should target a specific problem and its root cause in a target population. Conducting root cause analysis at the start of the innovation process can identify high priority issues and direct the focus of innovation efforts.











# What should the initiatives do?






## An innovation 'to-do' list

Key:  Progress underway  Limited or no progress underway





### A 'to-do list' for the initiatives

-  **Key stakeholders\***: Define innovation (this should be shared by key stakeholders in the Zone)
-  **Key stakeholders**: Identify and prioritise key issues. These can align with the Assembly pillars. Priorities should reflect areas of significant health and wellbeing disparity, such as mental health and criminal offences
-  **Key stakeholders, guided by the Assembly**: Select one or two prioritised issues, undertake root cause analysis. Focus innovation on these causes
-  **Key stakeholders**: Become familiar with projects or models and evidence that have been tried and evaluated elsewhere
-  **Key stakeholders**: Brainstorm a wide range of possible approaches (informed by evidence)
-  **Key stakeholders**: Agree on a process and outcome vision. This includes establishing a clear plan, identifying objectives and delegating roles
-  **Key stakeholders**: Links between the outcome vision and the *Victorian public health and wellbeing outcomes framework* should be identified
-  **Assembly and Advocate**: Establish mechanisms for stakeholders to contribute ideas

### A 'to-do list' for the Assembly

-  **Assembly**: Communicate that change is happening through coordinated communications (this can inspire community members to challenge existing systems and think innovatively)
-  **Assembly**: Share relevant evidence with Latrobe Valley communities in an accessible way
-  **Assembly backbone**: Develop mechanisms for subject matter expertise to feed into the Assembly operating model including the project development processes
-  **Assembly backbone**: Build Assembly members' capacity to prioritise issues, perform root cause analysis and develop problem statements
-  **Assembly**: Put community members at the centre when designing and establishing projects

### A 'to-do list' for the Advocate

-  **Advocate**: Identify and advocate for existing community strengths
-  **Advocate**: Leverage existing community forums and groups
-  **Advocate**: Spend time in Latrobe Valley communities to identify existing innovative approaches that are effective in supporting health and wellbeing at a small scale, and advocate for these approaches
-  **Advocate**: Look for connections between the initiatives and other programs of work in Latrobe Valley to advocate for 'health is everyone's business'



# Pathway to community empowerment

- Awareness and understanding
- Engagement and empowerment



# Pathway to community empowerment

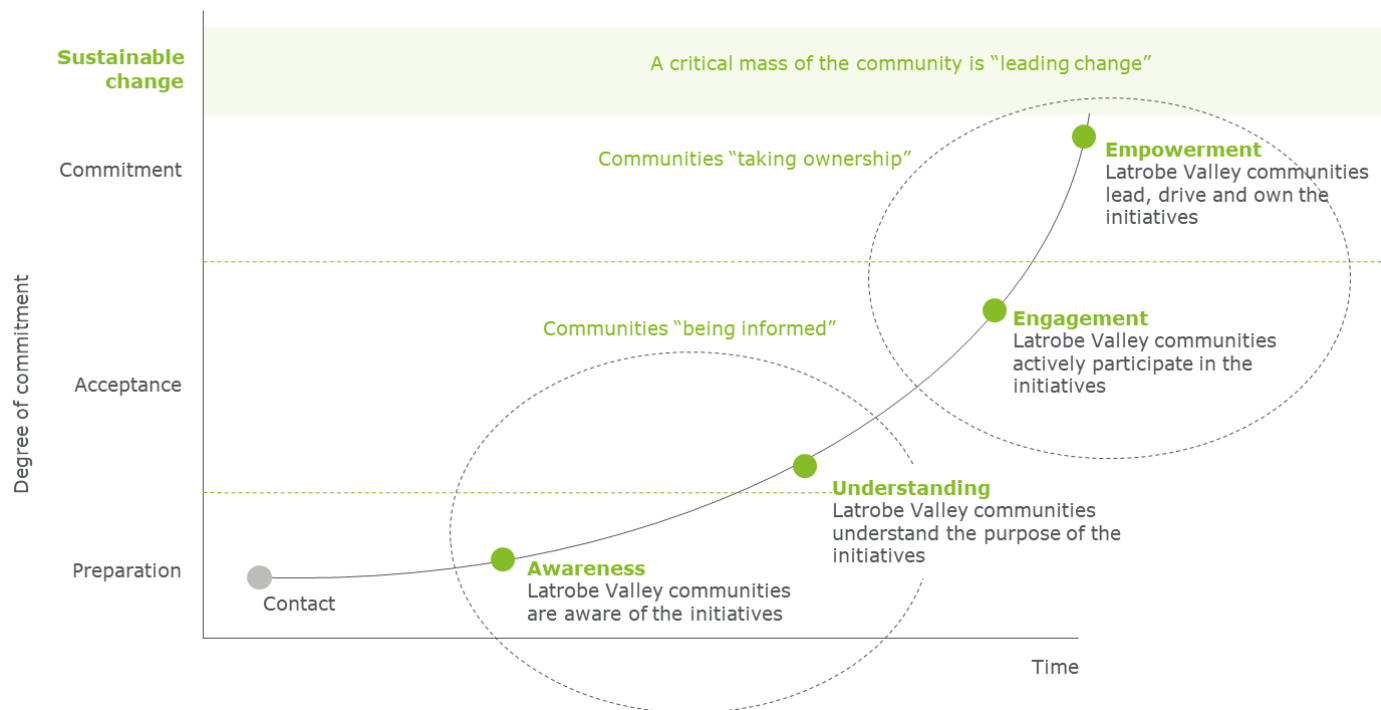
Community empowerment that drives sustainable change is built on awareness, understanding and engagement

## Empowering communities is a process that requires time, trust and buy-in

The initiatives have the potential to empower Latrobe Valley communities and create widespread positive change in the area. However, this requires an understanding of how to drive systemic change, and how to do it well.

Becoming aware of the initiatives is the first step toward community empowerment. Understanding the purpose of the initiatives is the next step. Once there is community understanding, the opportunity for change represented by the initiatives can be realised through engagement and empowerment.

Figure 1.5 Community empowerment phases





# Pathway to community empowerment

Improving community awareness and understanding of the initiatives are critical steps along the path to community empowerment

The initiatives have been established to improve health and wellbeing outcomes. This is a big ask.

This process must be community owned and driven from the ground up. If this does not occur (i.e. if this is driven from the top down) the initiatives' success will be limited.

However, cultivating community ownership takes time. First, community members must be aware of the initiatives and understand their purpose. The initiatives have a key role to play in creating this environment.

This section provides an overview of why community engagement and empowerment are important, and why awareness and understanding of the initiatives are critical first steps toward this.

Sub-sections provide advice on how the initiatives can help Latrobe Valley communities to progress through the pathway to empowerment (see Figure 1.4 on previous page).

**Why is community empowerment important? And, how is this achieved?**

**Community engagement and empowerment are central to the long-term success of the initiatives.**

The initiatives were set-up to be community-led. This means Latrobe Valley communities must be empowered to drive the initiatives from grassroots.

Community members who are engaged in, and empowered by, the initiatives can influence and advocate for how health problems are identified, prioritised and addressed in Latrobe Valley.

**The path to community empowerment requires that communities must first be aware of the initiatives and understand their purpose.**

Community members cannot be expected to drive something they do not know about or understand.

This means the initiatives should focus on building community awareness and understanding as a priority. This requires consistent and coordinated messaging via preferred methods.

Tools like a communication strategy are part of what is required because this ensures communication is planned and coordinated.

**The initiatives should assume all members of Latrobe Valley communities have a valuable contribution to make.**

The default position of the initiatives should be that they are community owned. The community should, therefore, have a central role in determining initiative priorities.

This means members of Latrobe Valley communities must feel that their active participation in the initiatives is welcomed and encouraged. These opportunities should be exciting to community members.

Overtime, this has the potential to transform community members who are engaged in the initiatives to those who are leading, driving and owning the initiatives.

This is important because it means Latrobe Valley communities will have ownership for their health and wellbeing, and that of their community.

This, in turn, is an indicator of health and wellbeing outcomes.



# Awareness and understanding





# Awareness and understanding

Facebook is the overwhelming preferred method for communicating with Latrobe Valley community members who responded to the survey\*

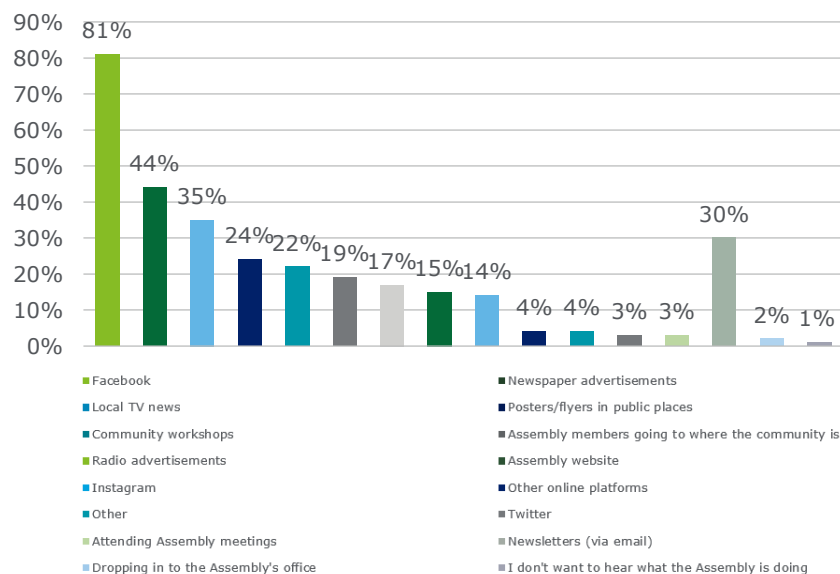
## How do Latrobe Valley communities want to hear about:

### What the Assembly is doing?

The majority of Latrobe Valley community members (81%) who completed the online survey indicated that **Facebook is the preferred way of hearing what the Assembly is doing\***.

Newspaper advertisements (44%), local TV news (35%), and email newsletters (30%) were also identified as preferred communication tools.

Chart 1.2 How do Latrobe Valley communities want to hear about what the Assembly is doing? (N=162)

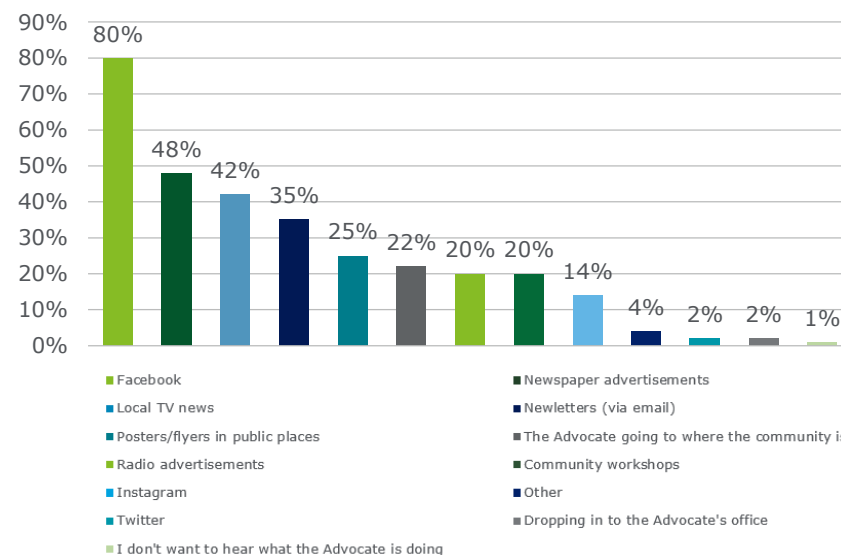


### What the Advocate is doing?

Similarly, the majority of Latrobe Valley community members (80%) who completed the online survey\* indicated that **Facebook is the preferred way of hearing what the Advocate is doing\***.

Newspaper advertisements (48%), local TV news (42%), and email newsletters (35%) were also identified as preferred communication tools.

Chart 1.3 How do Latrobe Valley communities want to hear about what the Advocate is doing? (N=161)





# Principles for building awareness and understanding

Raising awareness and understanding of the initiatives requires a combination of broad-based and targeted approaches

## Use preferred methods



Communicating with different Latrobe Valley communities should reflect an understanding of the preferred methods of communication (i.e. Facebook, newspaper advertisements). Established and innovative methods should be considered.

## Target disengaged or hard-to-reach groups



Targeted approaches that are specific to the communication preferences of disengaged or hard-to-reach groups should be identified and used. This will help to build awareness and understanding among all members of Latrobe Valley communities.

## Provide opportunities



Awareness-promoting activities should be linked with opportunities for community members to actively participate in the initiatives and/or provide input to initiative activities and projects.

## Consistent messaging



Planned and coordinated communication will support community awareness and understanding of the initiatives. Consistent messaging means ensuring messages are repeated, ongoing, are related to each other and are aligned with key themes.










# What should the initiatives do?





## An awareness and understanding 'to-do' list

**Key:**  Progress underway  Limited or no progress underway




### A 'to-do list' for the initiatives

-  *Key stakeholders:* Establish a brand for the Zone (this should include a visual rallying point)
-  *Key stakeholders:* Develop coordinated and consistent messaging among the initiatives (that will build community trust)
-  *Key stakeholders:* Research successful social movements and apply these learnings to the awareness-building campaign for the initiatives
-  *Key stakeholders:* Establish a shared language that supports effective communication with Latrobe Valley communities
-  *Key stakeholders:* Clearly explain the 'why' and 'what' behind the initiatives. Directing stakeholders to the Charter can support this process
-  *Key stakeholders:* Uphold the principles of the Charter and call-out to ensure they are consistently considered and implemented
-  *Key stakeholders:* Promote the Charter to gain greater buy-in

### A 'to-do list' for the Assembly

-  *Assembly backbone:* Continue to maintain a strong presence on Facebook
-  *Assembly:* Coordinate with the Advocate and other key stakeholders in the Zone in raising community awareness and understanding
-  *Assembly backbone:* Take the Assembly internal and external communications plan to the next level of detail (i.e. segments, messages, methods)
-  *Assembly:* Develop and action a plan to leverage existing Assembly member personal and professional networks to increase the reach of Assembly messages

### A 'to-do list' for the Advocate

-  *Advocate:* Continue existing efforts to build a public profile
-  *Advocate:* Continue to maintain a strong presence on Facebook
-  *Advocate:* Coordinate with the Assembly and other key stakeholders in the Zone in raising community awareness and understanding



# Engagement and empowerment



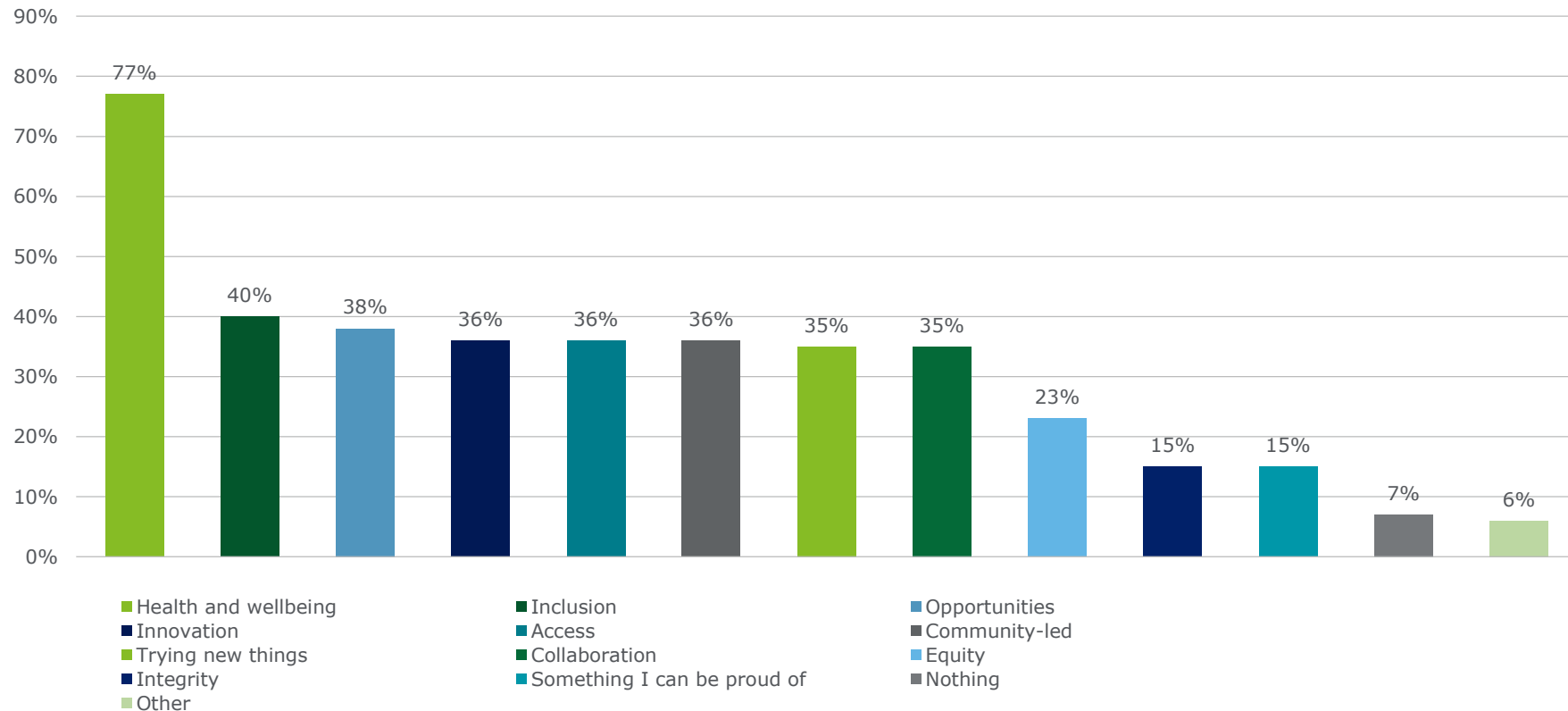
# Engagement and empowerment

Community members who responded to the survey expect the Zone to be a community-led approach to improving health and wellbeing

## What does the Zone mean to Latrobe Valley communities?

Latrobe Valley community members who completed the online survey think the **Zone symbolises health and wellbeing (77%), inclusion (40%), opportunities (38%), community-led (36%), access (36%) and innovation (36%)**.

Chart 1.4 What does the Zone mean to Valley communities? (N=162)





# Engagement and empowerment

The majority of Latrobe Valley community members who responded to the survey want to contribute ideas and feedback to the initiatives via online mechanisms

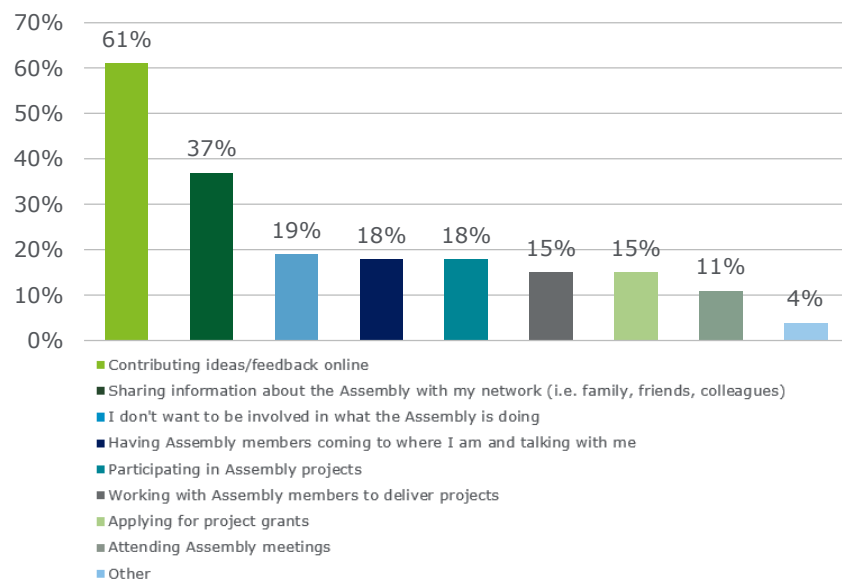
## How do Latrobe Valley communities want to participate in:

### The Assembly?

The majority of Latrobe Valley community members (61%) who completed the online survey indicated they would like to contribute ideas/feedback to the Assembly via **online** mechanisms\*.

Over a third of respondents (37%) indicated that they would like to **share information about what the Assembly is doing with their network**.

Chart 1.5 How do Latrobe Valley communities want to be involved with the Assembly? (N=160)

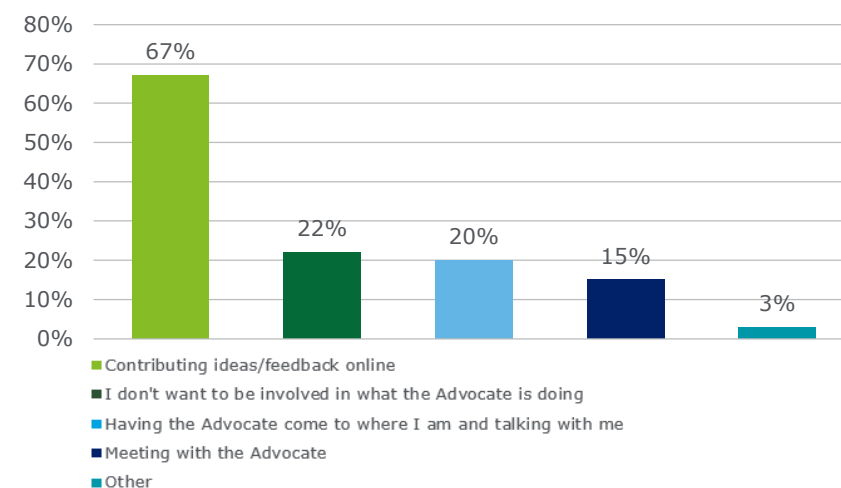


### The Advocate?

The majority of Latrobe Valley community members (67%) who completed the online survey indicated they would like to contribute ideas/feedback to the Advocate via **online** mechanisms\*.

However, 22% of respondents indicated they did not want to be involved in what the Advocate is doing.

Chart 1.6 How do Latrobe Valley communities want to be involved with the Advocate? (N=157)





# Principles for building engagement and empowerment

Active participation of Latrobe Valley communities should be welcomed and encouraged by the initiatives

## Develop community capacity



Vulnerable communities should be supported to develop confidence in their knowledge and skills so they have the capacity to become leaders.

## Establish two-way communication



Sense-check ideas with Latrobe Valley communities to enhance understanding of appropriateness and feasibility. Communicate how community member input has been used.

## Bring a range of voices to the table



Demonstrate a willingness to listen and learn. Encourage newcomers to contribute to discussions. Fresh and different ideas can challenge assumptions, stimulate new ways of working, and create networks.

## Make active community participation the norm



Reviewing evidence with community members to interpret trends in health outcomes can unpack how complex health issues have emerged. This knowledge can be used when developing initiative projects.

## Leverage existing forums



Engaging through existing forums and events can speed-up the process of activating distributed networks. Connecting already-engaged individuals who are united by a common goal can drive word of mouth, and stimulate Latrobe Valley communities buy-in quicker than cold contact.

## Willingness to try, fail and learn



Innovation means trying new approaches. These new approaches may be successful, however, this is not guaranteed. This risk of failure should not inhibit innovative approaches from being tried. This means it is important to fail fast and learn from failures so future approaches have a greater chance of success.



# What should the initiatives do?






## An engagement and empowerment 'to-do' list

**Key:**  Progress underway  Limited or no progress underway



### A 'to-do list' for the initiatives

-  **Key stakeholders:** Design a road map for engaging with different stakeholders (including Latrobe Valley communities) within the Zone
-  **Key stakeholders:** Establish mechanisms to welcome and encourage active participation of Latrobe Valley communities in initiative activities and projects

### A 'to-do list' for the Assembly

-  **Assembly backbone:** Open-up Assembly and Pillar Group meetings to enable all members of Latrobe Valley communities to observe and participate (i.e. online via Facebook Live or in-person via a 'gallery')
-  **Assembly backbone:** Ensure stakeholder engagement methods extend beyond technology to facilitate diverse participation
-  **Assembly backbone:** Provide a physical and virtual place where ideas can be discussed and progressed with Assembly and community members more broadly
-  **Assembly:** Actively support Latrobe Valley communities to progress through the pathway to empowerment by providing opportunities for community members to own components of projects and, eventually, entire projects
-  **Assembly:** Willingly share ownership with Latrobe Valley communities as they progress through the pathway to empowerment

### A 'to-do list' for the Advocate

-  **Advocate:** Plan and action a strategy that fosters connections with disengaged and hard-to-reach Latrobe Valley communities
-  **Advocate:** Sense-check engagement strategies with members of vulnerable populations to ensure appropriateness





# Next steps



## Next steps

# Future evaluation presentations will include deeper dives into key topics and initiative projects

The evaluation commenced with an intentionally broad and thematic approach to evaluating the initiatives.

This was appropriate given the initiatives were in a 'forming' stage when the evaluation started.

Future presentations will include deeper dives into key topics and specific projects being delivered or run by the initiatives.

The approach to selecting topics and projects of focus will be detailed in an updated evaluation framework.

### Evaluation framework

The evaluation framework represents a point-in-time view of how Latrobe Valley communities would like the initiatives to improve health and wellbeing in Latrobe Valley.

Since the development of the framework, two significant developments have occurred:

- Appointment and commencement of the Advocate, and publication of their Statement of Intent
- Development of a draft strategy by the Latrobe Health Assembly.

In addition, the evaluation has identified opportunities for improvement.

As such, it is timely to update the evaluation framework. This will occur following the delivery of this presentation.

### Evaluation reporting

Future evaluation presentations will contain **deeper dives** into key **topics** and initiative **projects**.

The evaluation will develop a sampling frame to ensure an appropriate sample of projects are selected. Characteristics that could be considered by this frame include funding, reach and impact area.

This presentation is an example of an evaluation deep dive into three key topics – innovation, awareness and understanding, and engagement and empowerment.

The evaluation recognises these topics are central to the success of the initiatives and are, therefore, important to get right. In light of this, the evaluation will continue to deep dive into awareness, understanding, engagement and empowerment over the next three months.

We propose to do this by working with Latrobe Valley communities, DHHS and Deloitte subject matter experts to develop actionable insights for how the initiatives can improve in these areas.

The evaluation will consider how these insights can be shared with Latrobe Valley communities in an engaging way.

Furthermore, the evaluation will develop a plan for connecting with other local evaluations and research efforts in Latrobe Valley including the Federation University Evaluation Unit.



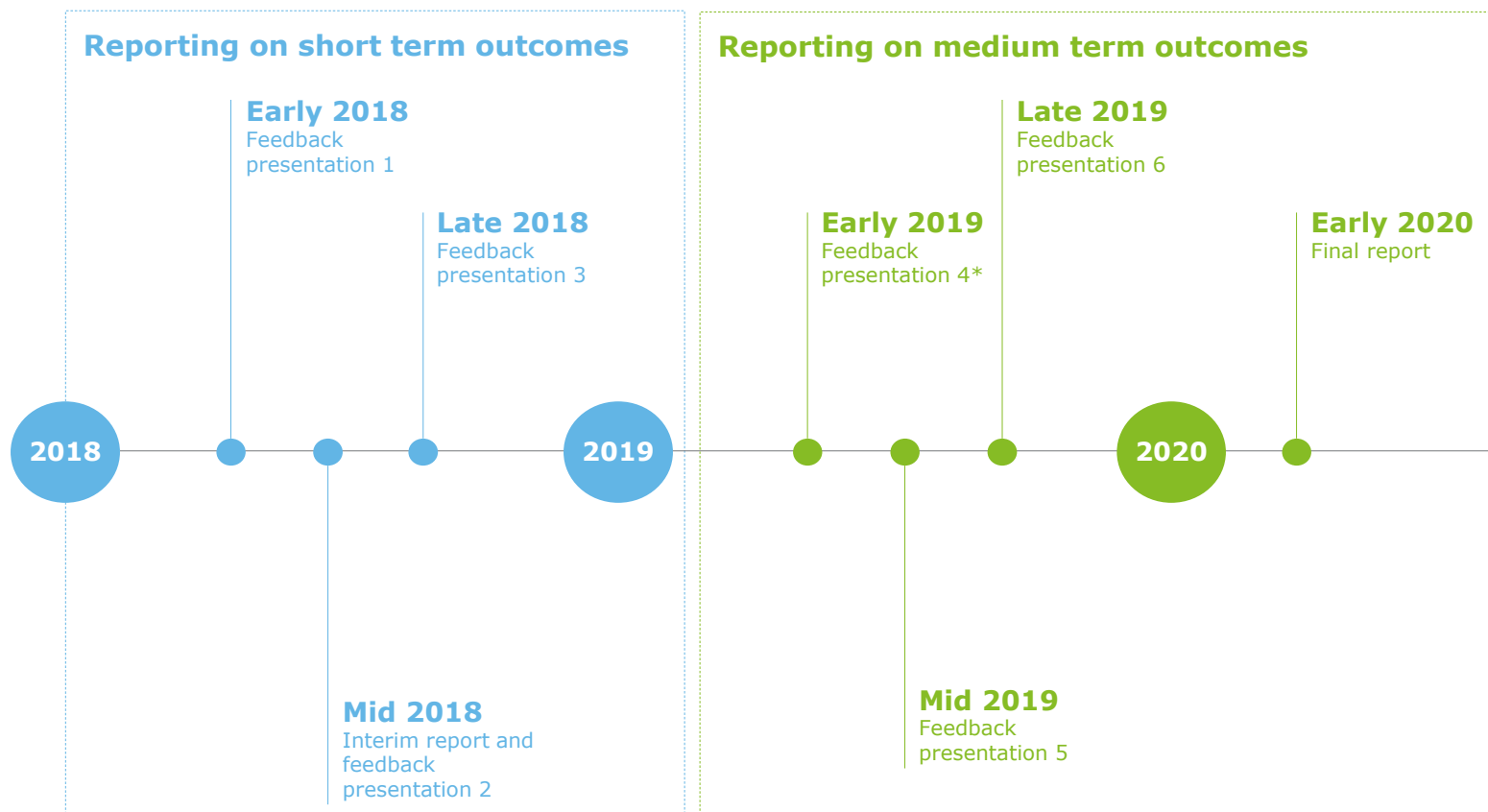
# Next steps

The evaluation has provided opportunities for Latrobe Valley communities to influence the development of the Latrobe Health Initiatives since mid-2017, and will continue to do so until early 2020

## Evaluation reporting (continued)

The evaluation reporting timeline is shown below.

Figure 1.6 Evaluation reporting timeline





# Appendix

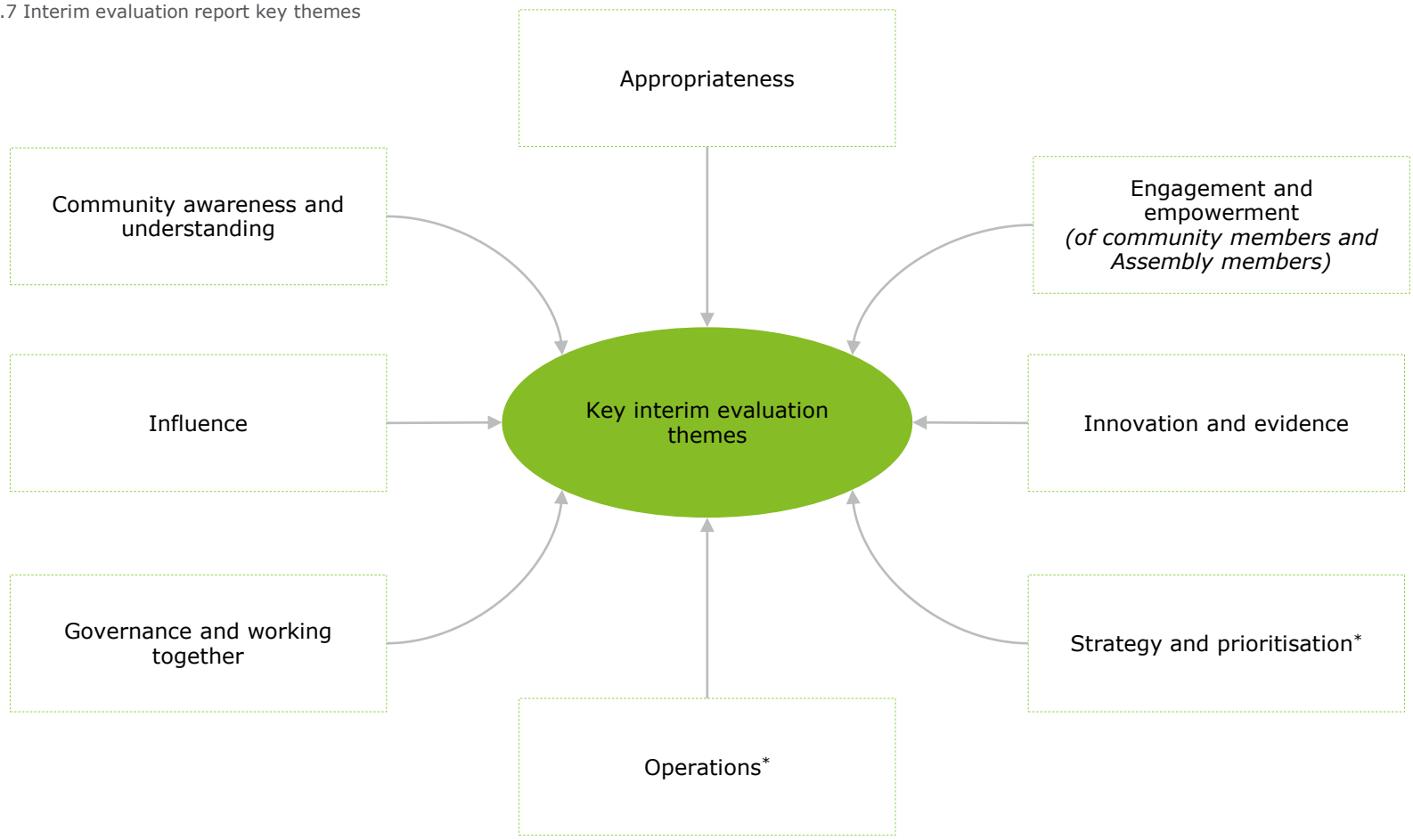
- A: Interim report findings and improvement opportunities
- B: Evaluation progress to date
- C: References



# A: Interim report findings and improvement opportunities

The interim evaluation report identified six key themes that are common for the Latrobe Health Initiatives and two that are specific to the Assembly

Figure 1.7 Interim evaluation report key themes



\*Specific to the Assembly

# A: Interim report findings and improvement opportunities



Table 1.1. Interim report findings and improvement opportunities

Findings	Improvement opportunities
<b>Appropriateness</b>	
<p><b>Assembly</b></p> <ul style="list-style-type: none"> <li>The Assembly is an innovative approach to involving community voice in health and wellbeing decision making in an Australian health context. This approach is supported by evidence linking participatory democracy to social capital and health outcomes, and examples of where similar forums have achieved success.</li> </ul> <p><b>Zone</b></p> <ul style="list-style-type: none"> <li>Evidence for the Zone draws from the Ottawa Charter for Health Promotion. This evidence has also informed the evaluation of the Zone.</li> </ul> <p><b>Advocate</b></p> <ul style="list-style-type: none"> <li>The introduction of the Advocate is warranted and supported by evidence.</li> </ul>	<p><b>Assembly</b></p> <ul style="list-style-type: none"> <li>The Assembly should explore other successful participatory or deliberative forums to understand the key drivers of their success.</li> </ul> <p><b>Zone</b></p> <ul style="list-style-type: none"> <li>The evaluation, and key stakeholders, should continue to focus on the new ways of working influenced by the Zone, as well as early signs of success and areas for improvement.</li> </ul> <p><b>Advocate</b></p> <ul style="list-style-type: none"> <li>The Advocate, and key stakeholders, should be mindful of the complex environment in which the health and wellbeing of a population is shaped. This means engaging with stakeholders to enable long-term change (Kanter, 2005; Weick, 1983; Koh, 2006).</li> </ul>
<b>Community awareness and understanding</b>	
<ul style="list-style-type: none"> <li>Awareness of the Latrobe Health Initiatives is low among community members and organisations.</li> <li>Increasing awareness and understanding of the initiatives is important for building trust, buy-in, and ownership within Latrobe Valley communities.</li> </ul>	<p><b>Overview</b></p> <ul style="list-style-type: none"> <li>Raising the public profile of the initiatives through coordinated communications needs to be a priority.</li> <li>Measuring and demonstrating impact from early pilot projects will assist in building community optimism for the potential of these initiatives.</li> </ul> <p><b>Zone</b></p> <ul style="list-style-type: none"> <li>The Zone offers an opportunity to create a 'social movement' that is bigger than the individual initiatives in isolation. The Zone should be seen as an innovative approach to improving health and wellbeing in Latrobe Valley. To assist in this, the Latrobe Health Innovation Zone brand should be developed. Other initiatives and organisations should be co-branded with the Zone where appropriate.</li> <li>The approach to branding should demonstrate a commitment to health and wellbeing through collaboration.</li> </ul> <p><b>Assembly</b></p> <ul style="list-style-type: none"> <li>The Assembly's draft Communications Plan should sit within a broader communication strategy covering all Latrobe Health Initiatives.</li> <li>The final version of the Assembly's Communications Plan should detail the community segments the Assembly wishes to target and the key messages that are likely to resonate with each segment.</li> </ul> <p><b>Advocate</b></p> <ul style="list-style-type: none"> <li>Once the Advocate's Statement of Intent is finalised, they should focus on building their public profile.</li> </ul>

# A: Interim report findings and improvement opportunities



Table 1.1. Interim report findings and improvement opportunities (continued)

Findings	Improvement opportunities
<b>Engagement and empowerment</b>	
<p>Community engagement and empowerment</p> <ul style="list-style-type: none"> <li>The Latrobe Health Initiatives need to generate a greater sense of community involvement and empowerment. This requires an appropriate model of community engagement.</li> </ul> <p>Assembly member engagement and empowerment</p> <ul style="list-style-type: none"> <li>The Assembly is making progress toward improving how they engage with their members. There remains scope for the Assembly to introduce greater flexibility in this process.</li> <li>The process to recruit additional Assembly members provides an opportunity for the Assembly to reinvigorate their membership.</li> </ul>	<p>Community engagement</p> <ul style="list-style-type: none"> <li>Community engagement should be built into the Assembly's model. This includes utilising Assembly member networks. Efforts should be made to ensure engaging with the Assembly is easy and accessible for all community members.</li> </ul> <p>Assembly member engagement</p> <ul style="list-style-type: none"> <li>The Assembly need to consider how to best support members who want to engage but who are unable to given the current model.</li> <li>Methods for Assembly members to provide input could be expanded, both during meetings and between meetings. These methods should be supported by technology. Assembly members could be provided with further guidance on how to leverage their personal and professional networks.</li> <li>Furthermore, the Assembly could designate some meetings for ideas generation. This could be a mechanism for allowing members who are unable to attend Working Group meetings to participate in this process. As mentioned above, some meetings could be open to the community.</li> </ul>
<b>Influence of the Latrobe Health Initiatives</b>	
<p>Overview</p> <ul style="list-style-type: none"> <li>Many organisations who responded to the organisation survey have taken steps to improving health and wellbeing. A very small proportion agree this had been influenced by the Zone or Assembly.</li> </ul> <p>Latrobe Health Assembly</p> <ul style="list-style-type: none"> <li>The Assembly's dream is to improve the health and wellbeing of 10,000 people in 10 years (Latrobe Health Assembly, 2018). The building blocks being laid by the Assembly can form the foundation for achieving this dream. This will require a collaborative effort.</li> <li>At this stage, Assembly projects are highly targeted in their audience and level of impact.</li> <li>The Assembly's ability to achieve a sufficient level of momentum will have implications for their sustainability and scalability. This means the next six to 12 months will be a critical momentum building period for the Assembly.</li> </ul>	<p>Overview</p> <ul style="list-style-type: none"> <li>Additional effort is required to garner greater community ownership for the Zone and Assembly. This is important because these initiatives must be seen as being community-owned and led.</li> </ul> <p>Latrobe Health Assembly</p> <ul style="list-style-type: none"> <li>It is critical that the Assembly focus on maintaining and building upon the momentum gained through the delivery of a number of relatively high-profile projects.</li> <li>To avoid encountering the challenges commonly faced by innovators, the Assembly should consider their approach to scaling projects, where appropriate. This approach should be detailed in the Assembly's strategy.</li> </ul>

# A: Interim report findings and improvement opportunities



Table 1.1. Interim report findings and improvement opportunities (continued)

Findings	Improvement opportunities
<b>Innovation and evidence</b>	
<ul style="list-style-type: none"> <li>Stakeholders do not currently share a common understanding of what innovation will look like and how it will be measured.</li> <li>Furthermore, stakeholders do not share a common appreciation for the relationship between innovation and evidence.</li> </ul>	<p>Defining innovation</p> <ul style="list-style-type: none"> <li>The Assembly and key stakeholders within the Zone require a shared understanding of innovation. The definition of innovation adopted should challenge stakeholders within the Zone to do things in fundamentally different ways.</li> <li>This will require collaboration and mechanisms for considering diverse ideas.</li> </ul> <p>Relationship between innovation and evidence</p> <ul style="list-style-type: none"> <li>Assembly projects should continue to be informed by the existing evidence-base. The Assembly should further consider how to systematically incorporate evidence into their decision making. This should not be an onerous process for Assembly members.</li> <li>Section 2. Baseline state of health and wellbeing in Latrobe Valley should be a useful resource for the Planning and Research Officer. This section describes health and wellbeing indicators where Latrobe Valley performs well and areas where there is room for improvement.</li> <li>Other evidence that should be considered includes learnings from previous collaborative approaches to improving health and wellbeing.</li> </ul>
<b>Governance and working together</b>	
<ul style="list-style-type: none"> <li>Stakeholders could benefit from greater clarity regarding:               <ul style="list-style-type: none"> <li>How the initiatives relate to, and interact with, one another and other key stakeholders within the Zone</li> <li>The initiatives' approach for engaging with and empowering Latrobe Valley communities</li> <li>Ensuring the satisfying of accountability requirements is aligned with Latrobe Health Initiative objectives.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The initiatives and key stakeholders within the Zone should ensure they have a shared understanding of their purpose, relationship and approach to working together.</li> </ul>



# A: Interim report findings and improvement opportunities



Table 1.1. Interim report findings and improvement opportunities (continued)

Findings	Improvement opportunities
<b>Strategy and prioritisation*</b>	
<ul style="list-style-type: none"> <li>The Assembly has recently developed a high-level draft strategy titled Our Dream, Our Plan. This is a necessary step to ensuring Assembly efforts reflect the health and wellbeing priorities of Latrobe Valley communities.</li> <li>This strategy will need to be more detailed if it is to guide the Assembly's prioritisation of ideas.</li> </ul>	<ul style="list-style-type: none"> <li>The Assembly should develop a detailed strategy to ensure Assembly members, and backbone staff are working towards delivering the Assembly's dream. Seeking input from the community will be a vital next step for generating a sense of community ownership.</li> <li>The Assembly must coordinate with and leverage other key stakeholders within the Zone, and relevant health promotion and prevention organisations such as VicHealth.</li> </ul>
<b>Operations*</b>	
<ul style="list-style-type: none"> <li>The Assembly has developed a project management framework. This framework details the process from idea conception to business case development, pilot initiation and project expansion.</li> </ul>	<ul style="list-style-type: none"> <li>The Assembly should review their project management framework. This review should consider the Assembly's experience in developing projects to-date and a detailed Assembly strategy and prioritisation guide (once developed).</li> </ul>

\*Specific to the Assembly



# B: Evaluation progress to date

Figure 1.7 Evaluation progress to date

## Evaluation design

May-17 to Jan-18

### Data collection activities:

- Over 90 community survey responses
- 50 workshop attendees
- 36 meetings with Latrobe Valley stakeholders
- 6 sessions with the Assembly and Assembly working groups
- Over 400 views of the draft consultation evaluation framework feedback site (Engage Victoria)
- 20 responses to the draft consultation evaluation framework feedback survey (Engage Victoria)

### Advertisement activities:

- 5 media mentions including WIN News & 4 Latrobe Valley Express stories
- Over 8,500 people reached through Facebook

### Output:

- Evaluation framework

## Evaluation reporting

Feb-18 to Oct-18

### Data collection activities:

- Targeted literature review
- Innovation expert interview
- 169 community pulse check survey responses
- 170 community survey responses
- 35 organisation survey responses
- Over 25 community member discussions during community-based visits
- 24 workshop attendees
- 21 semi-structured interviews with Latrobe Valley stakeholders
- Attending existing meetings and events of hard to reach groups
- Compiling Assembly project case studies from Assembly self-evaluation forms, other Assembly-generated data and attending existing Working Group meetings
- Collecting publicly available pre-baseline and baseline population health and wellbeing data for Latrobe LGA, Mildura LGA, Gippsland Region and state of Victoria

- Over 22,397 people reached through Facebook
- 2,970 postcards handed out
- 1,037 emails sent
- 594 letters sent
- 200 posters handed out
- 122 phone calls made
- 183 Facebook messages sent
- 2 Latrobe Valley Express newspaper ads
- 1 Latrobe Valley Express article
- 2 media interviews

### Output:

- Presentation 1
- Interim report/presentation 2
- Presentation 3



# C: References

- Austin, J. E. (2000). *The collaboration challenge : how nonprofits and businesses succeed through strategic alliances*: San Francisco, Calif. : Jossey Bass Publishers, 2000.
- Barca, F., McCann, P., & Rodriguez-Pose, A. (2012). The Case for Regional Development Intervention: Place-Based versus Place-Neutral Approaches. *Journal of Regional Science*, 52(1), 134-152. doi:<http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9787/issues>
- Beyer, K. M. M., Comstock, S., Seagren, R., & Rushton, G. (2011). Explaining place-based colorectal cancer health disparities: Evidence from a rural context. *Social Science & Medicine*, 72(3), 373-382. doi:<https://doi.org/10.1016/j.socscimed.2010.09.017>
- Carr, S. M., Clarke, C. L., Molyneux, J., & Jones, D. (2006). Facilitating participation: a health action zone experience. *Primary Health Care Research & Development* (Sage Publications, Ltd.), 7(2), 147-156. doi:10.1191/1463423606pc284oa
- Department of Health and Human Services (DHHS). (n.d.). Latrobe Health Advocate. State of Victoria. Retrieved from <https://www2.health.vic.gov.au/about/health-strategies/latrobe-health-innovation-zone/latrobe-health-advocate>
- Department of Health and Human Services (DHHS). (2018). Latrobe Health and Wellbeing Charter. State of Victoria. Retrieved from <https://www2.health.vic.gov.au/-/media/health/files/collections/research-and-reports/l/latrobe-health-and-wellbeing-charter.pdf>
- Department of Health and Human Services (DHHS). (n.d.). Latrobe Health Innovation Zone. State of Victoria. Retrieved from <https://www2.health.vic.gov.au/about/health-strategies/latrobe-health-innovation-zone>
- Department of Premier and Cabinet (DPC). (2016). Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan. State of Victoria. Retrieved from [https://www.dpc.vic.gov.au/images/documents/Hazelwood/DPC\\_Hazelwood\\_Implementation\\_Plan.pdf](https://www.dpc.vic.gov.au/images/documents/Hazelwood/DPC_Hazelwood_Implementation_Plan.pdf)
- Halliday, J., & Asthana, S. (2005). Policy at the Margins: Developing Community Capacity in a Rural Health Action Zone. *Area*(2), 180.
- Hazelwood Mine Fire Inquiry. (2016). Hazelwood Mine Fire Inquiry Report 2015/2016. State of Victoria. Retrieved from <http://hazelwoodinquiry.vic.gov.au/wp-content/uploads/2016/02/Hazelwood-Mine-Fire-Inquiry-2015-2016-Report-Volume-III-Health-Improvement.pdf>
- Huberman, B. (2014) *Strategies Guided by Best Practice for Community Mobilization*. Retrieved from <http://advocatesforyouth.org/publications/publications-a-z/2398-strategies-guided-by-best-practice-for-community-mobilization>
- Inspector-General for Emergency Management (IGEM). (2017). Hazelwood Mine Fire Inquiry: Implementation of Recommendations and Affirmations Annual Report 2016. State of Victoria. Retrieved from [https://www.igem.vic.gov.au/sites/default/files/embridge\\_cache/emshare/original/public/2017/12/26/338652a3e/Hazelwood\\_Mine\\_Fire\\_Inquiry\\_2017\\_IGEM\\_Annual\\_Report.pdf](https://www.igem.vic.gov.au/sites/default/files/embridge_cache/emshare/original/public/2017/12/26/338652a3e/Hazelwood_Mine_Fire_Inquiry_2017_IGEM_Annual_Report.pdf)
- Latrobe Health Assembly. (2018). *Our Dream, Our Plan*. Latrobe Health Assembly.
- Latrobe Health Assembly. (n.d.). *We are Shaping The Valley*. Latrobe Health Assembly. Retrieved from <https://healthassembly.org.au/>



# C: References

Lovick Edwards, S., & Freddman Stern, R. (1998). Building and sustaining community partnerships for teen pregnancy prevention: A working paper. Houtson, TX: Cornerstone Consulting Group, Inc. Retrieved from <http://aspe.hhs.gov/hsp/teenpreg/teenpreg/teenpreg.htm>

Matka, E., Barnes, M., & Sullivan, H. (2002). Health Action Zones: 'Creating Alliances to Achieve Change', 97.

Osborne, S. (2013). Kulintja Nganampa Maa-kunpuntjaku (Strengthening Our Thinking): Place-Based Approaches to Mental Health and Wellbeing in Anangu Schools. *The Australian Journal of Indigenous Education*, 42(2), 182-193. doi:10.1017/jie.2013.25

Owens, P. E., La Rochelle, M., Nelson, A. A., & Montgomery-Block, K. F. (2011). Youth Voices Influencing Local and Regional Change. *Children, Youth and Environments*, 21(1), 253-274.

Patton, M.Q. (2008). *Utilization-focused evaluation* (4th ed.). Thousand Oaks: Sage Publications.

Silberberg, M., Cook, J., Drescher, C., McCloskey, D. J., Weaver, S., & Ziegler, L. (2011). Principles of community engagement (NIH Publication #11-7782). Retrieved from [http://www.atsdr.cdc.gov/communityengagement/pdf/PCE\\_Report\\_508\\_FINAL.pdf](http://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf)

Stevenson, A., Pearce, J., Blakely, T., Ivory, V., & Witten, K. (2009). Neighbourhoods and health: A review of the New Zealand literature. *New Zealand Geographer*, 65(3), 211-221. doi:doi:10.1111/j.1745-7939.2009.01164.x

The Hon. Jill Hennessy MP. (2018). New voice for the Latrobe Valley appointed. State of Victoria. Retrieved from <https://www.premier.vic.gov.au/wp-content/uploads/2018/05/180504-New-Voice-For-The-Latrobe-Valley-Appointed.pdf>

Vechakul, J., Shrimali, B., & Sandhu, J. (2015). Human-Centered Design as an Approach for Place-Based Innovation in Public Health: A Case Study from Oakland, California. *Maternal & Child Health Journal*, 19(12), 2552-2559. doi:10.1007/s10995-015-1787-x

Wisner, B., Adams, J. (2002). Health promotion and community participation. In *Environmental health in emergencies and disasters: A practical guide*: World Health Organisation. Retrieved from [http://www.who.int/water\\_sanitation\\_health/publications/emergencies2002/en/](http://www.who.int/water_sanitation_health/publications/emergencies2002/en/)



Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited (“DTTL”), its global network of member firms, and their related entities. DTTL (also referred to as “Deloitte Global”) and each of its member firms are legally separate and independent entities. DTTL does not provide services to clients. Please see [www.deloitte.com/about](http://www.deloitte.com/about) to learn more.

#### About Deloitte

Deloitte is a leading global provider of audit and assurance, consulting, financial advisory, risk advisory, tax and related services. Our network of member firms is in more than 150 countries and territories. Learn how Deloitte’s approximately 264,000 people make an impact that matters at [www.deloitte.com](http://www.deloitte.com).

#### About Deloitte Australia

In Australia, the member firm is the Australian partnership of Deloitte Touche Tohmatsu and is one of Australia’s leading professional services firms. Focused on the creation of value and growth, and known as an employer of choice for innovative human resources programs, we are dedicated to helping our clients and our people excel. For more information, please visit our web site at [www.deloitte.com.au](http://www.deloitte.com.au).

Liability limited by a scheme approved under Professional Standards Legislation.  
Member of Deloitte Touche Tohmatsu Limited