Deloitte.

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

Interim report – Building blocks

September 2018

Interim evaluation snapshot

The Latrobe Health Initiatives ("the initiatives") are now operating and have made **significant progress during 2018**. Briefly:

- The **Latrobe Health Assembly** first met in December 2016 and were incorporated in June 2017. The Assembly has established four Working Groups which have funded and overseen a range of projects. These include the Health Innovation Grants program, an asthma awareness campaign, three dental projects, self-defence classes, "Restoring the Cycle" bike restoration program, and a gratitude wall. The Assembly has recently developed a draft strategy.
- The **Latrobe Health Innovation Zone**'s designation was announced in 2016. The Zone now has a social marketing team and a Charter.
- The **Latrobe Health Advocate** was appointed in May 2018 and commenced in June 2018. The Advocate is working with stakeholders to develop their priorities.

This interim evaluation report provides **findings** and **improvement opportunities** for these initiatives. **Findings** are areas which require focus to ensure the initiatives deliver on their objectives and the expectations of key stakeholders. **Improvement opportunities** are recommendations for how the initiatives can improve.

Increasing awareness and **understanding** of the initiatives is important for building trust, buy-in and ownership within Latrobe Valley communities.

Most community members have not heard of the initiatives and are unsure of their purpose. This means **further work is required** for community members to understand how the initiatives can influence health and wellbeing.

The initiatives **need to define how they should work with one another**. Connections with the objectives of other key stakeholders within the Zone should be emphasised.

Communicating this message will be assisted through a **coordinated approach to communications** across the initiatives.

There is an opportunity **to develop the Latrobe Health Innovation Zone brand**. This should symbolise a **unified commitment to health and wellbeing in the Latrobe Valley.**

Where appropriate, this **branding should be shared with the Assembly, Advocate and other key stakeholders**. This will reinforce that the Zone is **a collaborative initiative.**

The initiatives **can enable a community-led approach to improved health and wellbeing**. This will be **empowering** for the community. Achieving this means building a **model of community engagement** into the initiatives.

Community engagement should be grounded in **going to where the community is** and coordinating with related activities.

A number of approaches will be required. Digital technology is one way the initiatives can connect with a broad range of community members.

The initiatives were **established to drive innovative approaches** to health and wellbeing in Latrobe Valley. Innovation **takes time**. It requires **collaboration, transparent feedback** and **refinement** of ideas and approaches.

Stakeholders need to establish **what innovation looks like** and **how to measure** it.

“I like the community feel, I feel safe here, people are trustworthy and understanding”

Latrobe Valley community member

Executive summary

This interim evaluation captures a ”point in time” view of the building blocks being established by the Latrobe Health Initiatives.

Work is underway to **build on existing community strengths**, and **improve health and wellbeing** in Latrobe Valley. This includes the establishment of the **Latrobe Health Assembly**, **Latrobe Health Innovation Zone** and **Latrobe Health Advocate** – referred to collectively as the “**Latrobe Health Initiatives**” or “initiatives”.

This report describes the progress being made by these initiatives. The term “building blocks” is used throughout this report, recognising that meaningful health and wellbeing improvements will take time.

The work undertaken to this point lays the foundation for the initiatives to build on.

Latrobe Health Initiatives

The Victorian Government has established the:

LATROBE HEALTH ASSEMBLY

(THE ASSEMBLY)

LATROBE HEALTH INNOVATION ZONE

(THE ZONE)

LATROBE HEALTH ADVOCATE

(THE ADVOCATE)

Together, their overall objective is to **improve health and wellbeing** in Latrobe Valley.

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 draft 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 consists of 45 members. The Assembly meet 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[1].

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.

[1] Some Assembly members have been selected because it is considered important that their organisation is involved in the Assembly.

The Victorian Minister for Health formally approved these Board members in November 2017.[2] The first official Board meeting was held in December 2017. Most Board members had been involved in the Assembly since its inception.

The Assembly has established four Working Groups:

- Chronic Illness and Wellness
- Children, Family and Young People
- Make the Move
- Pride of Place.

The Working Groups meet monthly. A number of Assembly members participate in these meetings. These groups are the primary vehicle through which the Assembly progresses project ideas from conception through to delivery.

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 22 projects. Four projects are complete and a further 19 projects are in-development. Significant Assembly projects and their objectives are summarised in Figure 1, below.

Figure 1: The Assembly's more significant projects

[2] The first official meeting of the Board was the first meeting after incorporation i.e. the July meeting. The full Board came together for the first time in December, after the community board members were endorsed by the Minister in November 2017.

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 have recently been appointed and are co-located with the Assembly backbone.

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 this role on 1 June 2018 (The Hon. Jill Hennessy MP, 2018).

The Advocate will set out the priorities of their role when they delivers a Statement of Intent to the Minister for Health at the end of August 2018.

The Advocate's draft plan, as at 5 September 2018, indicates they will focus on the following four areas:

- **Establish the profile of the Latrobe Health Advocate** – building awareness of the Advocate among Latrobe Valley communities.
- **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.

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

Description
Deloitte has been engaged by DHHS as the evaluator of the Assembly, Zone and Advocate.

The evaluation has a developmental[3] 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 scheduled to continue until 2020.

The evaluation is developmental but it incorporates process and outcome evaluation:

- 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.

Methodology
During 2017, a consultative process enabled Latrobe Valley communities and others to design the evaluation. This produced an evaluation framework with four broad impact areas for the initiatives, shown in Figure 2.

Figure 2: Latrobe Health Initiative impact areas

The evaluation is collecting information through:

- Broad consultation (including community surveys, workshops and forums)
- Direct consultation (including attending existing meetings and events, and conducting semi-structured interviews)
- Targeted consultation (including organisation surveys, community based visits, observational ethnography and case studies)
- A review of initiative-generated documents and data, literature, and publicly available population health and wellbeing data.

The findings presented in this report are drawn from data sources including:

- 170 responses to the community survey from May to July 2018
- 35 responses to the organisation survey from May to July 2018
- 24 attendees over four community workshops in June 2018
- Discussions with more than 25 community members over four community based visits in June 2018
- Attending existing meetings and events from January to July 2018
- Semi-structured interviews with 21 key stakeholders from January to July 2018 (noting that the views expressed during these interviews are a function of the initiatives' progress at the time of each interview)
- Assembly-generated data and documents

[3] 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).

- Other qualitative data collected during the development of the evaluation framework from May to December 2017.

The baseline component of this report provides data regarding the health and wellbeing status of the Latrobe Valley drawn from a range of sources. This information provides a reference point for subsequent reporting, including the final evaluation report, due in early 2020.

Evaluation reporting
Timely and transparent sharing of evaluation findings are key to developmental evaluation. As such, a summary of the evaluation framework was released in late 2017. A presentation was released in March 2018 describing initial evaluation findings. The presentation and evaluation framework are available here.

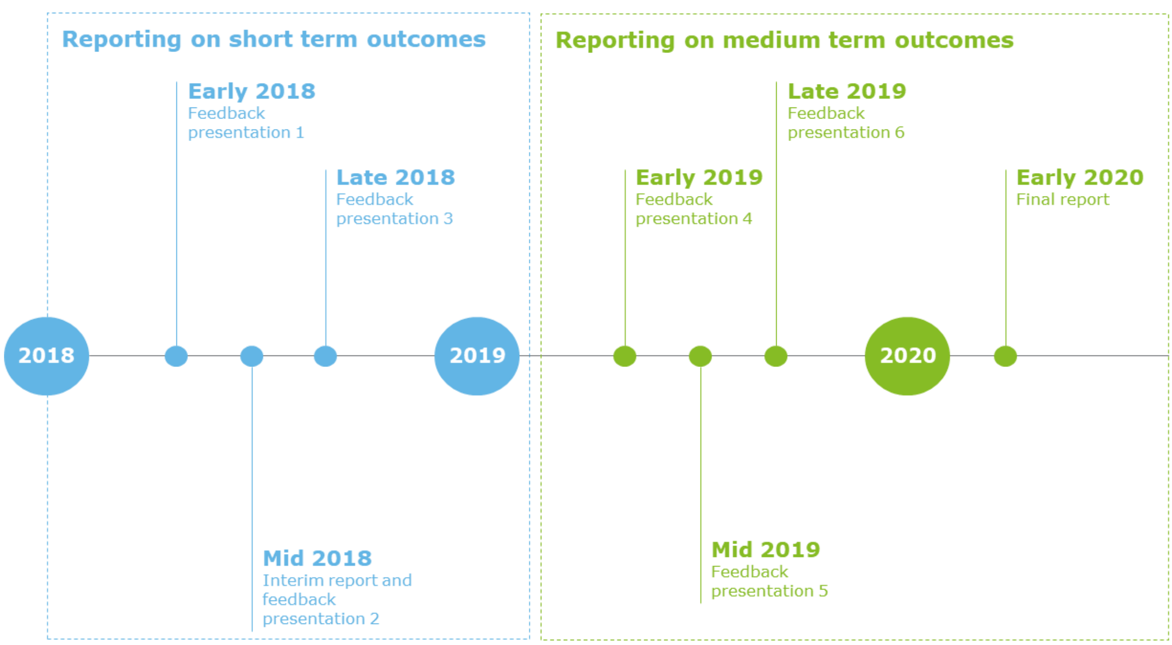
This is an interim report which considers the period from May 2017 to July 2018.

The purpose of this report is to:

- Provide a baseline view of health and wellbeing in Latrobe Valley
- Report on the progress of the Assembly, Zone and Advocate aligned with the four broad impact areas and evaluation questions.

The final report will be presented in March 2020, as per the evaluation reporting timeline shown in Figure 3.

Figure 3: Evaluation reporting timeline



Key indicators of baseline health and wellbeing in Latrobe Valley

This report brings together a range of publicly available health and wellbeing information to provide an evidence-led picture of health and wellbeing in the Latrobe Valley (Latrobe Local Government Area (LGA)). This picture compares the Latrobe LGA with the Mildura LGA[4], Gippsland Region and state of Victoria (Victoria). This picture is summarised in Figure 4, below.

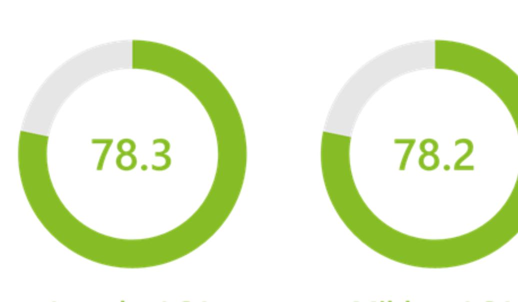
[4] Mildura LGA was selected as a comparator following analysis of Socio-Economic Indexes for Areas (SEFIA) score and ranking (Australia and Victoria), population size, median weekly household income, and indicators of disadvantage, social engagement, health status and service utilisation. It is, however, important to note that there are also differences between the Mildura and Latrobe LGAs. These differences include proximity to Melbourne and economic base.

The data demonstrates the Latrobe LGA has strengths to build on. It also indicates areas for improvement. These improvement areas include affordability of medical consultation and medication, access to allied health services, participation in physical activity, smoking status, drug usage and possession offences, and prevalence of heart disease and depression or anxiety.

Areas where the Latrobe LGA performs the same or better relative to the Mildura LGA, Gippsland Region and Victoria include self-reported wellbeing, fruit and vegetable consumption, and access to and utilisation of general practitioners.

Where a particular Latrobe Valley Initiative has sought to influence specific health and wellbeing parameters, publicly available health and wellbeing information will be one reference point that is considered in assessing the initiative's impact. It is acknowledged that shifts in many of these indicators can occur relatively slowly between now and 2020. As such, the evaluation will look at what changes have occurred across health and wellbeing parameters in Latrobe Valley and triangulate this information with qualitative and quantitative data obtained through the evaluation methods outlined above.

Figure 4: Baseline position of health and wellbeing in Latrobe Valley



Latrobe LGA | Mildura LGA | State of Victoria

Compared to the Mildura LGA* and state of Victoria – Latrobe LGA residents reported a similar level of wellbeing.

The average wellbeing score of Latrobe LGA residents was 0.1 points greater than Mildura LGA, and 1.0 points greater than Victoria (VicHealth, 2015).

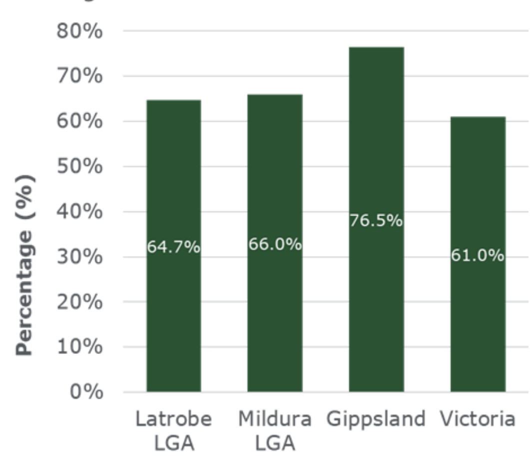
Health and lifestyle

How does Latrobe LGA fare relative to:

	Mildura LGA	Gippsland Region	State of Victoria
Fruit and vegetable consumption	Same or better	Same or better	Same or better
Participation in physical activity	Can improve	Can improve	Can improve
Smoking status (current smoker)	Can improve	Can improve	Can improve
Drug usage and possession offences	Can improve	Can improve	Can improve
Heart disease	Can improve	Can improve	Can improve
Anxiety or depression	Can improve	Can improve	Can improve

Key: Latrobe LGA fares the same or better; Latrobe LGA can improve

Community connectedness and participation



64.7% of Latrobe LGA residents identified that they live in a close-knit neighbourhood, (VicHealth, 2015).

Health service access and design

How does Latrobe LGA fare relative to:

	Mildura LGA	Gippsland Region	State of Victoria
Delaying medical consultation, unable to afford	Same or better	Same or better	Can improve
Delaying buying medication, unable to afford	Same or better	Can improve	Can improve
General practitioners per 1,000 population	Same or better	Same or better	Same or better
GP attendances per 1,000 population	Same or better	Same or better	Same or better
Allied health service sites per 1,000 population	Can improve	Can improve	Can improve
Dental service sites per 1,000 population	Same or better	Same or better	Can improve

Key: Latrobe LGA fares the same or better; Latrobe LGA can improve

*Mildura LGA was selected as a comparator following analysis of Socio-Economic Indexes for Areas (SEFIA) score and ranking (Australia and Victoria), population size, median weekly household income, and indicators of disadvantage, social engagement, health status and service utilisation. It is, however, important to note that there are also differences between the Mildura and Latrobe LGAs. These differences include proximity to Melbourne and economic base.

Findings, evidence and improvement opportunities

The evaluation is considering the effectiveness and appropriateness of the Latrobe Health Initiatives. This includes reflecting on what is going well, and where there are opportunities for improvement.

This section provides an overview of the common findings and improvement opportunities for the Assembly, Zone and Advocate.

Appropriateness

Findings

Assembly

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.

Zone

Evidence for the Zone draws from the Ottawa Charter for Health Promotion. This evidence has also informed the evaluation of the Zone.

Advocate

The introduction of the Advocate is warranted and supported by evidence.

Latrobe Health Assembly

The Assembly was set up to be innovative in its own right, recognising that a new and bold approach to health and wellbeing was needed in Latrobe Valley.

Based on a literature review and comparison to other participatory governance models, applying this type of participatory process to improving the health and wellbeing of Latrobe Valley is innovative within the Australian health context. It is appropriate that this type of approach be attempted as there are examples of where participatory forums have achieved success (e.g. the National Health Service (NHS) Patient and Public Involvement Forums in the UK). Equally, there are examples where such initiatives have experienced challenges due to low participant attendance and a sentiment of ongoing mistrust (e.g. the Municipal Health Councils in Brazil) (Cornwall, 2008).

While there is not research specifically examining where participatory forums have directly improved health outcomes, there is evidence that participatory democracy can positively enhance social capital[5]. Higher rates of social capital are associated with higher self-rated health and mental health, and lower child mortality rates and neighbourhood deaths (Beaudoin, 2009).

Latrobe Health Innovation Zone

In the Ottawa Charter, the World Health Organisation (WHO) asserts that “the prerequisites and prospects for health cannot be ensured by the health sector alone” (WHO, 1986). The Charter calls for “coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organizations, by local authorities, by industry and by the media” (WHO, 1986).

This Zone was set up to facilitate new ways of working between stakeholders in Latrobe Valley This includes stakeholders who directly and indirectly influence health and wellbeing. The Latrobe Health and Wellbeing Charter describes the aspirations of the Zone.

[5] Social capital is defined by the Organisation for Economic Co-operation and Development (OECD) as “networks together with shared norms, values and understandings that facilitate co-operation within or among groups” (Keeley, 2007)

CONFIDENTIAL

Latrobe Health Advocate

The position description of the Advocate reflects progressive principles of public health leadership. These principles stress the importance of an advocate who will leave the "comfort of the sidelines and wade into controversy" to represent their community's vision and values with transparency (Koh, 2009; Frenk et al., 2010).

Where similar initiatives have been tried, program designers have reported benefits in tackling health disadvantages. Researchers report the importance of communication, shared responsibility, and mutual respect, between an advocate and their community in achieving collaboration and enhancing health outcomes.

Improvement opportunities

Assembly

The Assembly should explore other successful participatory or deliberative forums to understand the key drivers of their success.

Zone

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.

Advocate

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).

Community 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.

More than half of community survey respondents had heard of the Assembly, compared with roughly one-third who had heard of the Zone, Charter and Advocate (Figure 5). However, when engaging with community members at local libraries, most had not heard of the Assembly, Zone or Advocate. Workshop participants advised that the initiatives are not well known in the community.

Awareness of the initiatives was lower among organisation survey respondents with exactly half reporting they had heard of the Assembly and just over one-quarter reporting they had heard of the Zone and Advocate. Approximately one-third of respondents had heard of the Charter (Figure 6).

Figure 5: Awareness of the initiatives among community survey respondents

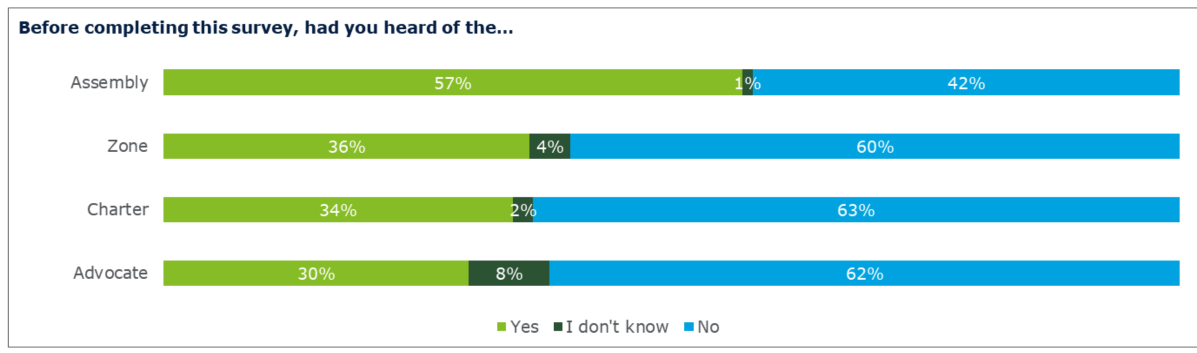
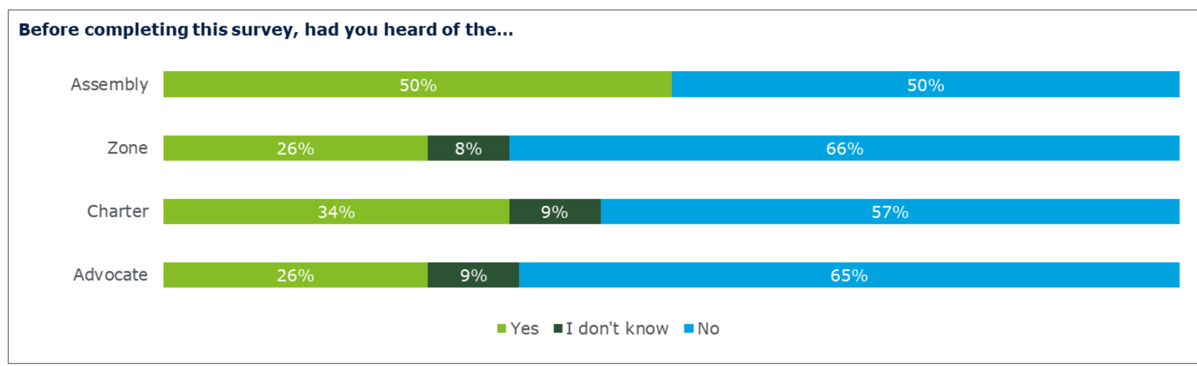


Figure 6: Awareness of the initiatives among organisation survey respondents



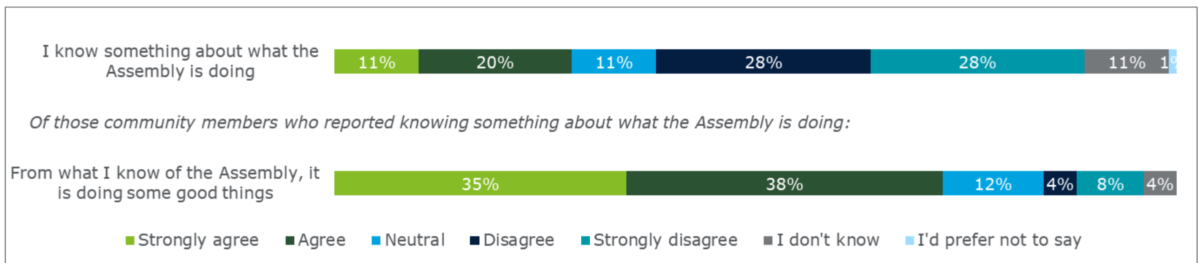
Roughly one-third of community survey respondents indicated that they think the Zone and Advocate are good ideas. Just over one-quarter indicated that they think the Zone and Advocate can improve health and wellbeing in Latrobe Valley. Optimism regarding the Assembly and its potential to improve health and wellbeing was slightly higher.

Of those community survey respondents who have heard of the Charter, a large proportion understand its purpose. A lesser proportion reported that they feel ownership of it, or feel that it describes their aspirations for the Zone. There was, however, a high proportion of "neutral" and "I don't know" responses received for each of these questions. This indicates poor understanding of how the initiatives can improve health and wellbeing in Latrobe Valley.

In terms of organisations within the Zone – those who responded to the organisation survey reported greater optimism regarding the initiatives and their potential to improve health and wellbeing in Latrobe Valley, compared with community survey respondents. However, there remains scope for improvement. Of those organisations who had heard of the Charter, only one-third reported that their organisation contributed to its development.

In relation to the Assembly, most community survey respondents did not report knowing something about what the Assembly is doing. Most respondents who knew something about what the Assembly is doing, think the Assembly is doing some good things (Figure 7).

Figure 7: Community survey respondents' perceptions of Assembly activities



The Assembly has intentionally held back from promoting their activities. The Assembly did not want to actively raise awareness or expectations until they had tangible achievements to point towards. This approach may have been warranted initially. However, the Assembly is now facilitating a number of projects. This means it is time for awareness to be increased. The Assembly has recognised this and has made some progress by building an online presence and developing a *Draft Communications Plan*.

These results are important because the Zone will improve health and wellbeing in Latrobe Valley by prompting key stakeholders to collaborate and work in new ways. This, in turn, should create a shared vision and sense of purpose.

With regards to awareness and understanding of the Advocate, it is important to note that these findings could change over the coming months as the Advocate becomes established in their role.

Improvement opportunities

Overview

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

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

Zone

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.

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

Assembly

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

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.

Advocate

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

Engagement and empowerment

Findings

Community engagement and empowerment

The Latrobe Health Initiatives need to generate a greater sense of community involvement and empowerment. This requires an appropriate model of community engagement.

Assembly member engagement and empowerment

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.

The Assembly represents a model of community participation. When compared with traditional approaches to community engagement, the Assembly membership represents a broader cross-section of Latrobe Valley communities.

The Assembly is making targeted efforts to increasing their engagement with Latrobe Valley communities. Considerations for effective ongoing engagement include:

- How disengaged and hard-to-reach groups are engaged
- Approaches that involve going to where the community is
- How technology could support community engagement
- If the Assembly could hold some public meetings
- What related consultation or engagement activities occurring in the community.

Closely related to the above points, the Assembly can refine its approach to member engagement. The Assembly has made progress in this regard. However, the Assembly needs to consider how to best support members who want to engage but are limited in doing so, given the current model.

The Advocate reported that a particular focus for their work will be engaging with marginalised groups who don’t necessarily feel that their voice is of value. The Advocate recognises this will be a gradual process requiring working together to build trust.

Improvement opportunities

Community engagement

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.

Assembly member engagement

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

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.

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.

Influence of the Latrobe Health Initiatives

Findings

Overview

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.

Latrobe Health Assembly

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.

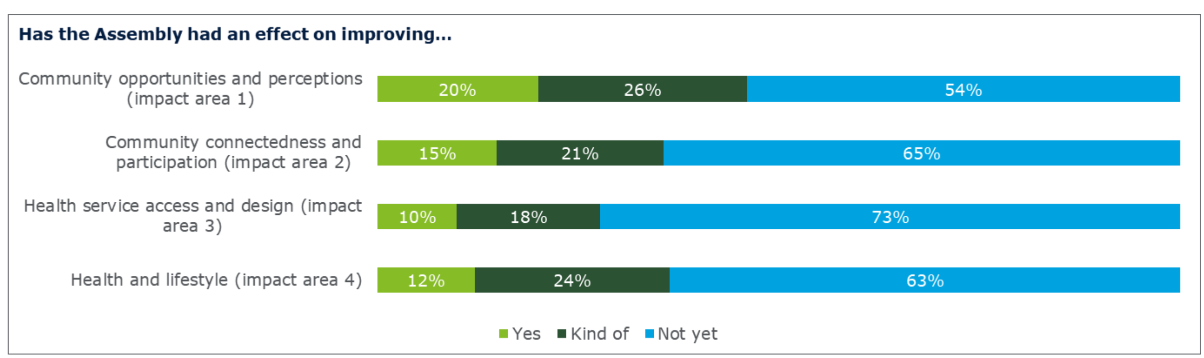
At this stage, Assembly projects are highly targeted in their audience and level of impact.

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.

Only 17% of health and wellbeing service providers who had taken steps to improve health and wellbeing in Latrobe Valley agreed this had been influenced by the Zone. This was the only group reporting an effect. None of these organisations felt these efforts had been influenced by the Assembly.

However, some community members who participated in a community workshop, library pop-up or Assembly Working Group meeting reported that in their view, the Assembly had contributed to the impact areas identified (Figure 8).

Figure 8: Proportion of community members who participated in a community workshop, library pop-up or Assembly Working Group meeting thought the Assembly had had some effect on the impact areas identified



While these foundations are unlikely to achieve long-term changes in health and wellbeing outcomes, they provide a good starting point from which the Assembly can continue to build on over time. It is important to recognise that measurable change in health and wellbeing will take time.

Improvement opportunities

Overview

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.

Latrobe Health Assembly

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.

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.

Innovation and evidence

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.

Innovation and evidence are complementary, not competing, concepts. Evidence can help to identify the greatest health and wellbeing issues, and approaches that have – or have not – been successful in addressing these issues in the past. This evidence provides the platform for innovation to occur.

Stakeholders reported varying perceptions of what is meant by innovation. While innovation takes time, the Latrobe Health Initiatives do need to ensure they are set up to deliver innovative approaches to health and wellbeing. They also need to be able to assess and measure their innovative impact over time.

Improvement opportunities

Defining innovation

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.

This will require collaboration and mechanisms for considering diverse ideas.

Relationship between innovation and evidence

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.

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.

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

Governance and working together

Findings

Stakeholders could benefit from greater clarity regarding:

- How the initiatives relate to, and interact with, one another and other key stakeholders within the Zone
- The initiatives' approach for engaging with and empowering Latrobe Valley communities
- Ensuring the satisfying of accountability requirements is aligned with Latrobe Health Initiative objectives.

This interim evaluation report draws from evidence collected throughout the evaluation to clarify the primary relationship flows and overarching operating model for the initiatives and other key stakeholders. These are shown in Figure 32 and Figure 33 in Part 2 of this report.

The Assembly has recently developed a high-level strategy titled *Our Dream, Our Plan*. This strategy is a necessary step towards ensuring the Assembly's efforts reflect the health and wellbeing priorities of Latrobe Valley communities. More detail is needed for this strategy to be effective in guiding the Assembly's prioritisation of ideas. The Assembly's strategy should also consider how their effectiveness can be maximised by working collaboratively with key stakeholders.

Improvement opportunity

The initiatives and key stakeholders within the Zone should ensure they have a shared understanding of their purpose, relationship and approach to working together.

Next steps

Presentation 3 will be delivered in late 2018. This presentation will focus on three key areas including engagement and empowerment, innovation, and governance and working together.

"People are talking and looking to the future, the way people are talking and looking now has changed"

Latrobe Valley community member

Contents

Executive summary 4

Latrobe Health Initiatives 4

Latrobe Health Assembly 4
Latrobe Health Innovation Zone 6
Latrobe Health Advocate 6

Evaluation of the Latrobe Health Assembly, Latrobe Health Innovation Zone and Latrobe Health Advocate 6

Description 6
Methodology 7
Evaluation reporting 8

Key indicators of baseline health and wellbeing in Latrobe Valley 8
Findings, evidence and improvement opportunities 11

Appropriateness 11
Community awareness and understanding 12
Engagement and empowerment 15
Influence of the Latrobe Health Initiatives 16
Innovation and evidence 17
Governance and working together 18

Next steps 18

Contents 20

Glossary 23

1 Introduction 26

1.1 Latrobe Health Initiatives 26

1.1.1 Latrobe Health Assembly 26
1.1.2 Latrobe Health Innovation Zone 27
1.1.3 Latrobe Health Advocate 28

1.2 Evaluation of the Latrobe Health Assembly, Latrobe Health Innovation Zone and Latrobe Health Advocate 29

1.2.1 Description 29
1.2.2 Methodology 29
1.2.3 This report 31

2 Baseline state of health and wellbeing in Latrobe Valley 33

2.1 Purpose 33
2.2 Overview 34
2.3 Health and lifestyle 36

2.3.1 Perceived health and wellbeing 36
2.3.2 Attitude towards smoking and drinking 36
2.3.3 Dietary choices 37
2.3.4 Physical activity 37

2.3.5 Health outcomes and hospitalisations 38
2.3.6 Mental health 39
2.3.7 Perceived social environment 40

2.4 Community connectedness and participation 42

2.4.1 Trust, resilience and participation 42

2.5 Health service access and design 43

2.5.1 Provision of services 43
2.5.2 Accessibility and utilisation of health services 45

3 Latrobe Health Initiatives 48

3.1 Appropriateness 48

3.1.1 Latrobe Health Assembly 48
3.1.2 Latrobe Health Innovation Zone 49
3.1.3 Latrobe Health Advocate 50

3.2 Community awareness and understanding 50

3.2.1 Overview 50
3.2.2 Latrobe Health Assembly 53
3.2.3 Latrobe Health Innovation Zone 53
3.2.4 Latrobe Health Advocate 54

3.3 Engagement and empowerment 54

3.3.1 Latrobe Health Assembly 55
3.3.2 Latrobe Health Advocate 56

3.4 Influence of the Latrobe Health Initiatives 57

3.4.1 Overview 57
3.4.2 Latrobe Health Assembly 58

3.5 Innovation and evidence 59

3.5.1 Defining innovation 59
3.5.2 Relationship between innovation and evidence 61

3.6 Governance and working together 62

4 Latrobe Health Assembly 66

4.1 Strategy and prioritisation 66
4.2 Operations 69
4.3 Summary of the Assembly's progress toward achieving the short term outcomes identified by Latrobe Valley communities 72

4.3.1 Improving community opportunities and perceptions 72
4.3.2 Improving community connectedness and participation 74
4.3.3 Improving health service access and design 75
4.3.4 Improving health and lifestyle 79

5 Latrobe Health Innovation Zone 82

5.1 Summary of the Zone's progress toward achieving the short term outcomes identified by Latrobe Valley communities 82

6 Latrobe Health Advocate 85

6.1 Summary of the Advocate's progress toward achieving the short term outcomes identified by Latrobe Valley communities 85

7 Next steps 87

7.1 For the evaluation 87
7.2 For the evaluation framework 87

Appendix 89

Appendix A: Evaluation framework 89
Appendix B: Baseline state of health and wellbeing in Latrobe Valley 96
B.1 Health and lifestyle. 96
B.2 Community connectedness and participation 100
B.3 Health service access and design 100
Appendix C: Community survey to evaluate activities in the Latrobe Health Innovation Zone 106
C.1 Target audience and sampling method 106
C.2 Summary statistics and graphs of responses received 106
Appendix D: Organisation Survey for the Latrobe Health Innovation Zone Evaluation 130
D.1 Target audience and sampling method 130
D.2 Summary statistics and graphs of responses received 130
Appendix E: Summary of Assembly projects under development (point in time view) 144
Appendix F: Summary of successful Assembly Health Innovation Grants Program submissions 151
Appendix G: Summary of projects for the Zone under development (point in time view) 157
Appendix H: References 163

Glossary

Table 1: Acronyms

Acronym	Full name
ACSC	Ambulatory Care Sensitive Conditions
AGM	Annual General Meeting
AIHW	Australian Institute of Health and Welfare
AM	Avoidable Mortality
B.	Baseline
B-1	Pre-baseline
CEO	Chief Executive Officer
CMY	Centre for Multicultural Youth
DET	Department of Education and Training
DHHS	Department of Health and Human Services
FLO	Flexible Learning Option
GP	General practitioner
IA	Impact area
LGA	Local Government Area
LHIZ	Latrobe Health Innovation Zone
MBS	Medicare Benefit Schedule
NAIDOC	National Aborigines and Islanders Day Observance Committee
NHS	National Health Service
OECD	Organisation for Economic Co-operation and Development
OOPP	Out of pocket payment
PiP	Partners in Parenting
SEIFA	Socio-Economic Indexes for Areas

Acronym	Full name
STEM	Science, technology, engineering, and mathematics
UK	United Kingdom
VIS	VicHealth Indicators Survey
VPHS	Victorian Population Health Survey
VR	Vocationally registered
WHO	World Health Organisation

Table 2: Abbreviations

Abbreviation	Full name
Advocate	Latrobe Health Advocate
Assembly	Latrobe Health Assembly
Charter	Latrobe Health and Wellbeing Charter
Deloitte	Deloitte Touche Tohmatsu Limited
Evaluation	Evaluation of the Latrobe Health Assembly, Latrobe Health Innovation Zone and Latrobe Health Advocate
Initiatives	See “Latrobe Health Initiatives”
Latrobe	Latrobe Local Government Area
Latrobe Health Initiatives	Latrobe Health Assembly, Latrobe Health Innovation Zone and Latrobe Health Advocate
Zone	Latrobe Health Innovation Zone

Part 1: Introduction and baseline state of health and wellbeing in Latrobe Valley

1 Introduction

This interim report provides both initial findings about the early progress of the Latrobe Health Initiatives and a baseline view of health and wellbeing in Latrobe Valley.

1.1 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.

1.1.1 Latrobe Health Assembly

The establishment of the Assembly was announced by The Hon. Jill Hennessy MP on 4 October 2016 (The Hon. Jill Hennessy MP, 2016). The Assembly was incorporated on 26 June 2017.

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 draft 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 consists of 45 members. The Assembly meet five times per year. Their first meeting was held on 19 December 2016. Assembly members volunteer their time to represent community member interests[6].

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.

The Victorian Minister for Health formally approved these Board members in November 2017. The first official Board meeting was held in December 2017[7]. Most Board members had been involved in the Assembly since its inception.

The Assembly has established four Working Groups:

- Chronic Illness and Wellness
- Children, Family and Young People

[6] Some Assembly members have been selected because it is considered important that their organisation is involved in the Assembly.

[7] The first official meeting of the Board was the first meeting after incorporation i.e. the July meeting. The full Board came together for the first time in December, after the community board members were endorsed by the Minister in November 2017.

- Make the Move
- Pride of Place.

The Working Groups meet monthly. A number of Assembly members participate in these meetings. These groups are the primary vehicle through which the Assembly progresses project ideas from conception through to delivery.

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 22 projects. Four projects are complete and a further 19 projects are in-development. Significant Assembly projects and their objectives include the:

- **Health Innovation Grants Program** – enabling Latrobe Valley communities to deliver their own identified initiatives and solutions to improve the health and wellbeing of Latrobe Valley. This has provided 23 grants.
- **Asthma Awareness Campaign** – raising public awareness about the importance of having an asthma management plan in partnership with Latrobe Community Health Service, Gippsland Primary Health Service, Latrobe Regional Hospital and local Medical Centres.
- **Dental Projects** – improving access to dental health services in Latrobe Valley through the Up-Skilling of Dental Assistants, Dental Voucher Scheme and Fluoride Varnish Treatment in Schools projects.
- **Self-Defence Classes** – engaging young women within Latrobe Valley to participate in scenario based self-defence classes to help them feel safe and connected to their community.
- **"Restoring the Cycle" Bike Restoration Program** – providing useful skills to youths in Latrobe Valley, and restored bikes to local charities supporting kids in need with the Flexible Learning Option (FLO) School.
- **Gratitude Wall and Before I Die Wall** – engaging Latrobe Valley community members in recognising what they are grateful for.

Please refer to Appendix E: Summary of Assembly projects under development (point in time view) for further detail regarding Assembly projects.

1.1.2 Latrobe Health Innovation Zone

The Zone is a geographical designation, aligned with Latrobe City Council and Latrobe Local Government Area (LGA) boundaries. The Zone's designation was announced in 2016. 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.

The Zone is not an entity and has no agency. How the Zone materialises is dependent on the actions of key stakeholders within the Zone including Latrobe Valley communities, the Assembly, the Advocate, DHHS and key health and wellbeing related organisations in Latrobe, many of whom are on the Board of the Assembly. This is further articulated by the Latrobe Health and Wellbeing Charter, described below.

The designation of the Zone may lead to positive change in the behaviour and coordination of these stakeholders and their projects, and a greater sense that health and wellbeing is important in Latrobe Valley.

A Social Marketing Team Coordinator and Social Marketing Production Officer for the Zone have recently been appointed and are co-located with the Assembly backbone.

1.1.2.1 Latrobe Health and Wellbeing Charter

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).

Figure 9: Latrobe Health and Wellbeing Charter logo

1.1.3 Latrobe Health Advocate

The World Health Organisation (WHO) defines health advocacy as a "combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme" (WHO, 1995).

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 this role on 1 June 2018 (The Hon. Jill Hennessy MP, 2018). The Advocate had been in this role for approximately one month at the time of writing this interim report.

In the Advocate model approved by the Minister for Health, the objective of the Advocate, as described by DHHS, is to provide independent advice to the Victorian Government on behalf of Latrobe Valley communities on system and policy issues affecting their health and wellbeing. The Advocate will also provide community-wide leadership for the Zone by enabling, mediating and advocating for health improvements through health and broader system improvements and change. The Advocate reports to the Victorian Minister for Health.

The Advocate will set out the priorities of their role when they delivers a Statement of Intent to the Minister for Health at the end of August 2018.

The Advocate's draft plan, as at 5 September 2018, indicates they will focus on the following four areas:

- **Establish the profile of the Latrobe Health Advocate** – building awareness of the Advocate among Latrobe Valley communities.
- **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.

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

1.2.1 Description

Deloitte has been engaged by DHHS to conduct a **developmental evaluation**[8] of the Assembly, Zone and Advocate.

To do this, Deloitte, with assistance from First Person Consulting, is **working with Latrobe Valley communities**, agencies, businesses, government, the Assembly and the Advocate.

The first step in the evaluation was to **work with Latrobe Valley communities and others to develop an evaluation framework**. In doing so, **Latrobe Valley communities** indicated they want these initiatives to deliver on four areas. These areas have been used in guiding the evaluation and its findings:

- Improve community opportunities and perception
- Improve community connectedness and participation
- Improve health service access and design
- Improve health and lifestyle.

The evaluation is now working with Latrobe Valley communities and others to carry out the evaluation – this started in early 2018 and will **continue until 2020**.

1.2.2 Methodology

The evaluation incorporates a developmental approach. The evaluation itself provides an opportunity for Latrobe Valley communities to influence the design and effectiveness of the Latrobe Health Initiatives.

The evaluation is also considering process and outcomes, as demonstrated by the evaluation questions described in the evaluation framework. The final report will have more of a focus on outcomes. This report is providing a basis for outcome reporting through the presentation of baseline data.

To be innovative, new approaches and ways of working are expected to be tried. As such, the evaluation will look at what has been tried to understand:

- What is going well?
- What are the opportunities for improvement?

The evaluation will share these insights and learnings so they may be incorporated in the future. This feedback is shared with Latrobe Valley communities, the Assembly, the Advocate and DHHS. This ensures transparency of findings and is designed to enable community engagement in the process.

[8] 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).

Presentation 1, the first in a series of six presentations, was publically released in March 2018. The interim report is the second presentation. This means there are four further presentations that will be released over the remaining course of the evaluation.

The feedback shared in this interim report is informed by a variety of data sources, including:

Table 3: Methodology for developing this interim report

Methodology for developing this interim report	
	Publicly available pre-baseline and baseline population health and wellbeing data at the Latrobe Local Government Area (LGA) level, compared with the Mildura LGA, Gippsland Region and state of Victoria, spanning the years 2011 to 2016 and 2015 to 2017 for pre-baseline and baseline, respectively
	170 responses to the broad survey for community members from May to July 2018 Please refer to Appendix C: Community survey to evaluate activities in the Latrobe Health Innovation Zone for more detail
	35 responses to the targeted survey for organisations from May to July 2018 Please refer to Appendix D: Organisation Survey for the Latrobe Health Innovation Zone Evaluation for more detail
	24 attendees over of four community workshops in June 2018
	Discussions with more than 25 community members over four community based visits to libraries, supermarkets and the local university – two of which were conducted in collaboration with the Assembly – in June 2018
	Attending existing meetings and events, and conducting observational ethnography of hard to reach groups – including the Centre for Multicultural Youth (CMY) Youth Advisory Group and community members attending National Aborigines and Islanders Day Observance Committee (NAIDOC) Week activities at The Gathering Place – from January to July 2018
	Compiling case studies drawn from Assembly self-evaluation forms, other Assembly-generated data and attending existing Working Group meetings
	Semi-structured interviews with 21 key stakeholders – including the Advocate, Assembly Board members, Assembly members and other key stakeholders in the Zone – from January to July 2018 – noting that the views expressed during these interviews are a function of the initiatives' progress at the time of each interview
	Other qualitative data collected during the development of the evaluation framework from May to December 2017

The evaluation team have undertaken an extensive process to advertise the community workshops, library pop-ups, survey and the targeted survey for organisations. This process is summarised in Table 4, below.

Table 4: Process to advertise community engagement activities for the interim report

Process to advertise community engagement activities for the interim report	
	Over 22,397 people reached through 62 Facebook posts since 25 January
	2,970 postcards handed out to businesses in Latrobe Valley or sent to their address, and placed on seats of the morning train departing Traralgon
	1,037 emails sent to community members, community groups and organisations in Latrobe Valley
	594 letters sent to community groups and organisations in Latrobe Valley
	200 posters handed out to businesses in Latrobe Valley
	122 phone calls to community groups in Latrobe Valley
	93 Facebook messages sent to Facebook pages in Latrobe Valley
	2 Latrobe Valley Express newspaper advertisements published on 31 May and 18 June 2018
	2 media interviews with Latrobe Valley Express and 9News Gippsland

1.2.3 This report

This report has considered the period from May 2017 to July 2018.

The purpose of this report is two-fold, to:

1. Provide a baseline summary of health and wellbeing in Latrobe Valley. This will provide a reference point for comparison in the final report.
2. Report on interim evaluation findings and opportunities for improvement.

As outlined in the evaluation framework, this report is guided by the following developmental and process evaluation questions:

Table 5: Evaluation questions guiding this report

ID	Type	Domain	Question
EQ1	Process	Appropriateness	How is the initiative employing innovative ways of improving health and wellbeing via a community-led approach?

ID	Type	Domain	Question
EQ2	Process	Appropriateness	How is the initiative informed by the existing evidence-base for improving health and wellbeing via a community-led approach?
EQ3	Process	Appropriateness	How appropriate is the initiative for improving health and wellbeing via a community-led approach?
EQ4	Developmental	Effectiveness	What is going well?
EQ5	Developmental	Effectiveness	What is not going well?
EQ6	Developmental	Effectiveness	What could be improved?
EQ7	Process	Effectiveness	To what extent do members of Latrobe Valley communities have a sufficient level of awareness and understanding of the initiative?
EQ8	Process	Effectiveness	How are members of Latrobe Valley communities involved with the initiative?
EQ9	Process	Effectiveness	How does the change made by the initiative align with expected timeframes?

Initiative refers to the Assembly, Zone and Advocate, interchangeably. Outcome evaluation questions (EQ10 to EQ14) will be addressed in the final report, due in early 2020.

Including this chapter, the structure of this report is:

- Part 1: Introduction and baseline state of health and wellbeing in Latrobe Valley
  - Chapter 1: Introduction
  - Chapter 2: Baseline state of health and wellbeing in Latrobe Valley
- Part 2: Overview of common interim evaluation findings and improvement opportunities
  - Chapter 3: Latrobe Health Initiatives
- Part 3: Initiative specific interim evaluation findings and improvement opportunities, and next steps
  - Chapter 4: Latrobe Health Assembly
  - Chapter 5: Latrobe Health Innovation Zone
  - Chapter 6: Latrobe Health Advocate
  - Chapter 7: Next steps
- Part 4: Appendix
  - Appendix.

2 Baseline state of health and wellbeing in Latrobe Valley

This section describes the status of health and wellbeing in the Latrobe Local Government Area. Comparative observations are made relative to the Mildura Local Government Area, Gippsland Region and state of Victoria.

The data presented is derived from publicly available pre-baseline and baseline population health and wellbeing data sources, spanning the years 2011 to 2016 and 2015 to 2017 for pre-baseline and baseline data sources, respectively.

2.1 Purpose

The purpose of this section is to describe the state of health and wellbeing in Latrobe Valley (Latrobe Local Government Area (LGA)), spanning the years 2011 to 2016 and 2015 to 2017 for pre-baseline and baseline data sources, respectively. Comparative observations are made relative to the Mildura LGA[9], Gippsland Region and the state of Victoria (Victoria).

The purpose of consolidating this information is to give an evidence informed picture of health and wellbeing in the Latrobe Valley.

Because the information is drawn from many sources, there is variation in the available time periods covered. There is also variation in statistical significance for the Latrobe LGA. Despite these limitations, this section provides relatively comprehensive picture of health and wellbeing. For the evaluation, this data will be monitored throughout the remainder of the project. It will be reported on again in detail in the final report due in 2020.

Where a particular initiative has sought to influence specific health and wellbeing outcomes, the data will be one reference point that is considered in assessing initiative impact. However, it is acknowledged that shifts in many of these indicators can occur relatively slowly and are influenced by many variables.

The evaluation is considering change in health and wellbeing indicators in Latrobe Valley and is combining this information with qualitative and quantitative data obtained through evaluation activities such as surveys, semi-structured interviews and place-based consultations.

For further detail, refer to Appendix B: Baseline state of health and wellbeing in Latrobe Valley.

---

[9] Mildura LGA was selected as a comparator following analysis of Socio-Economic Indexes for Areas (SEFIA) score and ranking (Australia and Victoria), population size, median weekly household income, and indicators of disadvantage, social engagement, health status and service utilisation. It is, however, important to note that there are also differences between the Mildura and Latrobe LGAs. These differences include proximity to Melbourne and economic base.

2.2 Overview

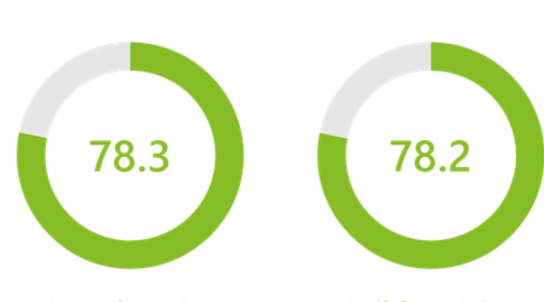
The data demonstrates the Latrobe LGA has strengths to build on. These include self-reported wellbeing, fruit and vegetable consumption, and access to and utilisation of general practitioners.

Equally, there are areas where health and wellbeing could be improved. These include affordability of medical consultation and medication, access to allied health services, participation in physical activity, smoking status, drug usage and possession offences, and prevalence of heart disease and depression or anxiety.

This picture is summarised in Figure 10, below.

Figure 10: Baseline position of health and wellbeing in Latrobe Valley

Self-reported wellbeing



Compared to the Mildura LGA* and state of Victoria – Latrobe LGA residents reported a similar level of wellbeing.

The average wellbeing score of Latrobe LGA residents was 0.1 points greater than Mildura LGA, and 1.0 points greater than Victoria (VicHealth, 2015).

Health and lifestyle

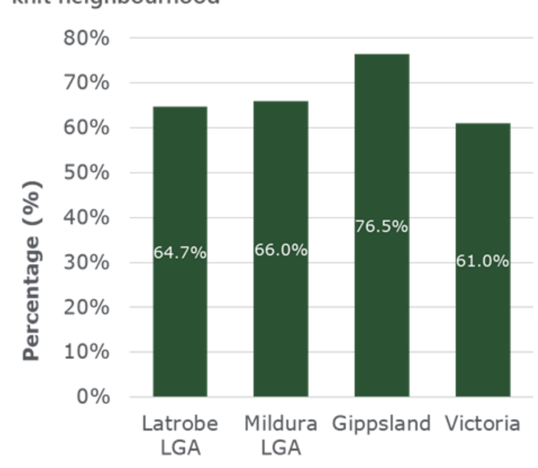
How does Latrobe LGA fare relative to:

	Mildura LGA	Gippsland Region	State of Victoria
Fruit and vegetable consumption	Latrobe LGA fares the same or better	Latrobe LGA fares the same or better	Latrobe LGA fares the same or better
Participation in physical activity	Latrobe LGA can improve	Latrobe LGA can improve	Latrobe LGA can improve
Smoking status (current smoker)	Latrobe LGA can improve	Latrobe LGA can improve	Latrobe LGA can improve
Drug usage and possession offences	Latrobe LGA can improve	Latrobe LGA can improve	Latrobe LGA can improve
Heart disease	Latrobe LGA can improve	Latrobe LGA can improve	Latrobe LGA can improve
Anxiety or depression	Latrobe LGA can improve	Latrobe LGA can improve	Latrobe LGA can improve

Key: Latrobe LGA fares the same or better; Latrobe LGA can improve

Community connectedness and participation

Perceptions of neighbourhood – this is a close-knit neighbourhood



64.7% of Latrobe LGA residents identified that they live in a close-knit neighbourhood, (VicHealth, 2015).

Health service access and design

How does Latrobe LGA fare relative to:

	Mildura LGA	Gippsland Region	State of Victoria
Delaying medical consultation, unable to afford	Latrobe LGA fares the same or better	Latrobe LGA fares the same or better	Latrobe LGA can improve
Delaying buying medication, unable to afford	Latrobe LGA fares the same or better	Latrobe LGA can improve	Latrobe LGA can improve
General practitioners per 1,000 population	Latrobe LGA fares the same or better	Latrobe LGA fares the same or better	Latrobe LGA fares the same or better
GP attendances per 1,000 population	Latrobe LGA fares the same or better	Latrobe LGA fares the same or better	Latrobe LGA fares the same or better
Allied health service sites per 1,000 population	Latrobe LGA can improve	Latrobe LGA can improve	Latrobe LGA can improve
Dental service sites per 1,000 population	Latrobe LGA fares the same or better	Latrobe LGA fares the same or better	Latrobe LGA can improve

Key: Latrobe LGA fares the same or better; Latrobe LGA can improve

*Mildura LGA was selected as a comparator following analysis of Socio-Economic Indexes for Areas (SEFIA) score and ranking (Australia and Victoria), population size, median weekly household income, and indicators of disadvantage, social engagement, health status and service utilisation. It is, however, important to note that there are also differences between the Mildura and Latrobe LGAs. These differences include proximity to Melbourne and economic base.

2.3 Health and lifestyle

Health and lifestyle includes life expectancy, how people perceive their health and wellbeing, attitudes towards smoking and drinking, dietary choices, physical activity, health outcomes and hospitalisations, mental health and perceived social environment.

2.3.1 Perceived health and wellbeing

The average life expectancy of Latrobe LGA residents – 82.2 years for women and 76.9 years for men – is lower than Mildura LGA (82.8 years for women; 77.5 years for men), Gippsland Region (84 years for women; 78.1 years for men) and Victoria (84.4 years for women; 80.3 years for men) (DHHS, 2015$_a$; DHHS, 2015$_b$; DHHS, 2015$_{c)}$.

However, perceived wellbeing increased between 2011 and 2015 (VicHealth, 2011$_a$; VicHealth, 2011$_b$; VicHealth, 2015$_a$; VicHealth, 2011$_b$). This means that when asked how they would rate their wellbeing on a scale of 0-100 (0 being poor, 100 being excellent), Latrobe LGA residents responded, on average, 77.7 out of 100 (VicHealth, 2015$_a$). This average was lower than the Mildura LGA (78.3) but higher than Victoria (77.3) (VicHealth, 2015$_a$; VicHealth, 2015$_b$).

Further to this point, 31.6% of residents stated that they were in "excellent" or "very good" health, and 38.6% said they were in "good" health (DHHS, 2014). This is compared to 35.4% and 40.4%, respectively, in Mildura LGA, 39.1% and 39.4%, respectively, in Gippsland Region, and 40.2% and 39.1%, respectively, in Victoria (DHHS, 2014). Recently published regional data reports that 52.2% of the Gippsland people stated they were in "excellent" or "very good" health, and 29.6% said they were in "good" health (DHHS, 2018). The same report reported that 44.1% of Victorians are in "excellent" or "very good" health, and 36.6% are in "good" health (DHHS, 2018).

2.3.2 Attitude towards smoking and drinking

Latrobe LGA residents are at less risk of a single alcohol-related injury or long-term harm, compared to the Gippsland Region average, and were at lower risk of a single alcohol-related injury, but at more risk of long-term harm from alcohol, compared to residents of Mildura LGA. However, these indicators were slightly higher in Latrobe LGA than Victoria (DHHS, 2014). In Latrobe LGA there is also a relatively lower social acceptance of occasional drunkenness (VicHealth, 2015$_a$) (Figure 11). This is supported by a recent Hazelwood Health Study report whereby Morwell participants were found to be less likely to be risky drinkers than Sale participants (Monash University, 2017$_a$).

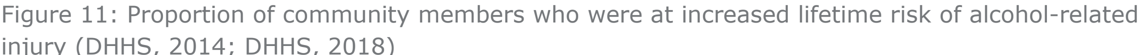
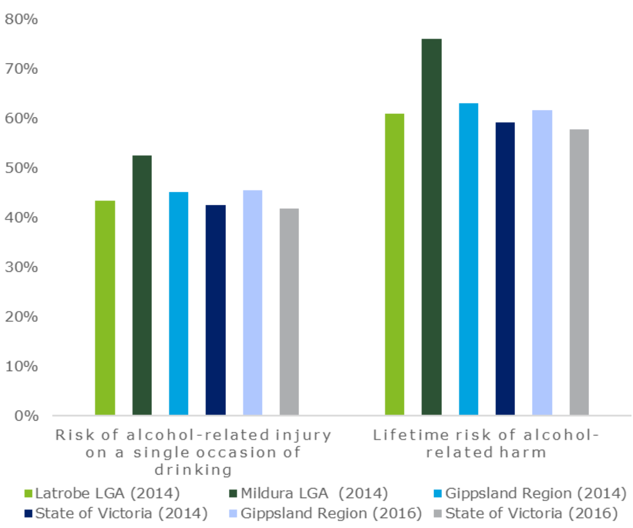


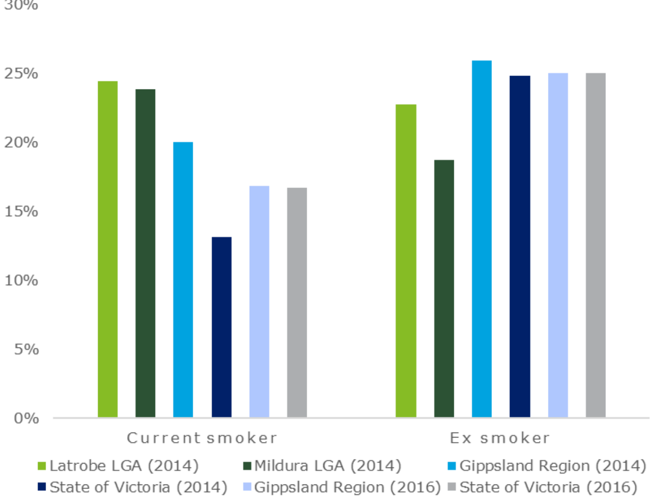
Figure 11: Proportion of community members who were at increased lifetime risk of alcohol-related injury (DHHS, 2014; DHHS, 2018)



Smoking is more common in the Latrobe LGA (24.4%) than in Mildura LGA (18.7%), Gippsland Region (20.0%) and Victoria (13.1%) (DHHS, 2014) (Figure 12). Similarly, smoking was more

commonly observed among Morwell participants than Sale participants in a recent Hazelwood Health Study report (Monash University, 2017_a). Prevalence of smoking has recently reduced in Gippsland, with 16.8% of the population currently smoking (DHHS, 2018). More Victorians, however, are now smoking (16.7%) (DHHS, 2018).

Figure 12: Smoking status of community members (DHHS, 2014; DHHS, 2018)



2.3.3 Dietary choices

Considering fruit and vegetable guidelines, 5.5% of the Latrobe LGA population are meeting both guidelines, compared to 4.2% of Mildura LGA, 4.9% of Gippsland Region and 4.4% of Victoria (DHHS, 2014). Recent data indicates that the proportion of Gippsland residents and Victorians meeting fruit and vegetable guidelines has decreased (2.8% and 3.3%, respectively) (DHHS, 2018).

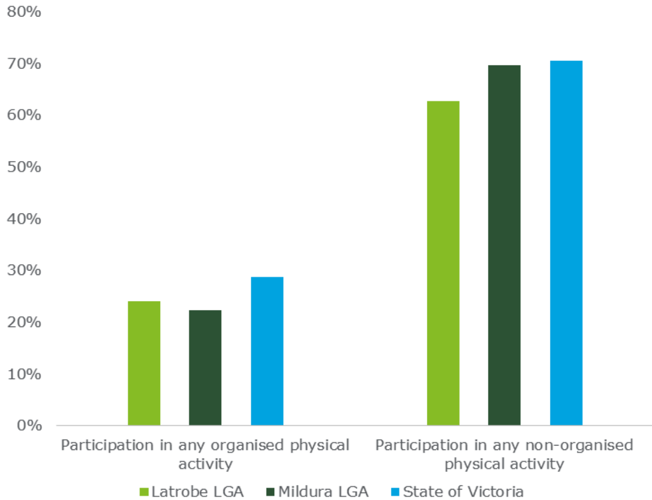
Drinking sugar-sweetened soft drinks every day is less popular in Latrobe LGA than in Gippsland Region – 16% of people in Latrobe LGA indicated this level of consumption, compared to 16.4% in Gippsland Region (DHHS, 2014). This is still relatively high, compared to Mildura LGA and the state-wide average, with 9.3% and 11.2% of Mildura LGA residents and Victorians, respectively, consuming sugar-sweetened soft drinks daily (DHHS, 2014).

2.3.4 Physical activity

The proportion of Latrobe LGA residents meeting exercise guidelines is 35.4%, compared to 45.6% in Mildura LGA, 41.8% in Gippsland Region and 41.4% in Victoria (DHHS, 2014). More recently, 51.7% of Gippsland residents and 49.2% of Victorians are meeting physical activity guidelines (DHHS, 2018). Participation in organised activity is lower in Latrobe LGA (23.9%) than in Mildura LGA (28.8%) but and the state level of 28.7% (VicHealth, 2015a; VicHealth, 2015b).

While Latrobe LGA residents were more likely to participate in non-organised physical activity – with 62.7% indicating this type of engagement with exercise, state-wide 70.5% of Victorians exercise in a non-organised way (VicHealth, 2015_a; VicHealth, 2015_b). In Mildura LGA, 68.7% of the population exercise in this manner (VIS 2015) (Figure 13).

Figure 13: Proportion of community members participating in organized and non-organized physical activity (VicHealth, 2015[a,b])



2.3.5 Health outcomes and hospitalisations

Almost 9% of the Latrobe LGA population experience heart disease. This is higher than the burden in Mildura LGA (7%), Gippsland Region (7.8%), and Victoria (7.2%) (DHHS, 2014). A recent Hazelwood Health Study reports similarly found that Morwell participants experienced statistically significant increases in diagnoses of high blood pressure and heart attack following the mine fire when compared with Sale participants (Monash University, 2017[a]). Further, recently published data indicates that heart disease in Victoria is increasing in prevalence, with 10.5% of the Gippsland region and 7.3% of Victorians having experienced heart disease (DHHS, 2018).

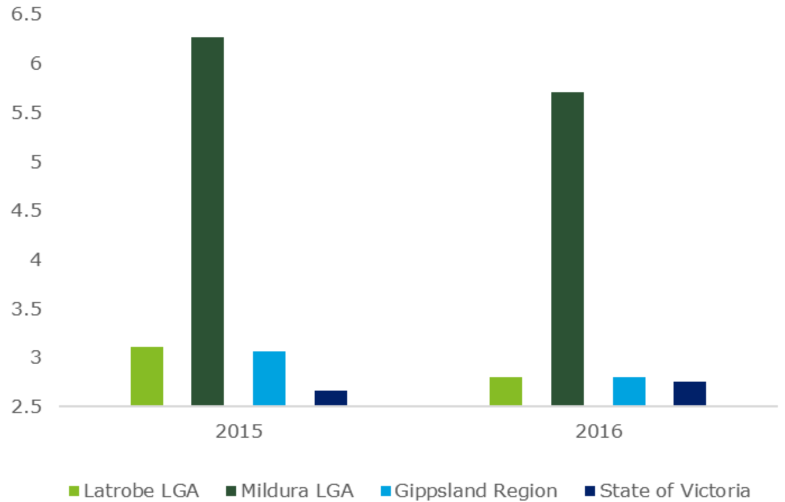
For cancer, 6.7% of the Latrobe LGA population had been diagnosed in 2014, compared with 9.7% of Mildura LGA, 6.9% of the Gippsland Region and 7.4% of Victorians (DHHS, 2014). In 2016, 9.1% of Gippsland residents and 7.8% of Victorians had received a cancer diagnosis (DHHS, 2018).

Strokes were found to have affected 2.5% of the Latrobe LGA population in 2014. This compares with 2.7% for Mildura LGA, 2.9% for Gippsland Region and 2.5% for Victoria (DHHS, 2014). The number of stroke cases increased in Gippsland and Victoria between 2014 and 2016, with 3.2% and 2.7% of the respective populations experiencing strokes (DHHS, 2018).

The rate of dental conditions decreased between 2015 and 2016 by almost 10% - from 228 conditions per 1,000 people in 2015 to 207 per 1,000 people (DHHS, 2015[e]; DHHS, 2016[b]).

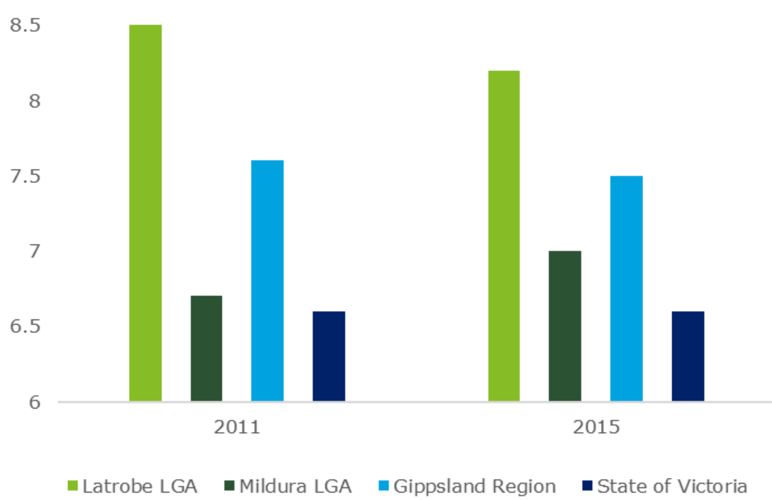
The rate of primary care type emergency department presentations decreased by 14% - from 201.1 per 1,000 people to 182.6 per 1,000 people (DHHS, 2011; DHHS, 2015[b]) (Figure 14).

Figure 14: Rate of dental conditions over a 12-month period (per 1,000 population) (DHHS, 2015d; DHHS, 2015e; DHHS, 2015f; DHHS, 2015g; DHHS, 2016a; DHHS, 2016b; DHHS, 2016c; DHHS, 2016d)



Similarly, while the proportion of babies with low birth weight in Latrobe LGA in 2015 (8.2%) was higher than that of Mildura LGA (7%), Gippsland Region 7.5%) and the state average of 6.6%, it decreased from 8.5% to 8.2% between 2011 and 2015 (DHHS, 2011; DHHS, 2015a; DHHS, 2015b; DHHS, 2015c) (Figure 15).

Figure 15: Rate of babies with low birth weight over a 12-month period (per 1,000 population) (DHHS, 2011; DHHS, 2015a; DHHS, 2015b; DHHS, 2015c)



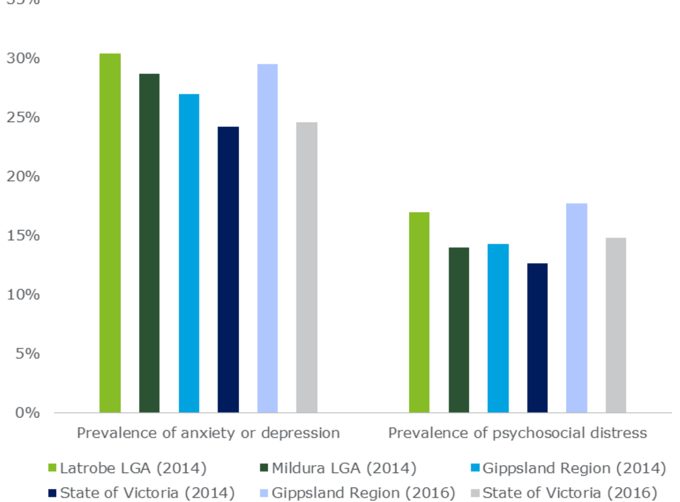
2.3.6 Mental health

Thirty per cent (30%) of Latrobe LGA residents reported having anxiety or depression, and 17 of every 100 patients were found to be experiencing high or very high levels of psychological distress (a Kessler 10 score of 22 or more) (DHHS, 2014). These findings indicate a relatively high prevalence of mental ill-health compared to the Mildura LGA (27%), Gippsland Region (28.7%) and Victoria (24.2%) (Figure 16) (DHHS, 2014). Prevalence of anxiety and depression increased, marginally, between 2014 and 2016, with 29.5% of Gippsland residents and 24.6% of Victorians reporting they experienced anxiety and depression (DHHS, 2018). Psychological distress in the Latrobe LGA is more prevalent than in Mildura LGA, Gippsland, and Victoria, where 14%, 14.3% and 12.6% of the respective populations experienced psychological distress in 2014

(DHHS, 2014). Reports of psychological distress in Gippsland and Victoria rose to affect 17.7% and 14.8% of populations, respectively (DHHS, 2018).

This is supported by findings from the Hazelwood Health Study whereby Morwell residents were found to be three times more likely than Sale residents to be diagnosed with post-traumatic stress disorder, however, this difference was not statistically significant. No significant differences were found between Morwell and Sale residents for anxiety, depression or any other mental health conditions measured (Monash University, 2017_{a}). By comparison, the Hazelwood Health Study Latrobe Early Life Follow-up found that 75% of women surveyed were sometimes stressed, stressed often, or nearly all of the time (Monash University, 2017_{b}).

Figure 16: Prevalence of anxiety, depression, and psychological distress (DHHS, 2014; DHHS, 2018)



In Latrobe LGA there are higher rates of intentional injuries treated in hospital than those recorded at regional and state level – 5.1 per 1000 people in Latrobe LGA, compared to 4.4 per 1000 in Gippsland Region and 3 per 1,000 in Victoria (DHHS, 2015_{a}; DHHS, 2015_{b}; DHHS, 2015_{c}). The rate of intentional injuries treated in hospital in Mildura LGA is 7.4 per 1,000 people (DHHS, 2015_{c}).

2.3.7 Perceived social environment

The proportion of Latrobe Valley residents who felt unsafe walking alone during the day rose from 4.9% in 2011 to 6.5% in 2015 (VicHealth, 2011_{a}; VicHealth, 2011_{b}; VicHealth, 2015_{a}; VicHealth, 2015_{b}). This compares with an increase from 2.9% to 9.6% in Mildura, and 3% to 7.5% in Victoria (VicHealth, $2011_{a,b}$; VicHealth, $2015_{a,b}$).

In the space of four years, the number of people who reported feeling unsafe walking alone at night increased by almost 25% (from 37.9% to 52.6%) (VicHealth, 2011a; VicHealth, 2015_{a}). A similar trend was noted in Mildura LGA (an increase of 19.5%, from 43.9% to 52.5%) and Victoria (an increase of 51%, from 29.7% to 44.9%) (Figure 17 and Figure 18).

Figure 17: Proportion of community members who felt unsafe walking alone during the day (VicHealth, 2011_a; VicHealth, 2011_b; VicHealth, 2015_a; VicHealth, 2015_b)

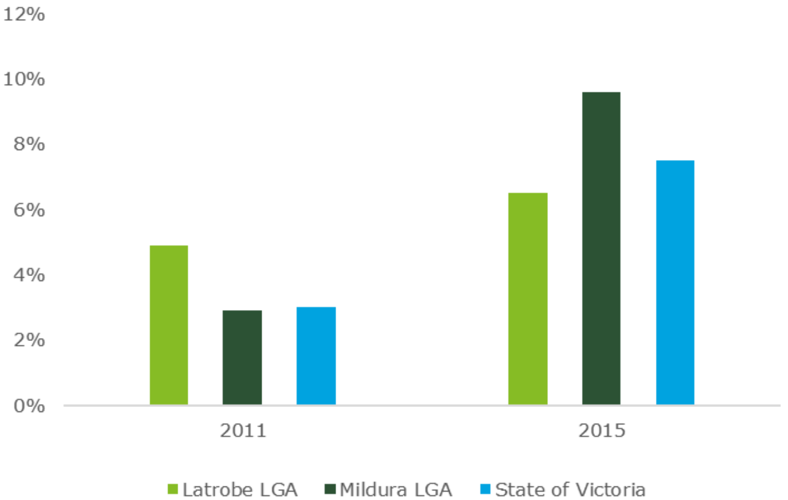
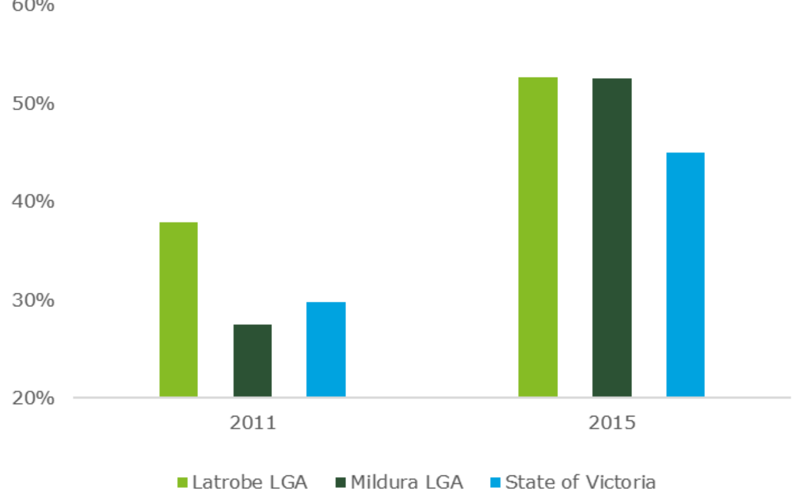


Figure 18: Proportion of community members who felt unsafe walking alone at night (VicHealth, 2011_a; VicHealth, 2011_b; VicHealth, 2015_a; VicHealth, 2015_b)



In terms of offences, while total offences in Victoria increased from 64 offences per 1,000 people 2011 to 82.6 per 1,000 people in 2015, they increased by from 100 to 180.4 per 1,000 people in the Latrobe LGA (DHHS, 2011; DHHS, 2015_a; DHHS, 2015_b; DHHS, 2015_c). This rate also surpassed that increase of offences between 2011 and 2015 in Mildura LGA (90.3 to 112.7 offences per 1,000 people) and Gippsland Region (68.5 to 109.5 offences per 1,000 people) (DHHS, 2011; DHHS, 2015_a; DHHS, 2015_b; DHHS, 2015_c) (Figure 19 and Figure 20).

Figure 19: Rate of total offences in community over a 12-month period (per 1,000 population) (DHHS, 2011; DHHS, 2015a; DHHS, 2015b; DHHS, 2015c)

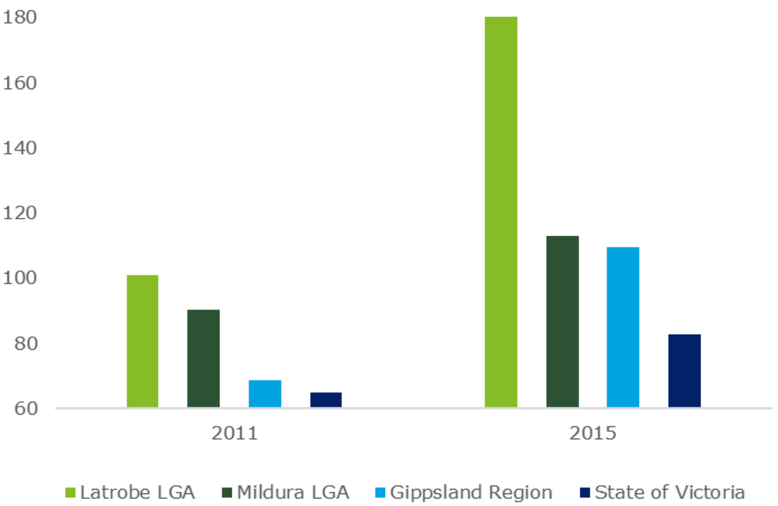
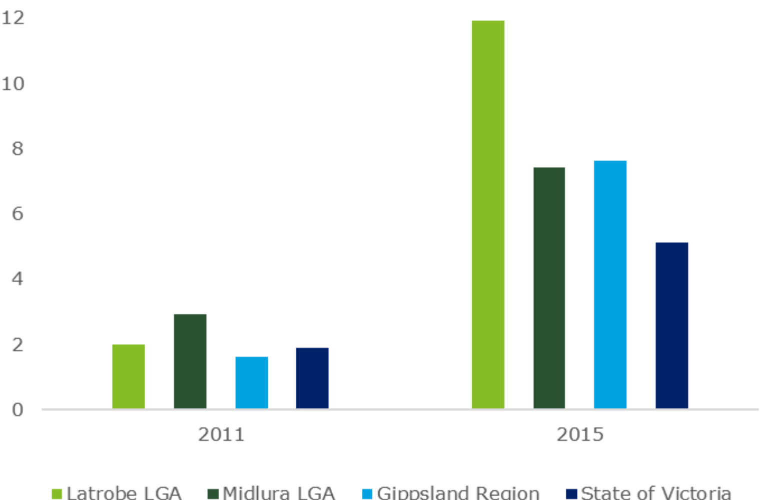


Figure 20: Rate of drug usage and possession offences in community over a 12-month period (per 1,000 population) (DHHS, 2011; DHHS, 2015a; DHHS, 2015b; DHHS, 2015c)



The frequency of drug usage and possession offences in Latrobe LGA increased from 2 incidents per 1,000 in 2011 to 11.9 incidents per 1,000 people in 2015 (DHHS, 2011; DHHS, 2015b). This figure is triple the increase in the rate of such offences between 2011 and 2015 in Victoria overall, where incidents increased from 1.9 to 5.1 incidents per 1,000 people (DHHS, 2011; DHHS, 2015b). The rate increase is also significantly higher than that in both Mildura LGA (incidents increased from 2.9 to 7.4 incidents per 1,000 people) and Gippsland Region (1.6 to 7.6 incidents per 1,000 people) (DHHS, 2011; DHHS, 2015a; DHHS, 2015c).

For further detail, refer to Appendix B: Baseline state of health and wellbeing in Latrobe Valley.

2.4 Community connectedness and participation

To understand the way in which Latrobe LGA residents engage with social issues, it is necessary to gauge how valued, trusted and motivated they feel.

2.4.1 Trust, resilience and participation

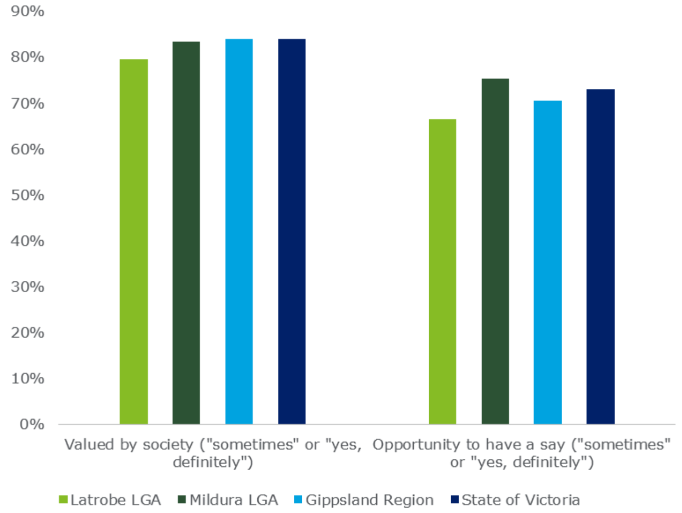
Fundamentally, the majority (64.7%) of Latrobe LGA residents identified that they live in a close-knit neighbourhood (DHHS, 2014). Just over 45% of Latrobe LGA residents reported "sometimes"

trusting their community, and 38.2% saying they "definitely" trusted their community (DHHS, 2014). This compares to 48.6% and 34% of residents in Mildura LGA "sometimes" and "definitely" trusting their communities, 41.6% and 41.6% of Gippsland residents "sometimes" and "definitely" trusting their communities, and 44.2% and 38.2% of Victorians "sometimes" and "definitely" trusting their communities (DHHS, 2014). Recently, those "sometimes" trusting their community increased to 61.7% in Gippsland, while those "definitely" trusting their community dropped to 25.4% (DHHS, 2018). Similarly, Victorians reporting "sometimes" trusting their communities increased to 55.1%, and those "definitely" trusting their communities dropped to 26.8% (DHHS, 2018).

Further, self-reported resilience was relatively high (6.3 out of 8) and comparable to Mildura LGA and state averages (6.5 out of 8 and 6.4 out of 8, respectively) (VicHealth, 2015_a; VicHealth, 2015_b). Thirty-six percent (36%) of residents reported active volunteering, and while this is slightly higher than the Victorian average (35%), the proportion of people volunteering in Latrobe LGA is lower in Mildura LGA (36.7%) and the Gippsland Region (41.7%) (DHHS, 2014) (Figure 21).

Interestingly, self-reported "opportunity to have a say" was lower among Latrobe LGA residents (66.4%) compared with Mildura LGA (75.2%), Gippsland Region (70.4%) and Victoria (72.9%). This is relevant given the Assembly's role of providing an avenue for community members to have their say about health and wellbeing in Latrobe Valley (DHHS, 2014) (Figure 21).

Figure 21: Responses to Victorian Population Health Survey regarding feeling valued and having the opportunity to contribute opinions (DHHS, 2014)



For further detail, refer to Appendix B: Baseline state of health and wellbeing in Latrobe Valley.

2.5 Health service access and design

The spread and number of healthcare professionals in an area indicates options available, locally, and service utilisation can provide an indication of the appropriateness, accessibility and integration of provided services. Moreover, we can identify pathways to potentially catastrophic out of pocket payments (OOPPs) by exploring how consultations are financed, and whether medical consultation and purchasing of prescription medications are delayed.

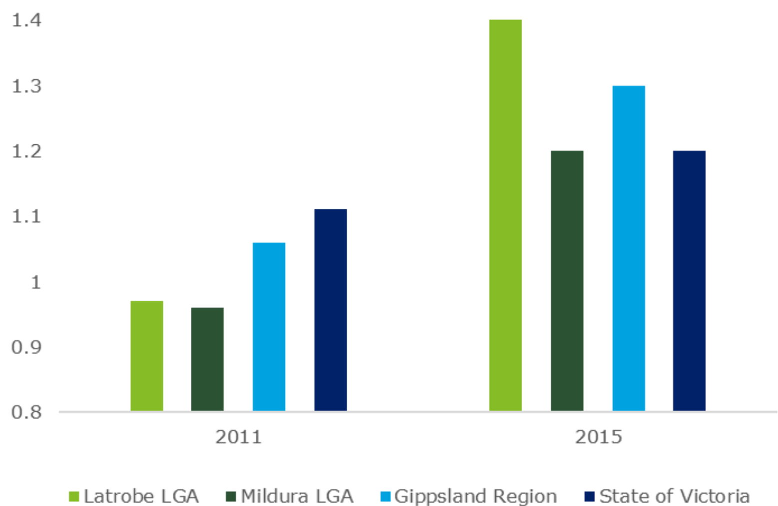
Together, this information effectively identifies the contextual appropriateness of local services and where integration and diversity can be improved.

2.5.1 Provision of services

The ratio of General Practitioners (GPs) people increased by almost 50% between 2011 and 2015 (from 0.97 to 1.4 GPs per 1,000 people), meaning that Latrobe LGA residents had more GPs

relative to their population than Victoria, Gippsland Region, and Mildura LGA (DHHS, 2011; DHHS, 2015_a; DHHS, 2015_b; DHHS, 2015_c) (Figure 22).

Figure 22: Rate of general practitioners (per 1,000 population) ((DHHS, 2011; DHHS, 2015_a; DHHS, 2015_b; DHHS, 2015_c))



Dental service sites per 1,000 people increased by 66.7% between 2011 and 2015 (DHHS, 2011; DHHS, 2015_b). This increase is not as dramatic as changes across the region and state, but the rate of dental services in Latrobe LGA in 2015 (0.2 per 1,000 people) was equivalent to that in Mildura LGA (0.2 per 1,000 people), Gippsland Region (0.2 per 1,000 people) and Victoria (0.3 per 1,000 people) (DHHS, 2011;DHHS, 2015_a; DHHS, 2015_b; DHHS, 2015_c).

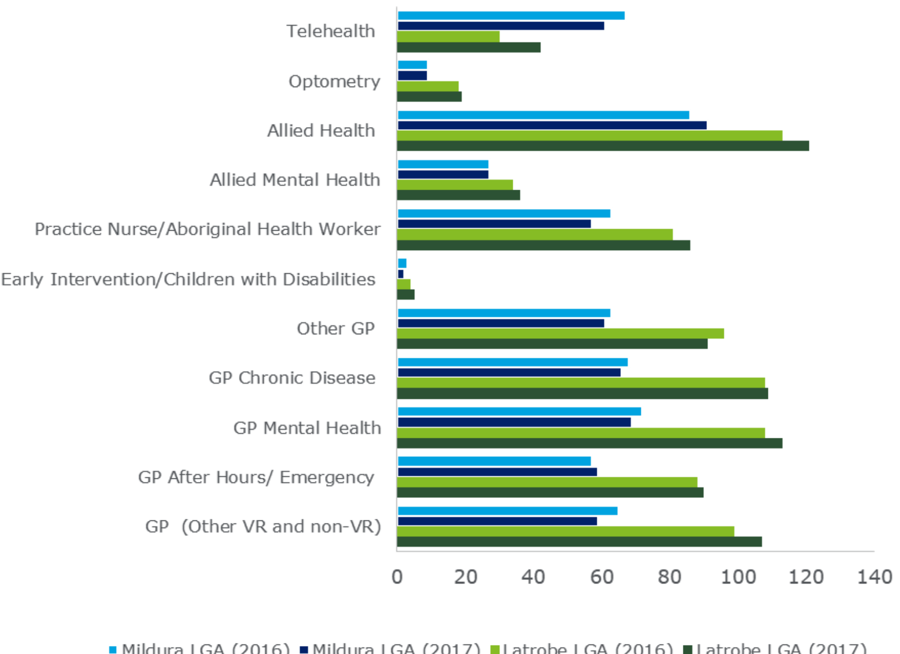
In contrast, in 2015, compared to Mildura LGA, Gippsland Region and Victoria, Latrobe LGA had the lowest number of allied health service sites per 1,000 population (0.7 sites per 1,000 people, compared to 1.1/1,000 people in Mildura LGA, 0.9/1,000 people in Gippsland Region, and 0.9/1,000 people in Victoria) (DHHS, 2015_a; DHHS, 2015_b; DHHS, 2015_c).

With the exception of “Other GP” services, providers of services on the Medicare Benefits Schedule in Latrobe LGA increased between 2016 and 2017, outnumbering those in Mildura LGA in all areas except for telehealth (DoH, 2017). Between 2016 and 2017, the number of Other vocationally registered (VR) and non-VR GP attendances increased by 8% and the number of After Hours/Emergency GP attendance providers increased by 2% (DoH, 2017).

In the same year, GPs providing Health Assessments increased by 2.1%, the number of those providing Mental Health services increased by 4.6%, and the number of those treating Chronic Disease increased by 0.9% (DoH, 2017). Concurrently, Early Intervention/Children with Disabilities service providers increased by 25%, the number of Practice Nurse/Aboriginal Health Workers in Latrobe LGA almost doubled those in Mildura LGA, expanding from 81 to 86 between 2016 and 2017 (DoH, 2017).

Similarly, the number of Allied Health providers more than doubled their colleagues in Mildura LGA, increasing by 7.8% between 2016 and 2017 (from 113 to 121) (DoH, 2017). Allied Mental Health professionals and Optometrists increased by almost 6% in the area. Finally, while Mildura LGA has more Telehealth professionals, Latrobe LGA witnessed a 40% increase between 2016 and 2017 (Figure 23).

Figure 23: Health service providers in the Latrobe and Mildura LGAs (DoH 2017)[10]



2.5.2 Accessibility and utilisation of health services

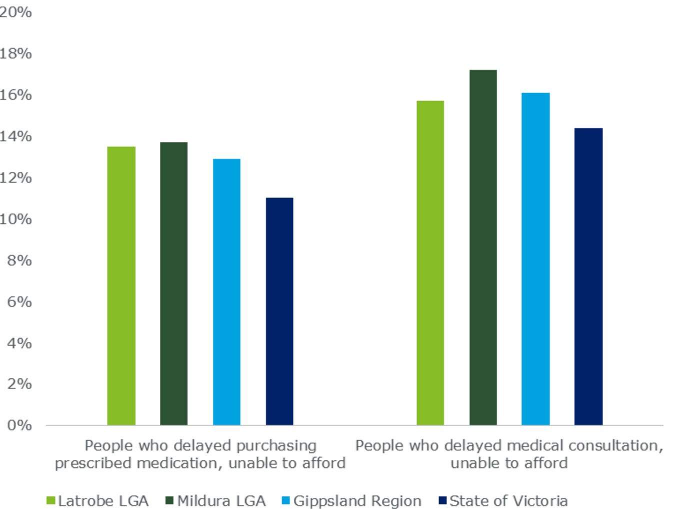
Service utilisation is relatively high in Latrobe LGA, compared to Mildura LGA, Gippsland Region and Victoria. In 2015, 99.8% of females and 91.1% of males in Latrobe LGA reported attending the GP (DHHS, 2015_b). Both males and females in the Latrobe area went to the doctor more frequently than those in Mildura LGA (98.5% of females and 91.9% of males), Gippsland Region (98% of females and 87.2% of males) and Victoria (94.4% of females and 85.6% of males), with GP appointments increasing at a rate of 11.6% between 2011 and 2015 (DHHS, 2011; DHHS, 2015_a; DHHS, 2015_b; DHHS, 2015_c). This could be interpreted as increased ill health, or as increased access to primary health.

Thirty eight percent (38%) of the Latrobe LGA population attended a specialist – 41.8% of these were female, 35% were male (DHHS, 2015_b). Latrobe LGA residents visited a specialist more frequently (1371.3 attendances per 1000 people) than the state average (1363.5 per 1000 people), as well as those in Gippsland Region (1238.1 per 1000 people), but less frequently than those in Mildura LGA (1470.8 per 1000 people) (DHHS, 2015_a; DHHS, 2015_b; DHHS, 2015_c). In terms of child health checks and maternal health checks for children aged 3.5 years of age, 65.9% of children in Latrobe LGA attended (DHHS, 2015_{bc}). This is lower than the proportion of children in Mildura LGA and Victoria attending these appointments (69.6% and 66.1%, respectively) (DHHS, 2015_c).

When Latrobe LGA residents went to see a GP, 78 out of 100 of them left with a prescription (DHHS, 2015_b). This is higher than the average in Victoria (71.1%) and Gippsland Region (75.6%), but lower than in Mildura LGA (80.3%) (DHHS, 2015_a; DHHS, 2015_c). While the proportion of those patients delaying purchasing their prescription medication because they were unable to afford was slightly lower in Latrobe LGA (13.5%) than that in Mildura LGA (13.7%), it was higher than the Gippsland Region (12.9%) and state-wide average (11.1%) (DHHS, 2015_a; DHHS, 2015_b; DHHS, 2015_c) (Figure 24).

[10] 'Other VR and non-VR' GPs provide the same standard of care, and have the same professional indemnity insurance cover, as Vocationally Registered GPs. To be vocationally registered, the GP must sit and pass an exam created by the Royal Australian College of General Practitioners. Non-VR GPs are ineligible for the same Medicare rebates as VR-GPs, leading to patients having greater out-of-pocket expenses.

Figure 24: Proportion of people delaying medical expenses, unable to afford (DHHS, 2015_a, DHHS, 2015_b, DHHS, 2015_c)



Similarly, 15 out of every 100 people in Latrobe LGA reported that they did not have enough money to pay to see a doctor when they wanted or needed to see one (DHHS, 2015_b). In Victoria, only 14.4% of people said that they did not see the doctor for lack of money, whereas 17.2% of people in Mildura LGA and 16.1% of people in Gippsland Region said they didn't have the money to pay to see a doctor when they wanted or needed to see one (DHHS, 2015_a; DHHS, 2015_b, DHHS, $2015_{c)}$.

For further detail, refer to Appendix B: Baseline state of health and wellbeing in Latrobe Valley.

Part 2: Overview of common interim evaluation findings and improvement opportunities

3 Latrobe Health Initiatives

The evaluation is considering the appropriateness and effectiveness of the Latrobe Health Initiatives. This includes reflecting on what is going well, and where the opportunities for improvement lie.

This section provides an overview of interim evaluation findings and improvement opportunities that are common for the Latrobe Health Assembly, Latrobe Health Innovation Zone and Latrobe Health Advocate.

3.1 Appropriateness

The evaluation is considering the appropriateness of the Latrobe Health Assembly (the Assembly), Latrobe Health Innovation Zone (the Zone) and Latrobe Health Advocate (the Advocate) for improving health and wellbeing in Latrobe Valley. "Appropriateness" considers whether the initiatives are suitable and evidence-based. This includes reflecting on academic literature supporting these initiatives and examples of where similar models have been tried before.

Findings

Assembly

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.

Zone

Evidence for the Zone draws from the Ottawa Charter for Health Promotion. This evidence has also informed the evaluation of the Zone.

Advocate

The introduction of the Advocate is warranted and supported by evidence.

3.1.1 Latrobe Health Assembly

The Assembly is an example of a participatory democratic forum. This means the Assembly allows community members to have a say in decision-making. Specifically, the Assembly was established to involve members of Latrobe Valley communities in decisions regarding health and wellbeing.

This is important because participatory democracy can enhance social capital[11]. Higher rates of social capital are associated with higher self-rated health and mental health, and lower child mortality rates and neighbourhood deaths (Beaudoin, 2009).

[11] Social capital is defined by the Organisation for Economic Co-operation and Development (OECD) as "networks together with shared norms, values and understandings that facilitate co-operation within or among groups" (Keeley, 2007)

To be effective, the Assembly needs to be empowering for community members. This means giving community members clear decision making autonomy. The Assembly must also be suitably representative of the community which they are intended to represent and be founded on trust.

Examples of forums similar to the Assembly are summarised in Case study 1, below.

Case study 1: Forums similar to the Assembly

Case study: Forums similar to the Assembly

1. Citizens Jury in Geelong, Australia

The Citizens Jury in Geelong, Australia involved a randomly selected group of 100 City of Greater Geelong residents. These residents came together over four months to consider how to redefine local council processes. The group drew from information provided by leading thinkers they had chosen to hear from. The successful outcome of this deliberative process was that the Victorian Legislative Council passed the City of Greater Geelong Amendment Bill 2017 on 8 June 2016. This new legislation led to the implementation of new Mayoral and Councillor structures, as recommended by the Citizens' Jury (newDemocracy, 2016).

2. Patient and Public Involvement Forums in the United Kingdom (UK)

The Patient and Public Involvement Forums in the United Kingdom encourage local residents to become members on the premise that the forums are proactive and able to influence the monitoring and review of existing or planned health services. These forums seek the views and experiences of patients. The intention is that this information positively influences future health service planning (Milewa, 2004).

3. Municipal Health Councils in Brazil

The Municipal Health Councils in Brazil build on the principle of “empowered participatory governance” (EPG). These councils are enshrined in law and are able to approve budgets, accounts and spending plans. They are known as “conselhos deliberativos” — which translates to “deliberative councils” (Cornwall, 2008).

3.1.2 Latrobe Health Innovation Zone

The Zone was established because it was recognised that a new approach to health and wellbeing in Latrobe Valley was needed.

The Latrobe Health and Wellbeing Charter describes the community’s aspirations for the Zone. The Charter also draws from the principles expressed in the Ottawa Charter. Namely, that “the prerequisites and prospects for health cannot be ensured by the health sector alone”, requiring “coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organizations, by local authorities, by industry and by the media” (WHO, 1986).

Around the world, a number of major health promotion interventions have been developed to implement the principles expressed in the Ottawa Charter. These include the establishment of Healthy Cities and Health Action Zones.

The following features of Health Action Zones are considered important in influencing positive outcomes:

- An overall vision statement or clear plan, including a logical pathway from vision to themes, objectives and targets
- Clear statements of what success would look like at specified points in the future
- Detailed descriptions of projects with defined short, medium and long term outcomes (Judge et al., 1999).

The learnings from evaluations of the Healthy Cities and Health Action Zones were incorporated in the evaluation framework for the Zone and should continue to inform the ongoing evaluation approach.

3.1.3 Latrobe Health Advocate

Enhancing social capital, health literacy and population health outcomes are shared responsibilities. This means stakeholders must work together to address complex public health issues at a community level (Kimberly, 2011; WHO, 1986). The key to bringing these stakeholders together is a motivated leader – an Advocate.

An Advocate should have strong interpersonal skills and insight, allowing them to navigate challenges, foster partnerships and build capacity (Gilson, 2016; Koh & Jacobson, 2006; Reddy et al. 2017). Furthermore, responsibility should be shared between an Advocate and their community. This is important for establishing a shared vision and maximising participation (Dupre et al., 2016; Stone et al., 2016; Franke et al., 2014; Kimberly, 2011). This is a common requirement among the Latrobe Health Initiatives.

This means the Latrobe Health Advocate should engage with Latrobe Valley communities to understand their health needs and concerns. This understanding should inform how the Advocate leverages their political relationships to advocate for local opportunities and services (Koh, 2009; Frenk et al., 2010). Communication, mutual trust and respect between the Advocate and Latrobe Valley communities is essential for promoting collaboration to enhance health outcomes (Catford, 1998; Dupre et al., 2016; Stone et al., 2016; Franke et al., 2014).

Improvement opportunities

Assembly

The Assembly should explore other successful participatory or deliberative forums to understand the key drivers of their success.

Zone

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.

Advocate

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).

3.2 Community awareness and understanding

The evaluation is considering the effectiveness of the information and communication flow between the initiatives and Latrobe Valley communities. This includes reflecting on whether the community knows about the initiatives and understands their purpose.

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.

3.2.1 Overview

More than half of community survey respondents had heard of the Assembly, compared with roughly one-third who had heard of the Zone, Charter and Advocate (Figure 5). However, when engaging with members of Latrobe Valley communities through workshops or at local libraries, most had not heard of the Assembly, Zone or Advocate.

Awareness of the initiatives was lower among organisation survey respondents with exactly half reporting they had heard of the Assembly and just over one-quarter reporting they had heard of

the Zone and Advocate (Figure 6). The same proportion of organisation survey respondents (34%) had heard of the Charter compared with community survey respondents.

Figure 25: Awareness of the initiatives among community survey respondents

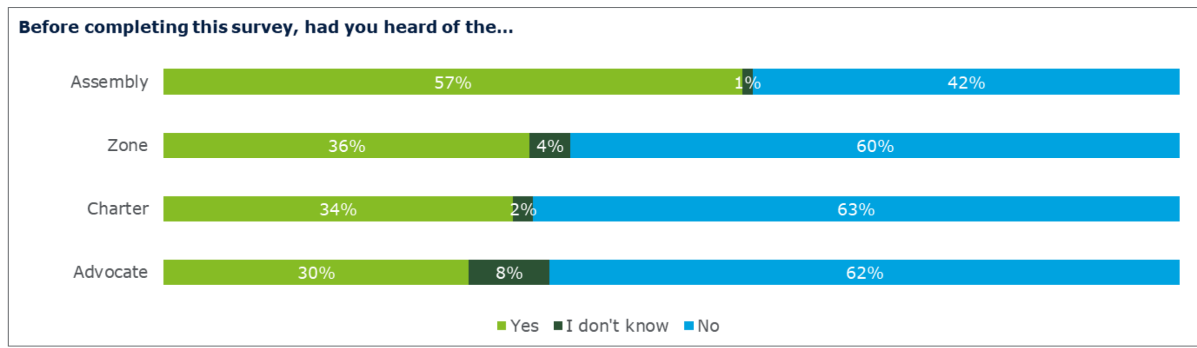
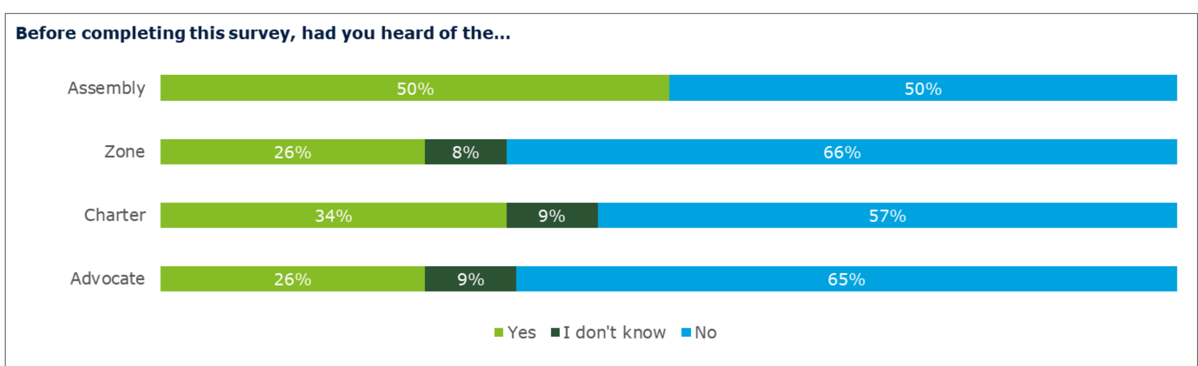


Figure 26: Awareness of the initiatives among organisation survey respondents



In terms of understanding the purpose of the initiatives, less than one-quarter of community survey respondents strongly agreed or agreed that they understood the purpose of the Zone or Advocate. Almost one-third of respondents indicated that they understood the purpose of the Assembly.

This survey data demonstrates that community buy-in to the initiatives can be improved. Only one-third of community survey respondents indicated that they think the Zone and Advocate are good ideas. A minority reported a belief that the Zone, Advocate or the Assembly can improve health and wellbeing in Latrobe Valley. These results reflect a degree of cynicism among community members (Figure 27).

Of those community survey respondents who have heard of the Charter, a large proportion understand its purpose. Yet only a minority of respondents reported that they contributed to its development, feel ownership of it, or feel that it describes their aspirations for the Zone (Figure 27). Given only approximately 1 in 5 respondents understand the purpose of the Zone, it is likely that the majority of respondents do not have a clear view of their aspirations for the Zone. This means they would be unable to comment on whether the Charter describes their aspirations for the Zone.

A high proportion of "neutral" and "I don't know" responses were received for each question. This indicates that how the initiatives can effect positive change in health and wellbeing in Latrobe Valley is poorly understood.

Figure 27: Understanding of and optimism for the initiatives among community survey respondents

Assembly

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
I understand the purpose of this initiative	6%	24%	19%	16%	13%	20%	1%
I think this initiative is a good idea	14%	26%	24%	4%	3%	29%	1%
I think this initiative can improve health and wellbeing in Latrobe Valley	11%	21%	26%	7%	4%	30%	1%

Zone

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
I understand the purpose of this initiative	5%	16%	18%	19%	16%	25%	1%
I think this initiative is a good idea	12%	22%	25%	1%	3%	36%	1%
I think this initiative can improve health and wellbeing in Latrobe Valley	10%	17%	27%	6%	3%	36%	2%

Of those community members who have heard of the Charter:

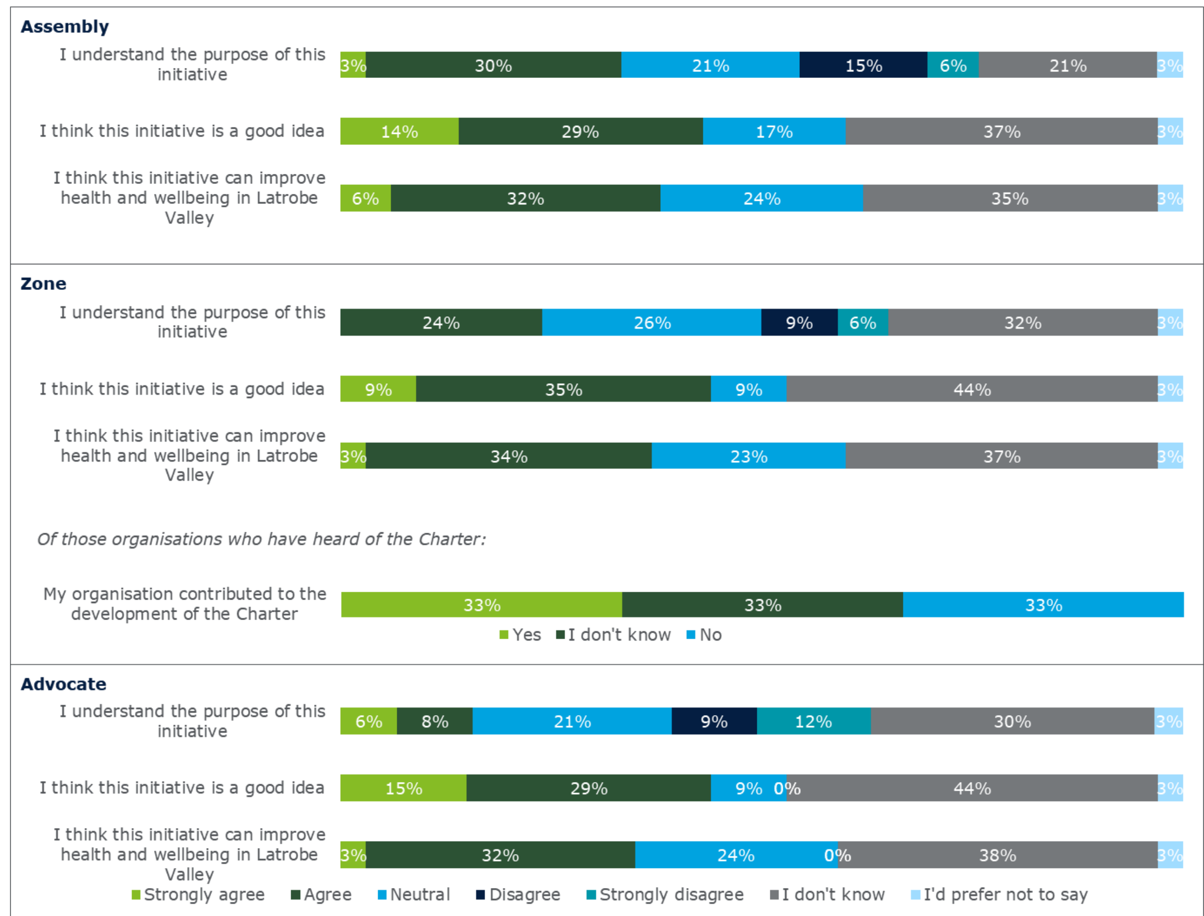
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
I understand the purpose of the Charter	20%	60%	10%	7%	3%		
I contributed to the development of the Charter	17%	21%	7%	34%	10%	7%	3%
I feel ownership of the Charter	3%	23%	20%	30%	17%		7%
The Charter describes my aspirations for the Zone	13%	33%	20%	17%	13%	3%	

Advocate

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
I understand the purpose of this initiative	5%	12%	20%	22%	16%	25%	1%
I think this initiative is a good idea	11%	21%	27%	2%	3%	36%	1%
I think this initiative can improve health and wellbeing in Latrobe Valley	10%	17%	27%	6%	3%	36%	2%

In terms of organisations within the Zone – those who responded to the organisation survey reported greater optimism for the initiatives and their potential to improve health and wellbeing in Latrobe Valley compared with community survey respondents. However, there remains scope for improvement (Figure 28). Of those organisations who had heard of the Charter, only one-third reported that their organisation contributed to its development (Figure 28).

Figure 28: Understanding of and optimism for the initiatives among organisation survey respondents



3.2.2 Latrobe Health Assembly

The Assembly was established to provide opportunities for community members to have their say in decisions that affect their health and wellbeing. To do this, the community will need to feel that "people like them" have been included in the decision making process.

If the Assembly does not increase its profile with some urgency, Latrobe Valley communities will not feel ownership for what the Assembly does. This needs to be addressed to support the Assembly's effectiveness and sustainability.

From the Assembly's perspective, a restrained approach to promoting their activities has been intentional. The evaluation recognises that the Assembly did not want to actively raise awareness and expectations until they had tangible achievements to point towards. The evaluation accepts this approach may have been warranted initially. However, the Assembly is now overseeing a number of projects. This means it is timely for awareness to be increased.

The Assembly recognises this and has made some progress in this regard. Steps taken by the Assembly include building an online presence through their website, Facebook page, Twitter account and Instagram account, and the development of a draft *Communications Plan*.

3.2.3 Latrobe Health Innovation Zone

The Zone represents a commitment to working together in new ways to improve health and wellbeing in Latrobe Valley. The Charter is intended to describe the community's aspirations for the Zone. This means it is important that Latrobe Valley communities and organisations are aware of and feel ownership for the Charter. If this is not the case, the Zone will be limited in its ability to positively influence health and wellbeing in Latrobe Valley.

The Zone will also be ineffective if it is perceived to be owned by any one organisation instead of by Latrobe Valley communities. This means stakeholders within the Zone must be seen to be working together via a networked approach.

The recent employment of a Social Marketing Team Coordinator and Social Marketing Production Officer for the Zone should assist in this regard.

3.2.4 Latrobe Health Advocate

The Advocate has been appointed to advocate for the health and wellbeing needs of Latrobe Valley communities. This means the Advocate will provide a voice into parliament for the people of Latrobe Valley. Therefore, community members must be aware of the Advocate and understand their role.

The Advocate had been in office for approximately one month at the time of writing this interim report. This means awareness and understanding of the Advocate could change over the coming months as they become established in their role.

Improvement opportunities

Overview

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

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

Zone

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.

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

Assembly

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

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.

Advocate

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

3.3 Engagement and empowerment

The evaluation is considering community involvement in the Latrobe Health Initiatives. This includes reflecting on how the initiatives engage and empower community members.

Findings

Community engagement and empowerment

The Latrobe Health Initiatives need to generate a greater sense of community involvement and empowerment. This requires an appropriate model of community engagement.

Assembly member engagement and empowerment

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.

3.3.1 Latrobe Health Assembly

3.3.1.1 Community engagement and empowerment

Traditional models for community engagement involve establishing a committee of community members. These groups often have limited genuine decision-making autonomy. By comparison, the Assembly has the authority to make decisions and allocate funds to projects. The Assembly also has a relatively large membership compared with traditional models. There are 45 members on the Assembly. These members live and work across a broad range of locations in Latrobe Valley.

However, the Assembly's membership alone does not mean the community at large have been engaged. The number of Assembly members is small relative to the population of Latrobe Valley.

The social networks of the 45 Assembly members presents a significant opportunity. For the Assembly to be effective, each Assembly member will need to play an active role in engaging with the community. This should be supported by the Assembly and Zone's communication teams. Engagement with community members needs to be strategic, meaningful and inclusive. If this is not the case, the Assembly will not empower the community.

The Assembly is making targeted efforts to increase their engagement with Latrobe Valley communities. For example, a full time employee of the Assembly backbone performs the role of the Engagement and Communications Coordinator. In addition, the Assembly is drafting a *Communications Plan* which includes community members as a target audience. However, there remains scope for further improvements, as evidenced by the survey results and community feedback.

3.3.1.2 Assembly member engagement and empowerment

Closely related to the above points, the Assembly can refine their approach to member engagement. Engagement of Assembly members is critical to the effectiveness and sustainability of the Assembly.

Assembly members are engaged via fortnightly newsletters, monthly working group meetings and quarterly whole-of-Assembly meetings. In addition, the Assembly runs a Basecamp site – a closed online collaboration tool that allows Assembly members to make posts and communicate between each other online. Assembly Board members also attend a monthly Board meeting.

There are 45 members on the Assembly, however, the number of members attending meetings is slipping and not all members participate regularly in a Working Group (Figure 29). This is supported by anecdotal evidence from Assembly members and backbone staff who reported that some Assembly members are more engaged than others. This is not surprising given Assembly members are community based volunteers.

Figure 29: Assembly member meeting attendance (data provided by Assembly backbone)

Number of Assembly members attending whole of Assembly meetings

22-Dec-16	7-Feb-17	22-Mar-17	2-May-17	1-Aug-17	14-Nov-17	6-Feb-18	10-Apr-18	5-Jun-18
38	41.0	33	28.0	35.0	38.0	28.0	25	26

Anecdotally, members who were directly invited to participate in the Assembly because of the organisation they work for are less engaged than members who applied to participate in the Assembly. In some instances, direct invitation Assembly members have repeatedly delegated their participation to less senior employees within their organisation. This is reported to occur for a variety of reasons, including because some direct invitation members do not live in Latrobe Valley.

Stakeholders also reflected that the addition of four community members to the Board has assisted in improving the flow of information between the Board and broader Assembly.

Assembly members were initially engaged until the first Annual General Meeting (AGM). Assembly memberships will soon be reviewed, followed by a recruitment drive to fill the gaps of memberships not renewed. This presents an opportunity for the Assembly to reinvigorate their membership.

Importantly, some stakeholders reported that they would have liked the initial process to recruit Assembly members to be more open.

3.3.2 Latrobe Health Advocate

The Advocate reported that a particular focus for their work will be engaging with marginalised groups who may feel their voice is undervalued. The Advocate recognises this will require a gradual process of working with the community to build trust.

Improvement opportunities

Community engagement

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.

Assembly member engagement

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

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

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.

3.4 Influence of the Latrobe Health Initiatives

The evaluation is considering the effectiveness of the Latrobe Health Initiatives' progress to date. This includes reflecting on whether the initiatives have influenced organisations within the Zone.

Findings

Overview

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.

Latrobe Health Assembly

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.

At this stage, Assembly projects are highly targeted in their audience and level of impact.

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.

3.4.1 Overview

Many organisations who responded to the organisation survey reported that they had taken steps to improve health and wellbeing in Latrobe Valley. However, only 17% of health and wellbeing service providers agreed the steps they had taken to improve health and wellbeing had been influenced by the Zone. This was the only group reporting an effect. None of these organisations felt their efforts had been influenced by the Assembly (Figure 30).

The proportion of organisations who are influenced by the Zone to take steps to improve health and wellbeing should increase as the meaning of the Charter is brought to life.

Figure 30: Influence of the Zone and Assembly reported by organisation survey respondents

Health and wellbeing service providers

My organisation has taken steps to improve the health and wellbeing in the Latrobe Valley: 100%

Yes / I don't know / No

Of those organisations who selected "yes":

This has been influenced by the Assembly: 17% / 33% / 50%

This has been influenced by the Zone: 17% / 33% / 50%

Strongly agree / Agree / Neutral / Disagree / Strongly disagree / I don't know / I'd prefer not to say

Providers of goods or services that can also influence health and wellbeing

My organisation has taken steps to improve the health and wellbeing in the Latrobe Valley: 63% / 21% / 16%

Yes / I don't know / No

Of those organisations who selected "yes":

This has been influenced by the Assembly: 10% / 30% / 30% / 30%

This has been influenced by the Zone: 10% / 30% / 30% / 30%

Strongly agree / Agree / Neutral / Disagree / Strongly disagree / I don't know / I'd prefer not to say

Physical activity providers

My organisation has taken steps to improve the health and wellbeing in the Latrobe Valley: 71% / 29%

Yes / I don't know / No

Of those organisations who selected "yes":

This has been influenced by the Assembly: 20% / 20% / 20% / 40%

This has been influenced by the Zone: 20% / 20% / 20% / 40%

Strongly agree / Agree / Neutral / Disagree / Strongly disagree / I don't know / I'd prefer not to say

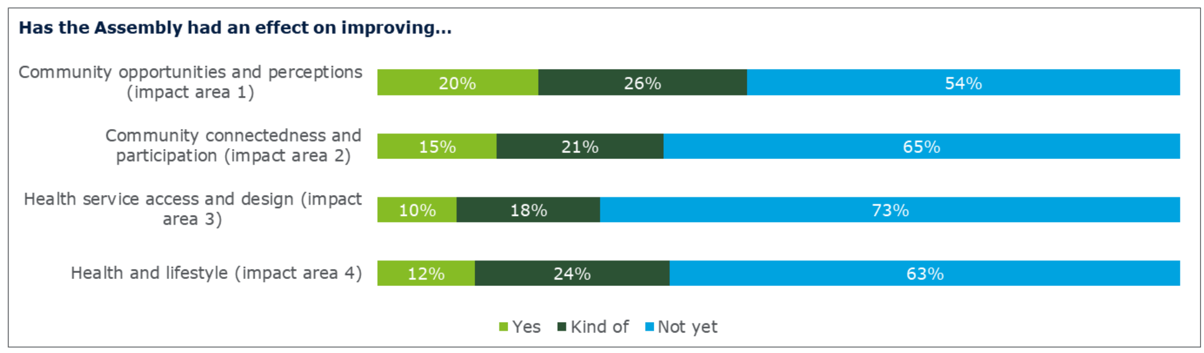
3.4.2 Latrobe Health Assembly

The time taken to set-up the Assembly was longer than expected, however, stakeholders reflected that the time taken was necessary. Stakeholders also reported that the Assembly's incorporation and the addition of four community members to the Board were significant Assembly milestones.

When reflecting on the Assembly's progress to date, Assembly members expressed sentiment related to "hopefulness and foundation-setting". These foundations alone are unlikely to improve health and wellbeing outcomes. However, they provide a good starting point for the Assembly can to build on over time.

By comparison, only a small proportion of community members consulted thought the Assembly had had some effect on the impact areas identified (Figure 31).

Figure 31: Proportion of community members who participated in a community workshop, library pop-up or Assembly Working Group meeting thought the Assembly had had some effect on the impact areas identified



This means the next six to 12 months will be a critical momentum building period for the Assembly. This momentum will critically influence the Assembly's ability to achieve scale and sustainability.

However, it is important to recognise that measurable change in health and wellbeing will take time.

Improvement opportunities

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.

Latrobe Health Assembly

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.

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.

3.5 Innovation and evidence

The evaluation is considering the extent to which the Latrobe Health Initiatives are innovative and informed by evidence. This includes reflecting on whether the initiatives have a focus on new and creative approaches for improving health and wellbeing. And, how evidence is made available to, and used by, the initiatives.

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.

3.5.1 Defining innovation

Stakeholders reported varying perceptions of what is meant by innovation. Most commonly, innovation was described as something that has not been done before in the Latrobe Valley. This is not a sufficiently ambitious definition of innovation. An alternative definition is provided below.

Definition 1: Innovation

Innovation

"Innovation involves **deliberate application of information**, **imagination** and **initiative** in **deriving greater or different values from resources**, and includes all processes by which new ideas are generated and converted into useful products [or projects]" (Business Dictionary, n.d.).

Innovation in a **social context** helps to create **new methods for creating alliances and joint ventures**. The Business Dictionary defines two broad categories of innovation:

1. **Evolutionary innovation** – brought about by many incremental advances in technology or processes. Also called continuous or dynamic evolutionary innovation.
2. **Revolutionary innovation** – often disruptive and new. Also called discontinuous innovation (adapted from Business Dictionary, n.d.).

Innovation is **synonymous with risk-taking**. Imitators take less risk because they will start with an innovator's product and take a more effective approach (adapted from Business Dictionary, n.d.).

For example, the Assembly recently conducted a Health Innovation Grants Program (Case study 2). All grant applications were required to demonstrate how they meet a number of principles, including "innovation". In this context, innovation was assessed by asking: "how is the project different, new or inventive for the organisation submitting the application and its membership/participants?". If the Assembly were to run the grants program again, this could be amended to: "how is the project different from what has been tried before, anywhere?".

However, it is important to acknowledge that innovation takes time. This means not everything the initiatives do will be innovative. The challenge for the initiatives will be embedding innovation in their everyday operations. Other challenges will be in developing criteria for assessing whether an idea is innovative.

Case study 2: Health Innovation Grants Program

Case study: Health Innovation Grants Program

Vision: To enable local community groups, work places, schools, sporting clubs and community members to implement innovative projects that improve the health and wellbeing of Latrobe Valley communities.

Innovation: All grant applications must demonstrate how they meet a number of guiding principles, including "innovation". In this context, innovation is assessed by asking: "how is the project different, new or inventive for the organisation submitting the application and its membership/participants?"

Evidence: The Assembly business case states that the health and wellbeing of Latrobe Valley communities is being negatively affected by a number of different causes, both environmental and economic. Grant programs are a common method of empowering community to deliver projects that they have identified as being important and impactful. Currently there are a number of existing grant programs in Latrobe Valley.

Description: The Health Innovation Grants Program will enable Latrobe Valley communities to deliver their own identified initiatives and solutions to improve the health and wellbeing of Latrobe Valley.

The program is guided by the following principles:

- Innovative
- Meets Working Group objectives

- Leverages complementary resources
- Sustainable
- Locally focused.

An engagement and marketing process was undertaken with the community to advertise the program. This process was developed and managed by the Assembly backbone staff, in conjunction with the Working Groups.

Outcomes: A Grants Review Panel – incorporating members from the Assembly Board, backbone staff and representatives from each Working Group – reviewed all applications.

Grants were awarded in June 2018 to 23 successful submissions. Please refer to the Appendix F: Summary of successful Assembly Health Innovation Grants Program submissions for more information.

Next steps: It is expected that this program will soon be reviewed by the Grants Review Panel and others as the Assembly commences planning for a second round of innovation grants.

3.5.2 Relationship between innovation and evidence

Innovation and evidence are complementary concepts. Evidence can help to identify the greatest health and wellbeing issues, and approaches that have – or have not – been successful in addressing these issues in the past. This evidence provides the platform on which the Assembly stands to innovate.

The Assembly project management framework demonstrates a positive approach to considering evidence in Assembly decision making. This framework requires that members prepare a project initiation document and business case detailing the supporting evidence for each idea they wish to develop.

The Asthma Awareness Campaign (Case study 5) is an example of how the Assembly has used evidence to inform their activities.

While this is a good example, some stakeholders reported differing views of the Assembly's willingness to listen to experts and consult the evidence-base. It is hoped the Planning and Research Officer will improve this by providing members with evidence tailored to their needs. This Officer is a recent addition to the Assembly backbone.

The position description for the Planning and Research Officer states they will research, document and analyse the wide range of information relating to health and wellbeing activities in Latrobe Valley (Latrobe Health Assembly, 2017). Key responsibilities of the Planning and Research Officer include:

- Researching, sourcing and evaluating information that relates to the work of the Assembly
- Researching information useful to the work of the Assembly, in conjunction with the Assembly and staff, in response to the needs of the Assembly working groups
- Developing and maintaining a database of relevant information regarding programs, projects and research work relevant to Latrobe Valley
- Identifying new programs or projects that should be added to the database to ensure it is up to date and relevant
- Developing relationships with local agencies to assist with accessing information
- Acting as a change agent and supporting the initiatives (Latrobe Health Assembly, 2017).

Improvement opportunities

Defining innovation

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.

This will require collaboration and mechanisms for considering diverse ideas.

Relationship between innovation and evidence

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.

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.

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

3.6 Governance and working together

The evaluation is considering the effectiveness of the Latrobe Health Initiatives. This includes reflecting on how the initiatives work together and with other key stakeholders within the Zone.

Findings

Stakeholders could benefit from greater clarity regarding:

- How the initiatives relate to, and interact with, one another and other key stakeholders within the Zone
- The initiatives' approach for engaging with and empowering Latrobe Valley communities
- Ensuring the satisfying of accountability requirements is aligned with Latrobe Health Initiative objectives.

This section seeks to clarify the primary relationship flows (Figure 32) and overarching operating model (Figure 33) for the initiatives and key stakeholders within the Zone. These figures have been developed by drawing on evidence collected throughout the evaluation.

The relationship flows depicted in Figure 32 have been limited to "works with", "influences" and "gives voice to" – noting that many relationships will take place in the Zone, including between a broad range of stakeholders.

The overarching operating model depicted in Figure 33 describes the vision, communications and branding, strategy, operations, and governance and reporting for the initiatives. This framework is derived from the Deloitte Target Operating Model framework (Deloitte, 2014).

Please refer to Section 4. Latrobe Health Assembly for findings and improvement opportunities specifically related to the Assembly's draft strategy – *Our Dream, Our Plan* – and operations.

Improvement opportunity

The initiatives and key stakeholders within the Zone should ensure they have a shared understanding of their purpose, relationship and approach to working together.

Figure 32: Primary relationship flows between key stakeholders within the Zone

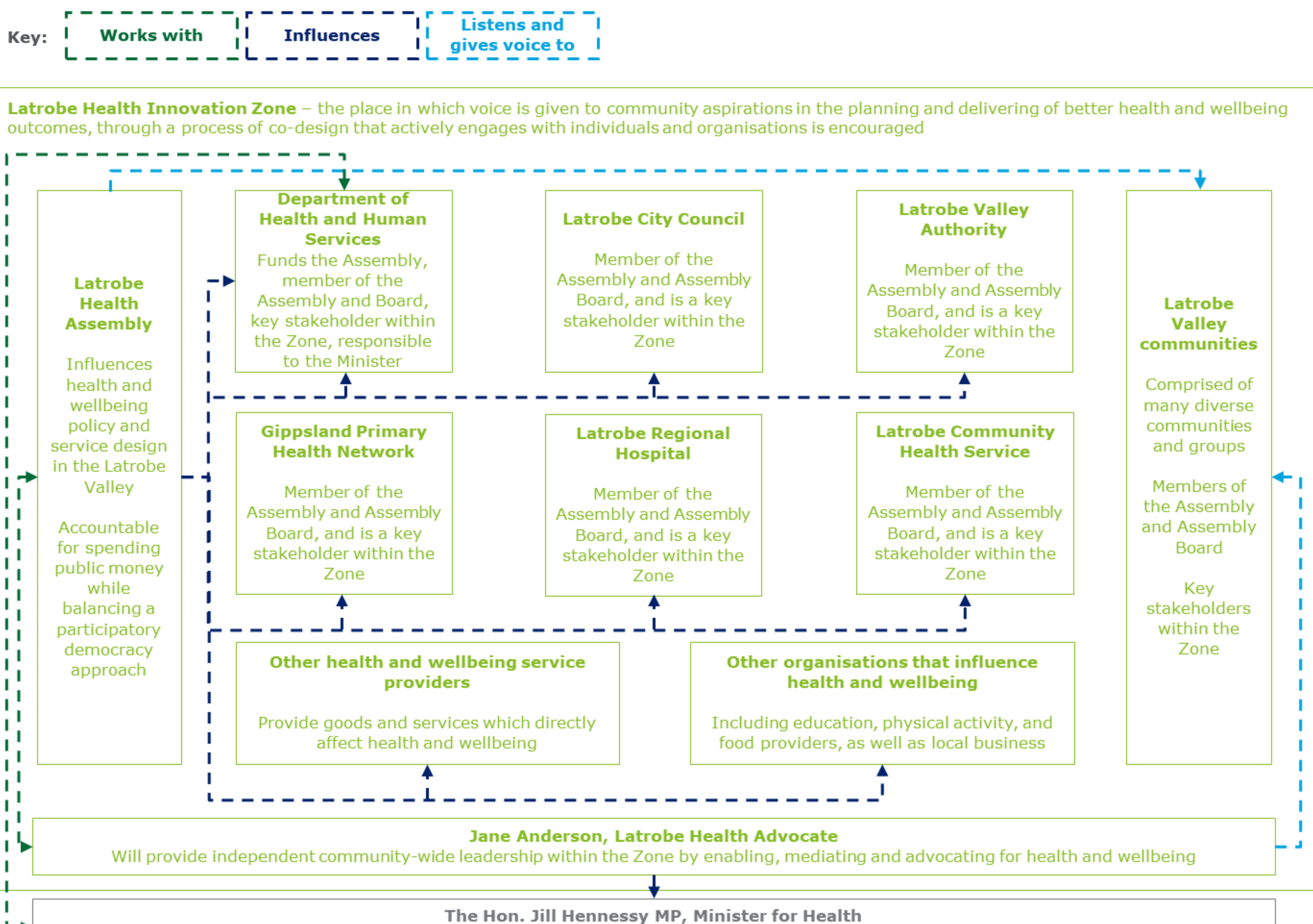


Figure 33: Proposed overarching operating model for the Latrobe Health Initiatives and key stakeholders within the Zone

	Latrobe Health Innovation Zone		
	Latrobe Health Assembly	**Latrobe Health Advocate**	**Key stakeholders within the Zone**
Vision	To improve health and wellbeing in Latrobe Valley.		
Communications and branding	An **overarching and coordinated** communications and branding strategy for the Zone is needed. The Zone cannot be owned any one organisation, therefore this strategy should make it easier for stakeholders to coordinate activities within the Zone. This, in turn, should make it easier for community members to understand what is happening in the Zone and what it means for them. Information should be consistent and easy to understand. The **individual** communications and engagement strategies for the Assembly and Advocate should feed into and align with the overarching strategy for the Zone.		
	The Assembly has developed a draft *Communications Plan*. The final version of this plan should detail the Assembly's external (community) and internal (member) communications and engagement strategy. This strategy should feed into and align with the overarching communications and branding strategy for the Zone.	The Advocate's public profile should be supported by a communications and engagement strategy for the Advocate. This strategy should feed into and align with the overarching communications and branding strategy for the Zone.	A number of key stakeholders within the Zone will have existing communications and branding strategies. From the evaluation's perspective, all stakeholders within the Zone would ideally reference the Zone's brand when delivering a project or program that is related to health and wellbeing in Latrobe Valley.
Strategy	The Assembly has developed a draft strategy titled *Our Dream, Our Plan*. This document will be used to guide the prioritisation of ideas developed by the Assembly Working Groups. This document was in the process of being finalised at the time of writing this interim report.	The Advocate will deliver a Statement of Intent to the Minister for Health at the end of August 2018.	A number of key stakeholders within the Zone have existing strategies and policies – such as the Latrobe City Municipal Public Health and Wellbeing Plan. It is important that the Assembly and Advocate have a clear understanding of how their priorities link in with existing strategies and policies of key stakeholders within Latrobe Valley.
Operations • **People** • **Process** • **Infrastructure /technology**	The Assembly is comprised of 45 members and is overseen by a 10 member board. The Assembly is supported by a backbone staff comprised of an Executive Officer, Projects Coordinator, Engagement & Communications Coordinator, Planning & Research Officer, Grant Program Support Officer and Administration Officer. Co-located with the Assembly are the Social Marketing Team Coordinator and Social Marketing Production Officer for the Zone.	The Advocate commenced in their role on 1 June 2018. It is expected that the Advocate will be supported by a small staff. The details of this are yet to be determined.	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, Latrobe Valley Authority, health and wellbeing service providers, organisations that influence health and wellbeing such as education providers; sport and recreation clubs and facilities; and other local businesses. Some key stakeholders have a Board, Executive Officer and staff.
	The Working Groups are the primary vehicle through which the Assembly progresses ideas from conception through to delivery. Once the Assembly's strategy is finalised, the Assembly will need to develop a more detailed strategy on how to operationalise the Working Groups and backbone staff to deliver the goals identified. This plan should detail how to prioritise objectives, how the Assembly will interact with the Advocate and key stakeholders within the Zone including DHHS, how to make things happen, and how to achieve scale.	The Advocate will set out the priorities of their role when they delivers a Statement of Intent to the Minister for Health at the end of August 2018.	Key stakeholders within the Zone would have and follow their own processes.
	At present, the Assembly is reliant upon Latrobe Regional Hospital for many of its infrastructure needs, including technology. This appears to be a successful arrangement. The Assembly also has a website, Facebook page, Instagram account and Twitter account.	At present, the Advocate is reliant upon the Department of Health and Human Services (DHHS), for many of their infrastructure needs, including technology. This appears to be a successful arrangement, although some of the finer details are still being worked through.	Key stakeholders within the Zone would manage their own technology requirements, noting that many are publicly funded and may also receive infrastructure support from the Department of Health and Human Services (DHHS).
Governance and reporting	The Latrobe Health Initiatives are publicly funded. As such, the Minister for Health holds overall accountability and responsibility for these initiatives. Governance and reporting requirements are delivered by the Department of Health and Human Services (DHHS), with support from the Latrobe Health Initiatives themselves and evaluations taking place within the Zone, including the evaluation of the Latrobe Health Assembly, Latrobe Health Innovation Zone and Latrobe Health Advocate.		Key stakeholders within the Zone would have and follow their own governance and reporting requirements.
	The Assembly Board and Executive Officer hold overall responsibility for the governance and reporting requirements for the Assembly. This should be supported by the Assembly backbone and Assembly members.	The Advocate reports directly to the Minister for Health.	The Boards and Executive Officers of key stakeholders within the Zone hold overall responsibility for the governance and reporting requirements of their individual organisations. Many of the Executive Officers of these stakeholders are also members of the Assembly Board.

Part 3: Initiative specific interim evaluation findings and improvement opportunities, and next steps

4 Latrobe Health Assembly

This section describes the interim evaluation findings and improvement opportunities for the Latrobe Health Assembly.

4.1 Strategy and prioritisation

The evaluation is considering the appropriateness of the Latrobe Health Assembly's (the Assembly's) strategy and approach to prioritisation. This includes reflecting on the Assembly's draft strategy.

Findings

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.

This strategy will need to be more detailed if it is to guide the Assembly's prioritisation of ideas.

After a strategic planning day with the Board in April 2018, a high-level strategy was drafted for the Assembly. This document is titled *Our Dream, Our Plan*. It describes the Assembly's aspirations, goals and pillars (Table 7). Prior to this, the Assembly was focused on establishing Working Groups and generating projects from Assembly member ideas.

Professor John Catford lead the development of *Our Dream, Our Plan*. Assembly members were given opportunities to provide input. It is not yet clear how this document will be shared with the broader community and how the broader community can provide input to this document. This will be an important for generating community ownership.

The four pillars described in *Our Dream, Our Plan* broadly align with the areas Latrobe Valley communities indicated they want the Assembly to have an impact. These areas are outlined in the evaluation framework. This alignment is shown in Table 6, below. The evaluation framework will be revisited after the Assembly's strategy is finalised. This will ensure alignment in language and objectives. The process to review and update *Our Dream, Our Plan* should also be defined. This will be important for maintaining alignment between community and Assembly priorities.

Table 6: Alignment of Assembly strategic direction and the evaluation framework

Assembly pillar	Corresponding evaluation impact area
Great place	Impact area 1 – improving community opportunities and perceptions
Positive Culture	Impact area 2 – improving community connectedness and participation
Better Care	Impact area 3 – improving health service access and design
Healthy Living	Impact area 4 – improving health and lifestyle

The Assembly pillars are also supported by data collected throughout the evaluation. As shown in Figure 34, over 70% of community survey respondents reported that, in order to be healthy, they needed to have access to health and wellbeing services, healthy food options, physical activity options, and health and wellbeing information. Over 50% of respondents indicated that they

needed to have access to employment and education opportunities, and being connected with their community. While less than 50% of respondents indicated that they need to be proud of where they live, be able to have a say about health and wellbeing in Latrobe Valley, and feel that others have a positive perception of where they live.

Figure 34: Community survey respondents' reflections on what they need to be healthy

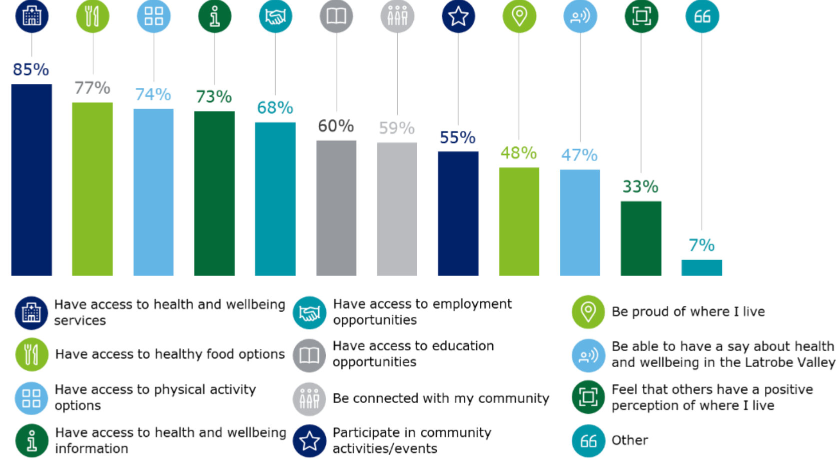


Table 7: *Our Plan on a Page*, an excerpt from the Assembly's draft strategy titled *Our Dream, Our Plan* (Latrobe Health Assembly, 2018)

Our Plan on a Page

Our dream	10 x 10 = 10,000 more people with better health and wellbeing in 10 years			
Our quest	Shaping new ways to improve wellness in the Latrobe Health Innovation Zone			
Our pillars	Healthy living	Better care	Positive culture	Great place
	Physical activity	Chronic health	Social inclusion	Built and natural resources
	More people moving, playing sport, and walking and riding for their work, study and daily life	More people accessing integrated, innovative care and self-managing their chronic health conditions	More people who are resilient, connected and included so that they can fully participate in life	More people enjoying built neighbourhoods and natural environments, and accessing better transport
	Smoke free	Mental health	Safe families	Jobs and skills
	More people free of tobacco and quitting, and more young people not starting to smoke	More people receiving better care, support and community understanding for their mental health issues	More people feeling safe from physical violence, emotional and financial abuse and neglect	More people of all ages accessing quality education and fulfilling occupations, both paid and unpaid
	Healthy food	Dental health	Drugs and alcohol	Community capital
	More people choosing water, healthy food options and eating together	More people with healthy teeth and gums, and accessing preventive measures	More people drinking less alcohol and taking fewer drugs, and accessing support services	More people volunteering and contributing to productive and thriving communities
Our approach	Lead and follow	Create and innovate	Enable participation	Leverage resources
	Look and learn	Build capacity	Partner with stakeholders	Monitor and evaluate
Our reach	Children	Disabled people	Women and men	Elderly people
	Families	Vulnerable people	Multicultural people	Low income earners
	Aboriginal people	Young people		
Our values	Collaboration, Innovation, Inclusion, Integrity, Access, Equity			

The Assembly pillars are similar in focus to the Assembly Working Groups. At present, the Working Groups are being restructured to improve their alignment with the Assembly pillars. An initial high-level view of the new Assembly structure is provided in Figure 35, below. Further detail is needed to translate the Assembly's high-level draft strategy into specific actions for Assembly members and backbone staff, and to guide the prioritisation of Assembly member ideas.

Figure 35: "*How do we make the Plan come alive?*", an excerpt from the Assembly's draft strategy titled "*Our Dream, Our Plan*" (Latrobe Health Assembly, 2018)

The Assembly will have the greatest impact if part of their strategy is to influence other key stakeholders in the Latrobe Health Innovation Zone (the Zone). This requires clarity on how the Assembly's work complements the work of these stakeholders. This means the Assembly's strategy should link to related strategies and policies such as the Latrobe City Council's *Living Well - Latrobe Municipal Health and Wellbeing Plan 2017-21*. This plan was created through extensive community consultation. The Assembly should also consider relevant Victoria-wide policies such as the *VicHealth Action Agenda for Health Promotion*. This policy outlines an ambition for one million more Victorians to have better health and wellbeing by 2023.

Improvement opportunities

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.

The Assembly must coordinate with and leverage other key stakeholders within the Zone, and relevant health promotion and prevention organisations such as VicHealth.

4.2 Operations

The evaluation is considering the effectiveness of the Assembly's approach to executing their strategy. This includes reflecting on how the Assembly goes about their work, including operational components such as process and governance.

Finding

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.

Stakeholders reported that the Assembly project management framework has been well received.

Revisions to this framework could include outlining prioritisation and decision making criteria or incorporating approval "check-points". These revisions should be informed by the Assembly's

strategy. There may also be scope for this framework to reflect how Assembly members who are not engaged in Working Groups can be involved throughout this process.

For example, the Assembly could commence a review of this framework by reflecting on:

- **How** will the Assembly **build on and influence existing strengths and opportunities** to achieve the aspirations and goals identified?
- **What capabilities** and **key activities** must the Assembly have in place to achieve these goals?
- **What management systems** – are required to support and measure the Assembly's progress toward achieving these goals? (Monitor Deloitte, 2015).

Improvement opportunity

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).

Figure 36: Latrobe Health Assembly project management framework

Individual ideas

Workgroup discussions develop an idea

External concepts offered

Project initiation document (see below for more detail)

Workgroup reflection/update

Full Assembly endorsement (see below for more detail)

Assembly rejects project initiation document – Project can be redeveloped to meet concerns of the Assembly

Project Supported

Business case development (see below for more detail)

Link with DHHS budget process

Opportunity for Assembly review of business case

Board rejects business case, outlining reasons and opportunities to re-explore the concept for resubmission

Board approves budget request

Begin pilot project at neighbourhood level

Initial evaluation of pilot outcomes

Project expansion approved due to evaluation outcomes

Project expansion denied due to evaluation outcomes

Project initiation document

Responsibility: Assembly member/s with assistance of LHA staff as required.

Description:

- Explores background of idea (reasons for, causes, known issues, etc.)
- Highlights the innovation
- Highlights co-design opportunities
- Initial scope of project (where possible)
- Identifies barriers, constraints and risks
- Identifies project partners (financial and non-financial)
- Basic budget estimates.

Full Assembly endorsement

Responsibility: Assembly member/s with assistance of LHA staff as required.

Description:

- Workgroup presents the project idea to the full Assembly using the project initiation document as the information guide
- Assembly provides a simple "proceed", "need more information" or "abandon decision".

Business case development

Responsibility: LHA staffing team.

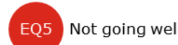
Description: Develop the full business case in conjunction with workgroup, including:

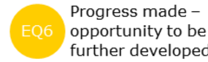
- Undertake co-design process to determine, need, desire for and possible alternative objectives
- Investigate in detail the projects budget requirements
- Gain official approvals/support of partners and financial partners.

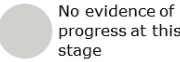
4.3 Summary of the Assembly’s progress toward achieving the short term outcomes identified by Latrobe Valley communities

This section summarises the Assembly’s progress toward achieving the short term outcomes identified by Latrobe Valley communities.

Key:







4.3.1 Improving community opportunities and perceptions

Table 8: Summary of the Assembly’s progress toward achieving the short term outcomes for impact area 1

Outcome	Impact area	Has work commenced?	Evaluation of progress	Evidence
(SO1) Sectors within Latrobe Valley are influenced to invest in working together in new ways due to strong relationships between Assembly members and sector leaders including sectors not traditionally associated with health such as small business and education	IA1			Of those **providers of goods or services that can also influence health and wellbeing** who had taken steps to improve health and wellbeing in Latrobe Valley, 30% and 30% disagreed and strongly disagreed, respectively, that this **had been influenced by the Assembly**. 10% responded neutrally and 30% didn’t know. 20% of community members consulted throughout the evaluation **thought the Assembly had had an effect on improving community opportunities and perceptions**. Compared with 26% and 54% who thought the Assembly had “kind of” or had “not yet” had an effect on this impact area, respectively. An example of the Assembly’s progress in this area is the ‘Restoring the Cycle’ Bike Restoration Program with the Flexible Learning Option (FLO) School project (Case study 3).

Case study 3: 'Restoring the Cycle' Bike Restoration Program with the Flexible Learning Option (FLO) School

Case study: 'Restoring the Cycle' Bike Restoration Program with the Flexible Learning Option (FLO) School

Vision: To provide useful skills to youths in Latrobe Valley, and restored bikes to local charities supporting kids in need. The program also aims to increase access to bikes and, therefore, increase physical activity.

Innovation: The Assembly business case states that this is the first bike restoration program run with a high school in Latrobe Valley.

Evidence: The Assembly business case states that similar projects have been undertaken in communities around Australia with varying degrees of success. Staff and students of the FLO School were engaged to ascertain their interest in participating in a bike restoration program.

Description: Community members were asked to donate bikes which have fallen into disrepair. FLO School students were taught how to restore the bikes and awarded a Certificate I in Work Preparation following their participation in the program. Following their restoration, the bikes were re-designed and painted by the students.

Outcomes: The artistic bikes produced by the students were shown in the Latrobe Regional Art Gallery over one weekend. Parents and students were encouraged to attend on opening night. Following the exhibition, the bikes were donated to a local charity.

Next steps: It is expected that this program will soon be reviewed by Assembly members and the Assembly backbone as the Assembly commences planning for a second round of bike restorations. This review will involve assessing whether the FLO School would want to be involved again and whether this program can be scaled to other schools.

Figure 37: Photo of the Latrobe Regional Art Gallery Exhibition of 'Restoring the Cycle' (Kraak, 2018)

4.3.2 Improving community connectedness and participation

Table 9: Summary of the Assembly's progress toward achieving the short term outcomes for impact area 2

Outcome	Impact area	Has work commenced?	Evaluation of progress	Evidence
(SO2) Latrobe Valley communities are aware of the Assembly and understands their role	IA2			57% of **community members** who responded to the broad survey for community members **had heard of the Assembly**, 1% were unsure and 42% had not heard of the Assembly. By comparison, 37% of community members who participated in the evaluation community workshops or library pop-ups **had heard of the Assembly**, compared with 63% who had not heard of the Assembly. 6% and 24% of community members who responded to the broad survey for community members strongly agreed and agreed, respectively, that they **understood the purpose of the Assembly**. This is compared with 19%, 16%, 13%, 20% and 1% who responded that they were neutral, disagreed, strongly disagreed, didn't know or preferred not to say, respectively.
(SO3) Latrobe Valley communities are supported to plan, develop and implement programs	IA2			This rating recognises that the Assembly has been incorporated for less than one year. The majority of activity over the past 12-18 months has been focused on establishing the Assembly. The Assembly has also spent time defining its objectives and identifying ways that the community can be involved in the development and implementation of programs. Therefore, the rating reflects that progress to date is reasonable, given the stage of maturity of the Assembly. 15% of community members consulted throughout the evaluation **thought the Assembly had had an effect on improving community connectedness and participation**. Compared with 21% and 65% who thought the Assembly had "kind of" or had "not yet" had an effect on this impact area, respectively. The Health Innovation Grants Program (Case study 2) is an example of how the Assembly is beginning to have an impact in this area. The Gratitude Wall and Before I Die Wall project (Case study 4) is another example.

Case study 4: Gratitude Wall and Before I Die Wall

Case study: Gratitude Wall and Before I Die Wall

Vision: To engage Latrobe Valley community members in recognising what they are grateful for.

Innovation: The Assembly business case states that public demonstrations of health and wellbeing is a relatively new and innovative concept for Latrobe Valley.

Evidence: The Assembly business case states that this project was inspired by the "before I die" walls that have appeared across the world. A gratitude wall aims to prompt people to think about what they are grateful for. Gratefulness is considered to improve wellbeing and resilience. A trial in Whistler, Canada was reported to be successful.

Description: The Assembly set-up gratitude walls throughout Latrobe Valley to provide passers-by with the opportunity to note what they are grateful for. The project was launched at the Eid Festival in Old Gippstown.

Outcomes: The gratitude walls were filled-up repeatedly and organisations contacted the Assembly to request that a wall be set-up near their facility or at their event.

Next steps: It is expected that this program will soon be reviewed by Assembly members and the Assembly backbone as the Assembly commences planning for a second round of this project.

4.3.3 Improving health service access and design

Table 10: Summary of the Assembly's progress toward achieving the short term outcomes for impact area 3

Outcome	Impact area	Has work commenced?	Evaluation of progress	Evidence
(SO4) Health and wellbeing service providers within Latrobe Valley are influenced to improve the type and volume of services due to strong relationships between Assembly members and service provider leaders, including those not traditionally associated with health such as employment, education and justice	IA3			There is evidence that the Assembly is planning to have an impact in this area. For example, the Assembly are investigating the feasibility of facilitating a social prescribing project. The Assembly define social prescribing as a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

Outcome	Impact area	Has work commenced?	Evaluation of progress	Evidence
(SO5) Service providers plan, develop and implement services to address local health and wellbeing service gaps	IA3			Of those **health and wellbeing service providers** who had taken steps to improve health and wellbeing in Latrobe Valley, 33% strongly disagreed that this **had been influenced by the Assembly**. 17% responded neutrally and 50% didn't know. 10% of community members consulted throughout the evaluation **thought the Assembly had had an effect on improving health service access and design**. Compared with 18% and 73% who thought the Assembly had "kind of" or had "not yet" had an effect on this impact area, respectively. Despite this result, there is evidence that the Assembly has had a **targeted impact** on **health and wellbeing service design and access** within Latrobe Valley. The Asthma Awareness Campaign (Case study 5) and the three dental health projects described in Case study 6 convey the Assembly's targeted influence in this area.

Case study 5: Asthma Awareness Campaign

Case study: Asthma Awareness Campaign

Vision: To raise public awareness about the importance of having an asthma management plan.

Innovation: The Assembly business case states that this campaign includes innovative methods of engaging and educating the community in asthma management, supported by social media.

Evidence: The Assembly business case states that 1 in 9 Australians have asthma. Asthma is more common in people living in socioeconomically disadvantaged areas.

Gippsland Primary Health Service's Needs Assessment Snapshot for Latrobe Local Government Area (LGA) June 2016, found that prescribing rates were high for:

- Asthma prescriptions for 3-19 and 20-44 year olds
- Asthma and COPD prescriptions, aged 45 years or older.

The prevalence of asthma in Latrobe Valley is comparable to that observed in metropolitan Melbourne and the rest of the state. However, the rates of admission to hospital and episodes requiring emergency care exceed the state average.

This suggests that although the number of cases in Latrobe Valley is not overly high, these cases are not being managed in such a way that prevents their acute exacerbation. This highlights a need for better asthma management, rather than asthma prevention.

Description: The campaign is conducted in partnership with Latrobe Community Health Service, Gippsland Primary Health Service, Latrobe Regional Hospital and several local Medical Centres. The campaign will run from June 2018 to May 2019.

Public engagement sessions are conducted to encourage community members with asthma to develop an asthma management plan. If the participant provides their consent, the clinician follows them up to schedule an asthma management plan appointment with their preferred general practitioner (GP). These sessions are conducted in Latrobe Valley shopping centres and Federation University by clinicians from the Latrobe Community Health Service and Latrobe Regional Hospital.

In addition, a social media selfie competition was run during June 2018 to promote asthma prevention techniques using the hashtag #scarfie. The competition required entrants to upload a selfie of themselves in their favourite scarf.

Outcomes: The following outcomes have been achieved through the asthma management public engagement sessions:

- Direct engagements – 1,158 participants
- Engagement forms completed – 208 participants
- Consent to follow-up – 170 participants.

In addition, daily prizes were awarded to entrants of the #scarfie competition. The grand prize, an iPad, was awarded at the conclusion of the competition.

Figure 38: Photo of the Asthma Awareness Campaign

Case study 6: Dental Projects

Case study: Dental Projects
Vision: To improve access to dental health services in Latrobe Valley.

Evidence: The Assembly business case notes there is currently a two and half year waiting list for adult public dental services in Latrobe Valley. This is a year and a half longer than the waiting list in metro areas.

Public dental services in Latrobe Valley face a number of different constraints, however, a lack of preventative programs has been identified as an area for concern.

3. Up-Skilling of Dental Assistants

Description: Five Dental Assistants employed by the Latrobe Community Health Service will undertake training in Certificate IV Dental Assistant – Oral Health Assessor course. Training takes one year to complete and requires 2-3 days per month of on campus study (maximum of 19 days for the entire year).

Throughout their training the Dental Assistants will be backfilled by relief staff, ensuring that no clinic is understaffed. Once the Dental Assistants complete their training and commence their new role, their existing positions will be backfilled via traineeship opportunities offered to the local community.

Once their training is complete, the five Dental Assistant's will be qualified to perform additional services. The Assembly business case notes that this project is expected to result in:

- Improved utilisation of clinician time during clinical sessions
- Reduced wait list timeframes
- Increased attendance at public events promoting dental health
- Increased flexibility of services from the whole dental health team including dental assistants, dentists, oral health therapists and hygienists
- Increased affordable services for patients without health care cards.

4. Dental Voucher Scheme

Goal: To reduce public adult dental and denture waiting lists by 20%.

Description: The project will leverage the existing Latrobe Community Health Service voucher system, with additional funding from the Assembly.

This system involves the issuing of letters and vouchers to public patients on the waiting list for dental and denture services. Patients can then use these vouchers at a private dental provider.

Outcomes: To date, the following outcomes have been achieved:

- Number of general dental vouchers sent – 400
- Number of denture vouchers sent – 90
- Vouchers processed – 180 vouchers at a cost of $128,128
- Vouchers remaining to be processed – 100 vouchers at an approximate cost of $55,000.

Next steps: This project will continue until September 2018.

5. Fluoride Varnish Treatment in Schools

Innovation: The Assembly self-evaluation form states that this project is somewhat innovative. Providing fluoride varnish to children in primary schools has not been tried as a preventative dental health measure in Latrobe Valley before.

Description: A Dental Therapist and Assistant will attend all 29 primary schools in Latrobe Valley to apply fluoride varnish to Grade 1 students. This will take place over a six month period. Parental consent is required.

Outcomes: Outcomes from this project are likely to occur over the long term. However, the number of children involved in the project is perceived to be a positive indicator:

- Number of schools attended – 26 out of 29
- Number of registration forms distributed – 790
- Number of students screened – 420.

4.3.4 Improving health and lifestyle

Table 11: Summary of the Assembly's progress toward achieving the short term outcomes for impact area 4

Outcome	Impact area	Has work commenced?	Evaluation of progress	Evidence
(SO6) Latrobe Valley communities have improved access to health and wellbeing educational materials	IA4			Case study 5 describes a recent Assembly project which applied an innovative method of engaging with Latrobe Valley communities regarding asthma. This project brought together clinicians from Latrobe Community Health Service and Latrobe Regional Hospital – who would otherwise not work together – to go to where community members are and engage them in a discussion about asthma management. This project demonstrates how the Assembly is influencing existing methods of providing health information and services to Latrobe Valley communities, in a targeted way.
(SO7) Food and physical activity providers plan to increase healthier options	IA4			Of those **physical activity providers** who had taken steps to improve health and wellbeing in Latrobe Valley, 20% and 20% disagreed and strongly disagreed, respectively, that this **had been influenced by the Assembly**. 20% responded neutrally and 40% didn't know.

Outcome	Impact area	Has work commenced?	Evaluation of progress	Evidence
				One organisation identifying as a food provider who responded to the targeted survey for organisations completed this section of the survey. To preserve the privacy of that provider, their responses have not been reported. 12% of community members consulted throughout the evaluation **thought the Assembly had had an effect on improving health and lifestyle** . Compared with 24% and 63% who thought the Assembly had “kind of” or had “not yet” had an effect on this impact area, respectively. The Community Self Defence Classes project (Case study 7) depicts the Assembly’s targeted effect in this area.

Case study 7: Community Self Defence Classes

Case study: Community Self Defence Classes

Vision: To engage young women in Latrobe Valley to participate in scenario based self-defence classes to help them feel safe and connected to their community.

Innovation: The Assembly business case states that classes with a focus on engaging young women in self-defence have not previously been ran in Latrobe Valley.

Evidence: The Latrobe City Council's *Municipal Health and Wellbeing Plan 2017-2021* identified that "feeling safe" is one of the community's largest concerns.

Description: This project seeks to increase community safety and connectedness by engaging women who would not have previously participated in a program like this, and may have been victims of violence.

The project involves 20 women participating in four, one hour self-defence sessions over a four week period. A pilot of the project commenced in Morwell and will be extended to Moe, Churchill and Traralgon.

This project was communicated through organisational representatives to encourage women who may have been victims of domestic violence to participate. The project was also advertised on social media and covered by the local Win News and Latrobe Valley Express.

Outcomes: To date, the project has been offered to women who live, work and/or study in Morwell and Traralgon. The following outcomes have been achieved:

Morwell:

- Social media reach – 18,758
- Number of applicants – 29
- Average number of participants per session – 12
- Number of participants withdrawing from the project – 8
- Number of participants sent a feedback survey – 17
- Number of participants completing the feedback survey – 8.

Traralgon:

- Social media reach – 5,902
- Number of applicants – 32.

Due to the large social media response to the Morwell pilot, a number of Latrobe Valley gyms have commenced offering self-defence classes for their members. This has increased access to self-defence classes in Latrobe Valley on a longer-term basis.

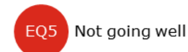
Next steps: The project is ongoing until October 2018 and will shortly be offered to women who live, work and/or study in Moe and Churchill.

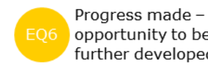
5 Latrobe Health Innovation Zone

This section summarises the Zone's progress toward achieving the short term outcomes identified by Latrobe Valley communities.

5.1 Summary of the Zone's progress toward achieving the short term outcomes identified by Latrobe Valley communities

Key:





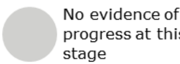


Table 12: Summary of the Zone's progress toward achieving the short term outcomes for impact areas 1-4

Outcome	Impact area	Has work commenced?	Evaluation of progress	Evidence
(SO8) Sectors within Latrobe Valley are aware the region is a designated Zone, including sectors not traditionally associated with health such as small business and education.	IA1			26% of **organisations** who responded to the targeted survey for organisations **had heard of the Zone**, 9% were unsure and 66% had not heard of the Zone. 24% of organisations agreed that they **understood the purpose of the Zone**. This is compared with 26%, 9%, 6%, 32% and 3% who responded that they were neutral, disagreed, strongly disagreed, didn't know or preferred not to say, respectively.
(SO9) Sectors within the Zone work together in new ways.	IA1			The fact that these initiatives have been established is seen as an example of doing things differently in the Latrobe Valley. 30% and 30% of **providers of goods or services that can also influence health and wellbeing** who responded to the targeted survey for organisations and had taken steps to improve health and wellbeing in Latrobe Valley, disagreed and strongly disagreed, respectively, that this

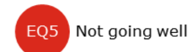
Outcome	Impact area	Has work commenced?	Evaluation of progress	Evidence
				had been influenced by the Zone. 10% responded neutrally and 30% didn't know.
(SO10) Latrobe Valley communities are aware of and understand the role of the Zone.	IA2			36% of **community members** who responded to the broad survey for community members **had heard of the Zone**, 4% were unsure and 60% had not heard of the Zone. By comparison, 24% of **community members** who participated in the evaluation community workshops or library pop-ups **had heard of the Zone**, compared with 76% who had not heard of the Zone. 5% and 16% of community members who responded to the broad survey for community members strongly agreed and agreed, respectively, that they **understood the purpose of the Zone**. This is compared with 18%, 19%, 16%, 25% and 1% who responded that they were neutral, disagreed, strongly disagreed, didn't know or preferred not to say, respectively.
(SO11) Latrobe Valley communities feel ownership of the Charter for the Zone.	IA2			34% of **community members** who responded to the broad survey for community members **had heard of the Charter**, compared with 2% and 63% who were unsure or had not heard of the Charter. Of those community members who had **heard of the Charter**, 3% and 23% strongly agreed and agreed, respectively, that they **feel ownership of the Charter**. This is compared with 20%, 30%, 17% and 7% who were neutral, disagreed, strongly disagreed or preferred not to say, respectively.
(SO12) Latrobe Valley communities participate in programs for the Zone.	IA2			This rating is made in the context of understanding what would be **reasonable to achieve** in the timeframe since the Zone was established. Community members and organisations have been involved in the Zone to date, particularly in relation to supporting the development of the Charter. 34% of **community members** who responded to the broad survey for community members **had heard of the Charter**, compared with 2% and 63% who were unsure or had not heard of the Charter.

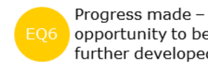
Outcome	Impact area	Has work commenced?	Evaluation of progress	Evidence
				Of those community members who had **heard of the Charter**, 17% and 21% strongly agreed and agreed, respectively, that they **contributed to the development of the Charter**. This is compared with 7%, 34%, 10%, 7% and 3% who were neutral, disagreed, strongly disagreed, didn't know or preferred not to say, respectively.
(SO13) The Zone is a focal point for the coordination and integration of health and wellbeing services, including service providers not traditionally associated with health such as employment, education and justice.	IA3			17% of **health and wellbeing service providers** who responded to the targeted survey for organisations and had taken steps to improve health and wellbeing in Latrobe Valley, agreed that this **had been influenced by the Zone**. 33% strongly disagreed and 50% didn't know.
(SO14) Local service providers invest in new ways of working together to improve service integration in the Zone.	IA3			Stakeholders felt that the Assembly and the Assembly Board represent a new way of working for the key organisations within Latrobe Valley.
(SO15) Latrobe Valley communities are aware they are in the Zone when making choices related to their health and wellbeing.	IA4			No evidence of progress attributable to the Zone at this stage.
(SO16) Food and physical activity providers plan to increase healthier options.	IA4			20% and 20% of **physical activity providers** who responded to the targeted survey for organisations and had taken steps to improve health and wellbeing in Latrobe Valley, disagreed and strongly disagreed, respectively, that this **had been influenced by the Zone**. 20% responded neutrally and 40% didn't know. One organisation identifying as a food provider who responded to the targeted survey for organisations completed this section of the survey. To preserve the privacy of that provider, their responses have not been reported.

6 Latrobe Health Advocate

This section summarises the Advocate’s progress toward achieving the short term outcomes identified by Latrobe Valley communities.

6.1 Summary of the Advocate’s progress toward achieving the short term outcomes identified by Latrobe Valley communities





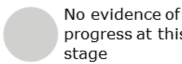


Table 13: Summary of the Advocate’s progress toward achieving the short term outcomes for impact areas 1-4

Outcome	Impact area	Has work commenced?	Evaluation of progress	Evidence
(SO17) Latrobe Valley communities’ needs are better represented to the Government, and other services and systems, due to strong relationships between the Advocate and key government stakeholders.	IA1			The Advocate had been in office for approximately one month at the time of writing.
(SO18) Latrobe Valley communities are aware of and understand the role of the Advocate.	IA2			This rating recognises that the Advocate has only recently been appointed and reflects an assessment of what would be **reasonable to achieve** in the timeframe from which the Advocate was appointed. 30% of **community members** who responded to the broad survey for community members **had heard of the Advocate**. 5% and 12% of respondents strongly agreed and agreed, respectively, that they **understood the purpose of the Advocate**. 30% of **community members** who participated in the evaluation community workshops or library pop-ups **had heard of the Advocate**.

Outcome	Impact area	Has work commenced?	Evaluation of progress	Evidence
				26% of **organisations** who responded to the targeted survey for organisations **had heard of the Advocate**. 6% and 18% of respondents strongly agreed and agreed, respectively, that they **understood the purpose of the Advocate**. To maintain this assessment, an increase in awareness of the Advocate would need to be seen over time. This will be considered in future evaluation reports.
(SO19) Latrobe Valley communities feel heard, respected and understood by the Advocate.	IA2			The Advocate had been in office for approximately one month at the time of writing.
(SO20) Latrobe Valley communities have confidence in the Advocate's ability to represent their needs.	IA2			The Advocate had been in office for approximately one month at the time of writing.
(SO21) The Advocate is a respected representative of Latrobe Valley communities in health and wellbeing service planning at a local and State level.	IA3			The Advocate had been in office for approximately one month at the time of writing.
(SO22) Latrobe Valley communities' health and wellbeing needs are communicated effectively.	IA4			The Advocate had been in office for approximately one month at the time of writing.
(SO23) The Advocate is a focal point for health and wellbeing leadership within Latrobe Valley communities	IA4			The Advocate had been in office for approximately one month at the time of writing.

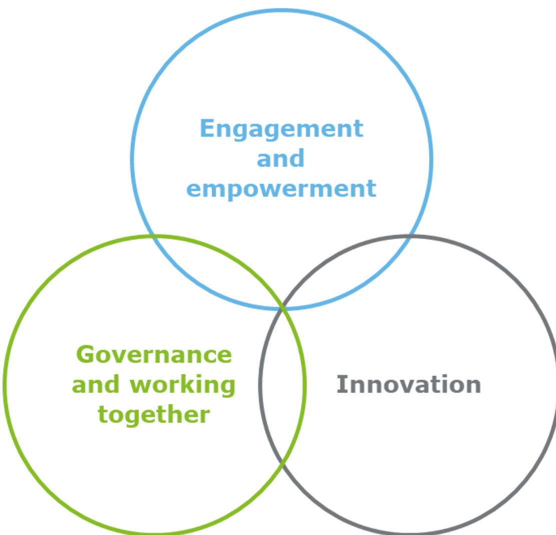
7 Next steps

This describes the next steps for the evaluation.

7.1 For the evaluation

Presentation 3 will be delivered in late 2018. This presentation will focus upon three key areas, described in Figure 39.

Figure 39: Focus areas for evaluation presentation 3



Data collection for presentations 3 to 6 and the final report will likely involve a lesser focus on community workshops. Instead, future community engagement activities will preference a "go to where the community are" approach. This approach is informed by insights gained over the past 14 months.

The evaluation will also look for more "innovative" approaches to engaging community members. This may include using the proposed "Latrobe Community Research/Survey Panel", or providing opportunities for local community members to work more closely with the evaluation team.

7.2 For the evaluation framework

The evaluation framework represents a **point-in-time view** of how Latrobe Valley communities would like the Latrobe Health 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 their soon to be submitted Statement of Intent
- Development of a draft strategy by the Latrobe Health Assembly.

As such, it is timely that the evaluation framework be revisited upon the finalisation of the Assembly's strategy and once the Advocate has submitted their Statement of Intent. This will help ensure alignment in terms of language or objectives.

Part 4: Appendix

Appendix

Appendix A: Evaluation framework

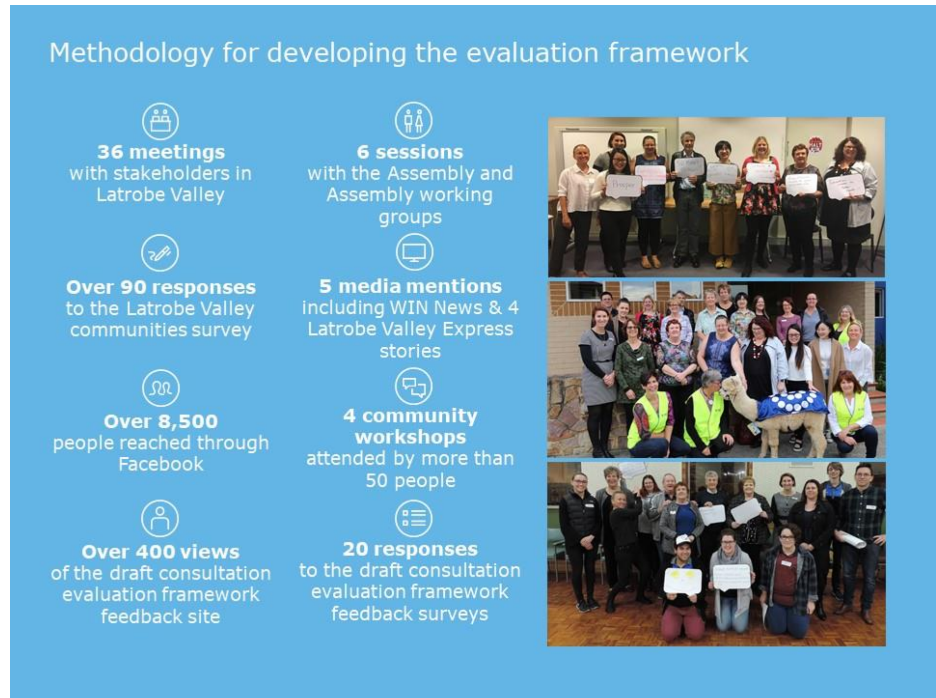
The evaluation framework describes:

- What Latrobe Valley communities want these initiatives **to do** (outcomes)
- The **questions** the evaluation will help to answer.

The process to develop the evaluation framework provided Latrobe Valley communities with an initial opportunity to have a say about what they would like these initiatives to achieve.

This process is summarised in Figure 40, below.

Figure 40: Methodology for developing the evaluation framework



The evaluation framework is a **living document** that will be refined throughout the project based on feedback provided and insights gained.

Over time, Latrobe Valley communities have indicated they want the initiatives to do four main things:

1. Improve community opportunities and perception
2. Improve community connectedness and participation
3. Improve health service access and design
4. Improve health and lifestyle.

The evaluation models developed for the Assembly, Zone and Advocate describe the corresponding short, medium and long term outcomes for each impact area. These are depicted in Table 14, *The long term outcomes identified are beyond the timeframe of this evaluation, however, these should be considered in any ongoing monitoring and evaluation or future outcome evaluation.

Table 15 and *The long term outcomes identified are beyond the timeframe of this evaluation, however, these should be considered in any ongoing monitoring and evaluation or future outcome evaluation.

Table 16, respectively. Latrobe Valley communities were also given an opportunity to have a say about what questions they would like the evaluation to answer. These questions are detailed in Table 17, alongside the presentations and/or reports which will address them.

Table 14: Evaluation model for the Latrobe Health Assembly

Evaluation model for the Latrobe Health Assembly

Inputs:

- Existing health and wellbeing data/evidence
- Self-monitoring/evaluation outcomes
- Assembly office staff

Activities:

- Drives innovation across the Zone
- Engages with Latrobe Valley communities
- Brings Latrobe Valley communities, service providers and other sectors together
- Oversees the development of local partnerships
- Promotes consistency in prevention and planning

Outputs:

- Number of Assembly meetings held
- Number of Board meetings held
- Number of working group meetings held
- Number of Project Initiation Documents (PIDs) developed
- Number of Business Cases developed and taken to the Board
- Number of pilots initiated
- Number of projects expanded/scaled
- Number of processes developed to facilitate a culture of learning and continuous improvement through monitoring and adapting to learnings as they are discovered

Short term outcomes Year 1: 2018	Medium term outcomes Year 2-3: 2019-20	Long term outcomes* Year 4-5: 2021-2022	Line of accountability	Impact areas
(SO1) Sectors within Latrobe Valley are influenced to invest in working together in new ways due to strong relationships between Assembly members and sector leaders including sectors not traditionally associated with health such as small business and education	(MO1) New ways of working are embedded in sector organisations	(LO1) New ways of working lead people externally to view Latrobe Valley as a healthy city		(IA1) Improved community opportunities and perceptions
(SO2) Latrobe Valley communities are aware of the Assembly and understands their role (SO3) Latrobe Valley communities are supported to plan, develop and implement programs	(MO2) Programs are community-led with support from the Assembly where required (MO3) Latrobe Valley communities feel trusted and empowered to lead community programs	(LO2) Latrobe Valley communities have improved capacity to act in a protective manner to prevent issues from becoming acute		(IA2) Improved community connectedness and participation
(SO4) Health and wellbeing service providers within Latrobe Valley are influenced to improve the type and volume of services due to strong relationships between Assembly members and service provider leaders, including those not traditionally associated with health such as employment, education and justice (SO5) Service providers plan, develop and implement services to address local health and wellbeing service gaps	(MO4) Latrobe Valley communities have improved options and accessibility of local, culturally appropriate, specialist services for chronic disease, mental health, alcohol and other drugs, & preventive health (MO5) Latrobe Valley communities have increased health and wellbeing service utilisation (MO6) People who are living with a chronic disease or disability are supported to live well	(LO3) Latrobe Valley communities are confident that they, their family and their friends can access the health and wellbeing services they need, when they need them and at an affordable cost		(IA3) Improved health service access and design
(SO6) Latrobe Valley communities have improved access to health and wellbeing educational materials (SO7) Food and physical activity providers plan to increase healthier options	(MO7) Latrobe Valley communities have improved physical access to affordable healthy food and physical activity options (MO8) Latrobe Valley communities have improved access to healthy social environments and activities (MO9) Latrobe Valley communities make positive changes to their food and physical activity behaviours	(LO4) Latrobe Valley communities have improved health outcomes including reduced chronic disease and mental health		(IA4) Improved health and lifestyle

*The long term outcomes identified are beyond the timeframe of this evaluation, however, these should be considered in any ongoing monitoring and evaluation or future outcome evaluation.

Table 15: Evaluation model for the Latrobe Health Innovation Zone

Evaluation model for the Latrobe Health Innovation Zone					
Inputs: • Latrobe Valley communities • The Assembly • The Advocate • DHHS • Key health and wellbeing related organisations in Latrobe, many of whom are on the Board of the Assembly • Organisations from other sectors **Activities:** • The activities of the Zone are dependent on what the above groups choose to do **Outputs:** • Number of innovative approaches/ ways of working developed • Number of initiatives established under the banner of the Zone	**Short term outcomes Year 1: 2018**	**Medium term outcomes Year 2-3: 2019-20**	**Long term outcomes*** **Year 4-5: 2021-2022**	**Line of accountability**	**Impact areas**
	(SO8) Sectors within Latrobe Valley are aware the region is a designated Zone, including sectors not traditionally associated with health such as small business and education (SO9) Sectors within the Zone work together in new ways	(MO10) New ways of working are embedded in sector organisations	(LO5) New ways of working lead people externally to view Latrobe Valley as a healthy city		(IA1) Improved community opportunities and perceptions
	(SO10) Latrobe Valley communities are aware of and understand the role of the Zone (SO11) Latrobe Valley communities feel ownership of the Charter for the Zone (SO12) Latrobe Valley communities participate in programs for the Zone	(MO11) Latrobe Valley communities have increased participation and social connections (MO12) Latrobe Valley communities are empowered to lead programs for the Zone	(LO6) Latrobe Valley communities have improved capacity to develop and implement community programs (LO7) Latrobe Valley communities have improved resilience		(IA2) Improved community connectedness and participation
	(SO13) The Zone is a focal point for the coordination and integration of health and wellbeing services, including service providers not traditionally associated with health such as employment, education and justice (SO14) Local service providers invest in new ways of working together to improve service integration in the Zone	(MO13) "No wrong door" – Latrobe Valley communities are put in touch with the service they need regardless of who they contact first due to improved service integration (MO14) New ways of working are embedded in service providers	(LO8) New ways of working attract health and wellbeing professionals to the Zone		(IA3) Improved health service access and design
	(SO15) Latrobe Valley communities are aware they are in the Zone when making choices related to their health and wellbeing (SO16) Food and physical activity providers plan to increase healthier options	(MO15) Latrobe Valley communities have improved physical access to affordable healthy food and physical activity options (MO16) Latrobe Valley communities make positive changes to their food and physical activity behaviours (MO17) Latrobe Valley communities encourage their friends and family to make positive changes to their food and physical activity behaviours	(LO9) Latrobe Valley communities have a culture of healthy living (LO10) Latrobe Valley communities have improved health outcomes including reduced chronic disease and mental health		(IA4) Improved health and lifestyle

*The long term outcomes identified are beyond the timeframe of this evaluation, however, these should be considered in any ongoing monitoring and evaluation or future outcome evaluation.

Table 16: Evaluation model for the Latrobe Health Advocate

Evaluation model for the Latrobe Health Advocate**

Inputs / Activities / Outputs	Short term outcomes Year 1: 2018	Medium term outcomes Year 2-3: 2019-20	Long term outcomes* Year 4-5: 2021-2022		Impact areas
Inputs: • Existing health and wellbeing data/evidence **Activities:** • Has strong relationships with policy and decision makers at the local and State level • Advocates to government to ensure local opportunities and services meet the Latrobe Valley communities' needs • Engages with Latrobe Valley communities regarding their health and wellbeing needs • Involves Latrobe Valley communities in advocating for the positives of the region **Outputs:** • Number of collaborative engagements with the Latrobe Valley communities • Number of meetings with government and other stakeholders • Number of policies and other key decisions influenced • Amount of funding sources influenced • Amount of additional funds (e.g. seed funding) received	(SO17) Latrobe Valley communities' needs are better represented to the Government, and other services and systems, due to strong relationships between the Advocate and key government stakeholders	(MO18) Policy decisions reflect that the Government, and other services and systems, understand the positives of Latrobe Valley, and understands Latrobe Valley communities' needs	(LO11) Latrobe Valley communities have improved confidence in the ability of the Government, and other services and systems, to understand the positives of Latrobe and meet their needs	Line of accountability	(IA1) Improved community opportunities and perceptions
	(SO18) Latrobe Valley communities are aware of and understand the role of the Advocate (SO19) Latrobe Valley communities feel heard, respected and understood by the Advocate (SO20) Latrobe Valley communities have confidence in the Advocate's ability to represent their needs	(MO19) Latrobe Valley communities' concerns are addressed more effectively (MO20) Latrobe Valley communities feel empowered and enabled to advocate for their health and wellbeing	(LO12) Latrobe Valley communities have greater capacity to advocate for their health and wellbeing needs		(IA2) Improved community connectedness and participation
	(SO21) The Advocate is a respected representative of the Latrobe Valley communities in health and wellbeing service planning at a local and State level (SO22) Latrobe Valley communities' health and wellbeing needs are communicated effectively	(MO21) The Advocate influences existing funding sources to improve access to local, affordable services specific to Latrobe Valley communities' health and wellbeing needs, and to improve service integration (MO22) The Advocate attracts additional funds (e.g. seed funding) to improve access to local, affordable services specific to Latrobe Valley communities' health and wellbeing needs, and to improve service integration	(LO13) Latrobe Valley communities have improved options and accessibility of local, affordable services specific to their health and wellbeing needs (LO14) "No wrong door" – Latrobe Valley communities are put in touch with the service they need regardless of who they contact first due to improved service integration (LO15) Latrobe Valley communities have increased health and wellbeing service utilisation		(IA3) Improved health service access and design
	(SO23) The Advocate is a focal point for health and wellbeing leadership within Latrobe Valley communities	(MO23) Latrobe Valley communities feel empowered to make positive changes to their health and wellbeing behaviours	(LO16) Latrobe Valley communities have a culture of healthy living		(IA4) Improved health and lifestyle

*The long term outcomes identified are beyond the timeframe of this evaluation, however, these should be considered in any ongoing monitoring and evaluation or future outcome evaluation.

**The Advocate had not been appointed at the time of writing.

Table 17: Evaluation questions

ID	Type	Domain	Question	Presentations 1-3	Interim report	Presentations 4-6	Final Report
EQ1	Process	Appropriateness	How is the initiative employing innovative ways of improving health and wellbeing via a community-led approach?	N	Y	N	Y
EQ2	Process	Appropriateness	How is the initiative informed by the existing evidence-base for improving health and wellbeing via a community-led approach?	N	Y	N	Y
EQ3	Process	Appropriateness	How appropriate is the initiative for improving health and wellbeing via a community-led approach?	N	Y	N	N
EQ4	Developmental	Effectiveness	What is going well?	Y	Y	Y	Y
EQ5	Developmental	Effectiveness	What is not going well?	Y	Y	Y	Y
EQ6	Developmental	Effectiveness	What could be improved?	Y	Y	Y	Y
EQ7	Process	Effectiveness	To what extent do members of Latrobe Valley communities have a sufficient level of awareness and understanding of the initiative?	N	Y	N	N
EQ8	Process	Effectiveness	How are members of Latrobe Valley communities involved with the initiative?	N	Y	N	N
EQ9	Process	Effectiveness	How does the change made by the initiative align with expected timeframes?	N	Y	N	N
EQ10	Outcome	Effectiveness	How effective was the initiative in working collaboratively with Latrobe Valley communities?	N	N	N	Y

ID	Type	Domain	Question	Presentations 1-3	Interim report	Presentations 4-6	Final Report
EQ11	Outcome	Effectiveness	How effective was the initiative in meeting community needs?	N	N	N	Y
EQ12	Outcome	Effectiveness	How effective was the initiative in improving health and wellbeing in Latrobe Valley?	N	N	N	Y
EQ13	Outcome	Sustainability	What evidence is there of the initiative's ongoing sustainability?	N	N	N	Y
EQ14	Outcome	Sustainability	How could the initiative be re-scoped or otherwise enhanced?	N	N	N	Y

Appendix B: Baseline state of health and wellbeing in Latrobe Valley

Population health and wellbeing data has been extracted from the following sources:

- Victorian Population Health Survey (VPHS)
- VicHealth Indicators Survey (VIS)
- Local Government Area (LGA) Statistical Profiles
- Avoidable Mortality (AM)
- Ambulatory Care Sensitive Conditions (ACSC)
- Medicare Benefits Schedule (MBS) Online.

This data has been used to describe the pre-baseline and baseline state of health and wellbeing in the Latrobe Local Government Area (LGA), Mildura LGA, Gippsland and Victoria in Section 2. Baseline state of health and wellbeing in Latrobe Valley.

Mildura LGA was selected as a comparator following analysis of Socio-Economic Indexes for Areas (SEFIA) score and ranking (Australia and Victoria), population size, median weekly household income, and indicators of disadvantage, social engagement, health status and service utilisation.

B.1 Health and lifestyle.

Table 18: Pre-baseline and baseline population health and wellbeing data relating to health and lifestyle (impact area 4)

Indicator	Latrobe (B-1)	Latrobe (B)	Mildura (B-1)	Mildura (B)	Gipps. (B-1)	Gipps. (B)	VIC (B-1)	VIC (B)	Source
Life time risk of alcohol related harm (Increased lifetime risk; %)	61	-	59.3	-	63	61.7	59.2	57.7	VPHS
Risk of alcohol related injury on a single occasion of drinking (Increased lifetime risk; %)	43.3	-	46.5	-	45.1	45.5	42.5	41.8	VPHS
Getting drunk every now and then is okay (% agree)		27.2	-	30.5		-	-	27.9	VIS
Smoking status (Current %)	24.4	-	18.7	-	20.0	16.8	13.1	16.7	VPHS
Smoking status (Ex-smoker %)	22.7	-	23.8	-	25.9	25.0	24.8	25.0	VPHS
Fruit & vegetable consumption (% meeting fruit and veg guidelines)	5.5	-	4.2	-	4.9	2.8	4.4	3.3	VPHS

Indicator	Latrobe (B-1)	Latrobe (B)	Mildura (B-1)	Mildura (B)	Gipps. (B-1)	Gipps. (B)	VIC (B-1)	VIC (B)	Source
Fruit & vegetable consumption (% meeting veg guidelines)	6.9	-	5.9	-	6.8	3.5	6.4	4.8	VPHS
Fruit & vegetable consumption (% meeting fruit guidelines)	45.3	-	41.8	-	46.7	38.8	47.8	41.4	VPHS
Prevalence of daily sugar-sweetened soft drink consumption	16	-	9.3	-	16.4	-	11.2	-	VPHS
Physical activity (% meeting guidelines)	35.4	-	45.6	-	41.8	51.7	41.4	49.2	VPHS
Participation in any organised physical activity	-	23.9	-	28.8	-	-	-	28.7	VIS
Participation in any non-organised physical activity	-	62.7	-	68.7	-	-	-	70.5	VIS
Perceptions of safety – walking alone during day (% agree)	95.1	93.5	97.1	90.4	-	-	97	92.5	VIS
Perceptions of safety – walking alone after dark (% agree)	62.1	47.4	56.1	47.5	-	-	70.3	55.1	VIS
Drug usage and possession offences per 1,000 population	2	11.9	2.9	7.4	1.6	7.6	1.9	5.1	LGA S.P
Total offences per 1,000 population	100.8	180.4	90.3	112.7	68.5	109.5	64.7	82.6	LGA S.P
Gaming machine losses per adult population ($)	846.3	769	603.42	639	658.04	591	613.44	553	LGA S.P
Prevalence of anxiety or depression (%)	30.4	-	27	-	28.7	29.5	24.2	24.6	VPHS
Prevalence of psychological distress, by level (% based on Kessler 10 score - High:Very high: (K10: 22+))	17	-	14	-	14.3	17.7	12.6	14.8	VPHS
Prevalence of cancer (%)	6.7	-	9.7	-	6.9	9.1	7.4	7.8	VPHS

Indicator	Latrobe (B-1)	Latrobe (B)	Mildura (B-1)	Mildura (B)	Gipps. (B-1)	Gipps. (B)	VIC (B-1)	VIC (B)	Source
Prevalence of heart disease (%)	8.5	-	7	-	7.8	10.5	7.2	7.3	VPHS
Prevalence of stroke (%)	2.5	-	2.7	-	2.9	3.2	2.4	2.7	VPHS
Self-reported health status (Excellent/very good; %)	31.6	-	35.4	-	39.1	52.2	40.2	44.1	VPHS
Self-reported health status (good; %)	38.6	-	40.4	-	39.4	29.6	39.1	36.6	VPHS
Subjective wellbeing (average)	77.7	78.3	78.5	78.2			77.5	77.3	VIS
Babies with low birth weight (%)	8.5	8.2	6.7	7	7.6	7.5	6.6	6.6	LGA S.P
Female life expectancy (average)	82.2	82.2	82.8	82.8	84	84	84.4	84.4	LGA S.P
Male life expectancy (average)	76.9	76.9	77.5	77.5	78.1	78.1	80.3	80.3	LGA S.P
Unintentional injuries treated in hospital per 100,000 population	!	97.7	!	108.6	!	97.9	!	61	LGA S.P
Intentional injuries treated in hospital per 100,000 population	!	5.1	!	7.4	!	4.4	!	3	LGA S.P
Hospital inpatient separations per 100,000 population	458.7	509.9	378.9	446.7	440.1	492.3	424.7	441.6	LGA S.P
Emergency department presentations per 100,000 population	373.8	417.5	426	443	311.9	385.5	254.1	263	LGA S.P
Primary care type emergency department presentations per 1,000 population	201.1	182.6	189.5	204.6	153.5	170.9	105.8	103	LGA S.P
Lung cancer (Number of deaths)	-	-	-	-	-	-	-	-	AM
Lung cancer, standardised per 100,000 population	-	-	-	-	-	-	-	-	AM
Diabetes (Number of deaths)	-	-	-	-	-	-	-	-	AM
Diabetes, standardised rate per 100,000 persons	-	-	-	-	-	-	-	-	AM

Indicator	Latrobe (B-1)	Latrobe (B)	Mildura (B-1)	Mildura (B)	Gipps. (B-1)	Gipps. (B)	VIC (B-1)	VIC (B)	Source
Alcohol related conditions (Number of deaths)	-	-	-	-	-	-	-	-	AM
Alcohol related conditions, standardised rate per 100,000 persons	-	-	-	-	-	-	-	-	AM
Suicide (Number of deaths)	-	-	-	-	-	-	-	-	AM
Suicide (standardised rate per 100,000 persons)	-	-	-	-	-	-	-	-	AM
Dental conditions (Number of admissions)	228	207	340	312	795	751	15599	16435	ACSC
Dental conditions, per 1,000 population	3.11	2.8	6.26	5.7	3.06	2.88	2.66	2.75	ACSC
Dental conditions, average bed days	1.06	1.22	1.05	1.14	1.16	1.25	1.18	1.17	ACSC
Dental conditions, total (number of) bed days	241	253	356	357	921	935	18337	19303	ACSC
Diabetes complication (Number of admissions)	183	209	108	88	619	765	10850	12132	ACSC
Diabetes complication (Rate (#))	2.4	2.76	1.92	1.51	2.08	2.52	1.83	2	ACSC
Diabetes complication (Average)	5.15	5.39	5.78	6.5	6.28	4.91	5.37	5.48	ACSC
Diabetes complication (#)	942	1126	624	572	3885	3759	58252	66460	ACSC
Hypertension (Number of admissions)	27	42	15	11	105	130	2191	2454	ACSC
Hypertension Rate (#))	0.32	0.5	0.24	0.17	0.32	0.38	0.37	0.4	ACSC
Hypertension (Average)	2.85	3.4	3.27	2.27	3.24	3.12	2.5	2.44	ACSC
Hypertension (#)	77	143	49	25	340	405	5480	5988	ACSC

B.2 Community connectedness and participation

Table 19: Pre-baseline and baseline population health and wellbeing data relating to community connectedness and participation (impact area 2)

Indicator	Latrobe (B-1)	Latrobe (B)	Mildura (B-1)	Mildura (B)	Gipps. (B-1)	Gipps. (B)	VIC (B-1)	VIC (B)	Source
Feelings of trust (sometimes)	45.3	-	48.6	-	41.6	61.7	44.2	55.1	VPHS
Feelings of trust (yes, definitely)	38.2	-	34	-	41.6	25.4	38.2	26.8	VPHS
Valued by society (sometimes)	36.2	-	28.6	-	33.7	-	32.5	-	VPHS
Valued by society (yes, definitely)	43.4	-	54.8	-	50.2	-	51.4	-	VPHS
Perceptions of neighbourhood – this is a close-knit neighbourhood (% agree)	-	64.7	-	66	-	-	61.0	-	VIS
Volunteering (sometimes)	14.1	-	9.7	-	12.3	-	11.8	-	VPHS
Volunteering (yes, definitely)	22.1	-	27	-	29.4	-	23.2	-	VPHS
Opportunity to have a say (sometimes)	37.8	-	42.3	-	38.4	-	37.7	-	VPHS
Opportunity to have a say (yes, definitely)	28.6	-	32.9	-	32	-	35.2	-	VPHS
Resilience (average; range 0-8)	-	6.3	-	6.5	-	-	-	6.4	VIS

B.3 Health service access and design

Table 20: Pre-baseline and baseline population health and wellbeing data relating to health service access and design (impact area 3)

Indicator	Latrobe (B-1)	Latrobe (B)	Mildura (B-1)	Mildura (B)	Gipps. (B-1)	Gipps. (B)	VIC (B-1)	VIC (B)	Source
Ability to get help from family (yes, definitely; %)	82.2	-	77.9	-	79.8	-	81.6	-	VPHS
Ability to get help from friends (yes, definitely; %)	81.7	-	83.4	-	82	-	79.7	-	VPHS
Ability to get help from neighbours (yes, definitely; %)	56.2	-	55	-	54.6	-	51.2	-	VPHS

Indicator	Latrobe (B-1)	Latrobe (B)	Mildura (B-1)	Mildura (B)	Gipps. (B-1)	Gipps. (B)	VIC (B-1)	VIC (B)	Source
People who delayed medical consultation, unable to afford (%)	-	15.7	-	17.2	-	16.1	-	14.4	LGA S.P
People who delayed purchasing prescribed medication, unable to afford (%)	-	13.5	-	13.7	-	12.9	-	11.1	LGA S.P
Aged care residential places	High care: 38 per 1,000 eligible population; Low care: 57.5 per 1,000 eligible population	916	High care: 36.6 per 1,000 eligible population; Low care: 46.4 per 1,000 eligible population	595	High care: 34.5 per 1,000 eligible population; Low care: 46.2 per 1,000 eligible population	3039	High care: 41.7 per 1,000 eligible population; Low care: 45.8 per 1,000 eligible population	51,131	LGA S.P
General practitioners per 1,000 population	0.97	1.4	0.96	1.2	1.06	1.3	1.11	1.2	LGA S.P
General practice clinics per 1,000 population	-	0.4	-	0.3	-	0.4	-	0.3	LGA S.P
Allied health service sites per 1,000 population	-	0.7	-	1.1	-	0.9	-	0.9	LGA S.P
Dental service sites per 1,000 population	0.12	0.2	0.09	0.2	0.12	0.2	0.17	0.3	LGA S.P
Pharmacies per 1,000 population	0.16	0.2	0.17	0.2	0.18	0.3	0.19	0.2	LGA S.P
Diagnostic imaging services per 1,000 population	-	1076.3	-	1076.3	-	1031.1	-	970.6	LGA S.P
Average patient contribution for prescriptions ($)	-	8.02	-	8.17	-	8.08	-	9.09	LGA S.P
Children attending 3.5 year old maternal and child health checks	-	65.9	-	69.6	-	64.8	-	66.1	LGA S.P

Indicator	Latrobe (B-1)	Latrobe (B)	Mildura (B-1)	Mildura (B)	Gipps. (B-1)	Gipps. (B)	VIC (B-1)	VIC (B)	Source
GP attendances per 1,000 population	6,092	6790.1	4881	6030.8	5146	6132.9	5391	5889	LGA S.P
GP attendances per 1,000 females	7,064	7863.4	5592	6822	6006	7093	6197	6740.9	LGA S.P
GP attendances per 1,000 males	5,086	5695.2	4151	5218.6	4276	5165.3	4573	5019.2	LGA S.P
Specialist attendances per 1,000 population	-	1371.3	-	1470.8	-	1238.1	-	1363.5	LGA S.P
People who attended a GP	-	95.5	-	95.3	-	92.6	-	90.1	LGA S.P
Females who attended a GP	-	99.8	-	98.5	-	98	-	94.4	LGA S.P
Males who attended a GP	-	91.1	-	91.9	-	87.2	-	85.6	LGA S.P
People who attended a specialist	-	38.4	-	42	-	36	-	34.3	LGA S.P
Females who attended a specialist	-	41.8	-	44.9	-	39.1	-	37.6	LGA S.P
Males who attended a specialist	-	35	-	39.1	-	32.8	-	30.9	LGA S.P
GP attendances bulk billed	-	89.7	-	90.1	-	85.7	-	82.8	LGA S.P
Specialist attendances bulk billed	-	50.9	-	42.9	-	41.4	-	30.4	LGA S.P
Diagnostic imaging services bulk billed	-	82.6	-	81.1	-	75.6	-	75	LGA S.P
People receiving prescriptions	-	78.2	-	80.3	-	75.6	-	71.1	LGA S.P
Females receiving prescriptions	-	84.6	-	85.6	-	82.6	-	76.9	LGA S.P
Males receiving prescriptions	-	71.6	-	74.8	-	68.6	-	65.3	LGA S.P
Clients that received Alcohol & Drug Treatment Services per 1,000 population	-	10.5	-	10.9	-	7.9	-	5	LGA S.P

Indicator	Latrobe (B-1)	Latrobe (B)	Mildura (B-1)	Mildura (B)	Gipps. (B-1)	Gipps. (B)	VIC (B-1)	VIC (B)	Source
Registered mental health clients per 1,000 population	13.8	17.7	25.1	24	12.9	15.1	10.9	11.9	LGA S.P
GP Attendances (Other VR & Non-VR) – providers	99	107	605	59	-	-	-	-	MBS
GP Attendances (Other VR & Non-VR) – patients	2183	2227	2731	2293	-	-	-	-	MBS
GP Attendances (Other VR & Non-VR) – services	25106	24384	8438	8841	-	-	-	-	MBS
GP After Hours/Emergency Attendance – providers	88	90	57	59	-	-	-	-	MBS
GP After Hours/Emergency Attendance – patients	8476	8351	9597	9988	-	-	-	-	MBS
GP After Hours/Emergency Attendance – services	13228	13311	15969	16712	-	-	-	-	MBS
GP Mental Health – providers	108	113	72	69	-	-	-	-	MBS
GP Mental Health - patients	6656	7087	4992	5059	-	-	-	-	MBS
GP Mental Health – services	10127	11076	7599	7515	-	-	-	-	MBS
GP Chronic Disease - providers	108	109	68	66	-	-	-	-	MBS
GP Chronic Disease – patients	8401	9446	8066	8552	-	-	-	-	MBS
GP Chronic Disease - services	21025	23550	16801	18711	-	-	-	-	MBS
Other GP Attendances - providers	96	91	63	61	-	-	-	-	MBS
Other GP Attendances - patients	2270	2137	1522	1417	-	-	-	-	MBS
Other GP Attendances - services	2315	2188	1602	1516	-	-	-	-	MBS
GP Health Assessments - providers	93	95	76	67	-	-	-	-	MBS

Indicator	Latrobe (B-1)	Latrobe (B)	Mildura (B-1)	Mildura (B)	Gipps. (B-1)	Gipps. (B)	VIC (B-1)	VIC (B)	Source
GP Health Assessments - patients	1924	2035	3055	2966	-	-	-	-	MBS
GP Health Assessments - services	1942	2053	3104	3032	-	-	-	-	MBS
Other Primary Care Attendances	-	-	-	-	-	-	-	-	MBS
Other Primary Care Attendances	-	-	-	-	-	-	-	-	MBS
Other Primary Care Attendances	-	-	-	-	-	-	-	-	MBS
Early Intervention/Children with Disabilities - providers	4	5	3	2	-	-	-	-	MBS
Early Intervention/Children with Disabilities - patients	21	28	54	27	-	-	-	-	MBS
Early Intervention/Children with Disabilities - services	21	28	54	27	-	-	-	-	MBS
Practice Nurse/Aboriginal Health Worker - providers	81	86	63	57	-	-	-	-	MBS
Practice Nurse/Aboriginal Health Worker - patients	3407	3883	4000	4536	-	-	-	-	MBS
Practice Nurse/Aboriginal Health Worker - services	4700	5563	6616	8000	-	-	-	-	MBS
Nurse Practitioners	-	-	-	-	-	-	-	-	MBS
Nurse Practitioners	-	-	-	-	-	-	-	-	MBS
Nurse Practitioners	-	-	-	-	-	-	-	-	MBS
Allied Mental Health – providers	34	36	27	27	-	-	-	-	MBS
Allied Mental Health – patients	3755	4049	1782	2071	-	-	-	-	MBS
Allied Mental Health – services	14666	15581	7773	9159	-	-	-	-	MBS

Indicator	Latrobe (B-1)	Latrobe (B)	Mildura (B-1)	Mildura (B)	Gipps. (B-1)	Gipps. (B)	VIC (B-1)	VIC (B)	Source
Allied Health - providers	113	121	86	91	-	-	-	-	MBS
Allied Health - patients	6979	8205	4484	5035	-	-	-	-	MBS
Allied Health - services	22579	25772	15256	16387	-	-	-	-	MBS
Optometry - providers	18	19	9	9	-	-	-	-	MBS
Optometry – patients	28378	27418	16937	16845	-	-	-	-	MBS
Optometry - services	39812	38086	22603	22061	-	-	-	-	MBS
Telehealth – providers	30	42	67	61	-	-	-	-	MBS
Telehealth – patients	618	684	755	829	-	-	-	-	MBS
Telehealth – services	766	911	1159	1319	-	-	-	-	MBS

Appendix C: Community survey to evaluate activities in the Latrobe Health Innovation Zone

C.1 Target audience and sampling method

The target audience for this survey was members of Latrobe Valley communities, recognising that:

- People travel inside, and outside, of the Zone for work and to access services, however, these people may still have a stake in health and wellbeing in Latrobe Valley
- The health and wellbeing of Latrobe Valley communities may be influenced by programs, services and other factors located outside of the Zone.

A mix of convenience and snowball sampling was used, supported by broad advertising and targeted communications.

C.2 Summary statistics and graphs of responses received

A total of **170 responses** had been received as of 16 July 2018. Percentages reported are calculated using the number of responses received for each question as the denominator, unless otherwise specified.

C.2.1 Summary of responses to demographic questions

The purpose of this section is to assess the extent to which community survey respondents are a representative sample of the Latrobe Local Government Area (LGA) population. Population parameters were sourced from the Latrobe City Council's *Community Profile* (Latrobe City Council, n.d.).

In summary, there is **no statistically significant difference** between the **age** (p-value = 1.00, see Table 21 and Table 22), **suburb of residence** (p-value = 0.815, see Table 23 and Table 24), **Indigenous status** (p-value = 0.921, see Table 27 and Table 28), **level of educational attainment** (p-value = 0.983, see Table 29 and Table 30), and **employment status** (p-value = 0.982, see Table 31 and Table 32) of the community survey sample and the Latrobe LGA population. Although, it is important to note that the confidence intervals of the mean difference between the summary statistics and population parameters include zero. This means there is room to improve the confidence with which this conclusion can be drawn.

However, community survey respondents are **likely more representative of engaged circles of Latrobe Valley communities**, rather than the collection of engaged and disengaged communities within the Latrobe LGA population. This evidenced by the proportion of community survey respondents who identify as a "community member" and as a **"community group or club member"** (29%), **"Government employee"** (14%), **"community leader"** (9%), **"health professional"** (8%), "student" (7%), **"Latrobe Health Champion"** (4%) and **"Health Assembly member"** (2%) – as shown in Table 33.

This is further supported by the **positive relationship between self-reported life satisfaction and self-reported health status, and awareness of the Assembly, Zone and Advocate** among respondents to the community survey (Table 36, Table 38, Table 40, Table 45, Table 47, Table 49). This means that community members who report greater life satisfaction and health status are more likely to report being aware of the Assembly, Zone and Advocate. This relationship is significant for self-reported life satisfaction and awareness of the Advocate (p-value = 0.0011, see Table 41), and self-reported health status and awareness of the Assembly (p-value < 0.001, see Table 46), Zone (p-value < 0.001, see Table 48) and Advocate (p-value < 0.001, see Table 50). Given these survey results were collected at a point-in-time, no conclusions can be drawn regarding the temporality of this relationship. However, it is likely that community members who report greater life-satisfaction and health status are more likely to be engaged in their communities and, therefore, more likely to be exposed to information about new health and wellbeing initiatives.

1. **What is your age?**

Table 21: What is your age?

What is your age?	Summary statistic	Population parameter
19 years or under	0%	24.13%
20-29 years	8%	12.78%
30-39 years	20%	11.70%
40-49 years	29%	12.17%
50-59 years	20%	14.03%
60-69 years	18%	12.67%
70-79 years	5%	7.81%
80-89 years	0%	3.90%
90-99 years	0%	0.81%
100 and over	0%	0.02%

Table 22: Statistical significance of the difference in the age of the sample and population

P-Value	1.00
Effect Size (Cohen's d)	0.0000242
Difference Between Averages (Summary statistic – Population parameter)	-0.00000261
Confidence Interval of Difference	-0.0771 to 0.0771

2. Where do you live?

Table 23: Where do you live?

Where do you live?	Summary statistic	Population parameter
Boolarra	3%	1.30%
Boolarra South	0%	0.18%
Budgeree	0%	0.19%
Callignee	0%	0.43%
Churchill	9%	6.40%
Cowwarr	0%	0.49%
Delburn	0%	0.04%

Where do you live?	Summary statistic	Population parameter
Driffield	0%	0.11%
Flynn	0%	0.24%
Glengarry	0%	1.45%
Glengarry North	0%	0.26%
Glengarry West	0%	0.16%
Hazelwood	0%	0.24%
Hazelwood North	1%	1.98%
Hazelwood South	0%	0.40%
Hernes Oak	0%	0.44%
Jeeralang	1%	0.09%
Jeeralang Junction	2%	0.75%
Jumbuk	0%	0.04%
Koornalla	0%	0.13%
Maryvale	0%	0.05%
Mirboo	0%	0.38%
Moe	9%	11.74%
Moe South	2%	0.72%
Morwell	20%	18.42%
Narracan	0%	0.34%
Newborough	7%	9.04%
Tanjil South	1%	0.73%
Toongabbie	2%	1.33%
Traralgon	29%	33.35%
Traralgon East	2%	2.31%
Traralgon South	2%	0.75%

Where do you live?	Summary statistic	Population parameter
Tyers	0%	1.10%
Yallourn	1%	0.20%
Yallourn North	2%	2.06%
Yinnar	1%	1.21%
Yinnar South	2%	0.92%
Other	2%	0.00%
I don't live in the Latrobe Valley	3%	0.00%
I'd prefer not to say	1%	0.00%

Table 24: Statistical significance of the difference in the suburb of the sample and population

P-Value	0.815
Effect Size (Cohen's d)	0.0372
Difference Between Averages (Summary statistic – Population parameter)	0.000500
Confidence Interval of Difference	-0.00380 to 0.00480

3. In which country were you born?

Table 25: In which country were you born?

In which country were you born?	Summary statistic	Population parameter
Australia	91%	78.37%
Other (please specify)	8%	9.09%
I'd prefer not to say	1%	12.54%

*Statistical test was unable to be run for this question.

4. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)

Table 26: Do you speak a language other than English at home?

Do you speak a language other than English at home?	Summary statistic	Population parameter
Yes (please specify)	5%	4.14%
No – English only	95%	85.46%

Do you speak a language other than English at home?	Summary statistic	Population parameter
I'd prefer not to say	0%	10.40%

*Statistical test was unable to be run for this question.

5. **Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes) (Select all that apply)**

Table 27: Are you of Aboriginal or Torres Strait Islander origin?

Are you of Aboriginal or Torres Strait Islander origin?	Summary statistic	Population parameter
Yes – Aboriginal	4%	1.50%
Yes – Torres Strait Islander	1%	0.06%
Yes – Aboriginal and Torres Strait Islander	0%	0.05%
No	95%	90.63%
I'd prefer not to say	1%	7.76%

Table 28: Statistical significance of the difference in the Indigenous status of the sample and population

P-Value	0.921
Effect Size (Cohen's d)	0.0473
Difference Between Averages (Summary statistic – Population parameter)	0.00200
Confidence Interval of Difference	-0.0505 to 0.0545

6. **What is your highest level of educational attainment?**

Table 29: What is your highest level of educational attainment?

What is your highest level of non-school qualification?	Summary statistic	Population parameter
Certificate	17%	44.58%
Advanced Diploma or Diploma	24%	13.19%
Bachelor Degree	24%	13.88%
Graduate Diploma or Graduate Certificate	6%	2.65%
Postgraduate Degree	10%	2.71%
I'd prefer not to say	1%	22.02%
Other	19%	0.97%

Table 30: Statistical significance of the difference in the highest level of educational attainment of the sample and population

P-Value	0.983
Effect Size (Cohen's d)	0.00822
Difference Between Averages (Summary statistic – Population parameter)	0.00143
Confidence Interval of Difference	-0.159 to 0.162

7. What is your current employment status?

Table 31: What is your current employment status?

What is your current employment status?	Summary statistic	Population parameter
Not in the labour force	12%	30.57%
Employed full-time	36%	23.01%
Employed part-time	22%	14.66%
Unemployed looking for full-time work	2%	2.88%
Unemployed looking for part-time work	4%	1.43%
Other (including "Employed casually" and "Unemployed but looking for casual work"	22%	2.59%
I'd prefer not to say	1%	24.87%

Table 32: Statistical significance of the difference in the employment status of the sample and population

P-Value	0.982
Effect Size (Cohen's d)	0.00898
Difference Between Averages (Summary statistic – Population parameter)	-0.00143
Confidence Interval of Difference	-0.149 to 0.146

8. Do you identify as any of the following within Latrobe Valley?

Table 33: Do you identify as any of the following within Latrobe Valley?

Do you identify as any of the following within the Latrobe Valley?	Summary statistic
Community member	65%
Community group or club member (please specify which group or club)	29%
Community leader (please specify your role)	9%

Do you identify as any of the following within the Latrobe Valley?	Summary statistic
Latrobe Health Champion	4%
Health Assembly member	2%
Health professional (please specify your organisation)	8%
Government employee (please specify which department or agency)	14%
Student (please specify if undertaking secondary; tertiary or other study)	7%
Other (please specify)	8%
No	9%
I'd prefer not to say	5%

*Population parameters are not available for this question.

* Proportion of responses not respondents.

C.2.2 Summary of responses to validated health and wellbeing questions

9. **Thinking about your life and personal circumstances, how satisfied are you with your life as a whole?**

Table 34: Thinking about your life and personal circumstances, how satisfied are you with your life as a whole?

Thinking about your life and personal circumstances, how satisfied are you with your life as a whole?	Percentage
Completely dissatisfied 0	3%
1	0%
2	1%
3	4%
4	3%
5	8%
6	12%
7	24%
8	26%
9	12%

Thinking about your life and personal circumstances, how satisfied are you with your life as a whole?	Percentage
Completely satisfied 10	6%
I don't know	0%
I'd prefer not to say	0%

Table 35: Thinking about your life and personal circumstances, how satisfied are you with your life as a whole?

	Mean	Confidence Interval	Standard Deviation	Minimum	Maximum
Summary statistic	6.88	6.56 to 7.21	2.10	0	10
Population parameter	8.00	7.80 to 8.20	Not reported	Not reported	Not reported

Table 36: Summary of the relationship between self-reported life satisfaction and awareness of the Assembly

Group	Mean	Sample Size	Confidence Interval	Standard Deviation
Yes	7.3	94	6.84 to 7.67	2.0
No	6.4	67	5.89 to 6.92	2.1
I don't know	5.5	2	-26.3 to 37.3	3.5

Table 37: Statistical significance of the relationship between self-reported life satisfaction and awareness of the Assembly

Ranked ANOVA	
P-Value	0.152
Effect Size (Cohen's f)	0.255

Table 38: Summary of the relationship between self-reported life satisfaction and awareness of the Zone

Group	Mean	Sample Size	Confidence Interval	Standard Deviation
Yes	7.3	58	6.83 to 7.79	1.8
No	6.7	96	6.26 to 7.11	2.1
I don't know	5.3	7	2.09 to 8.48	3.5

Table 39: Statistical significance of the relationship between self-reported life satisfaction and awareness of the Zone

Ranked ANOVA	
P-Value	0.0809
Effect Size (Cohen’s f)	0.204

Table 40: Summary of the relationship between self-reported life satisfaction and awareness of the Advocate

Group	Mean	Sample Size	Confidence Interval	Standard Deviation
Yes	7.6	48	7.08 to 8.17	1.9
I don't know	6.5	13	5.07 to 8.01	2.4
No	6.5	99	6.08 to 6.91	2.1

Table 41: Statistical significance of the relationship between self-reported life satisfaction and awareness of the Advocate

Ranked ANOVA	
P-Value	0.00106
Effect Size (Cohen’s f)	0.322

10. Thinking about various areas of your life, how satisfied are you with: (0 = Completely dissatisfied, 10 = Completely satisfied)

Table 42: Thinking about various areas of your life, how satisfied are you with:

Thinking about various areas of your life, how satisfied are you with:	0	1	2	3	4	5	6	7	8	9	10	I don’t know	I’d prefer not to say
Your standard of living?	2%	1%	2%	4%	4%	9%	5%	16%	25%	16%	16%	0%	0%
Your health?	2%	4%	4%	4%	4%	10%	10%	24%	19%	11%	7%	0%	0%
What you are currently achieving in life?	4%	2%	4%	5%	4%	7%	15%	12%	27%	13%	8%	0%	0%
Your personal relationships?	3%	3%	3%	1%	3%	6%	8%	15%	15%	21%	19%	2%	1%
How safe you feel?	3%	1%	3%	3%	7%	6%	9%	10%	20%	24%	12%	1%	1%
Feeling part of your community?	5%	3%	6%	3%	4%	13%	8%	15%	17%	14%	10%	1%	1%
Your future security?	5%	5%	6%	3%	9%	13%	11%	14%	16%	8%	10%	1%	0%

*Population parameters are not available for this question.

11. Thinking about your health, how would you describe your current health status?

Table 43: Thinking about your health, how would you describe your current health status?

Thinking about your health, how would you describe your current health status?	Percentage
Excellent	9%
Very good	21%
Good	31%
Fair	23%
Poor	16%
I don’t know	1%
I’d prefer not to say	0%

Table 44: Thinking about your health, how would you describe your current health status?

Thinking about your health, how would you describe your current health status?	Summary statistic	Population parameter
Excellent / very good	30%	31.60%
Good	31%	38.60%
Fair / poor	39%	29.50%
I don’t know	1%	0.00%
I’d prefer not to say	0%	0.30%

Table 45: Summary of the relationship between self-reported health status and awareness of the Assembly

	Yes	No	I don't know
Good	27.4%	34.4%	50.0%
Fair	21.4%	26.2%	0.0%
Very good	27.4%	13.1%	0.0%
Poor	13.1%	19.7%	0.0%
Excellent	10.7%	6.6%	0.0%

	Yes	No	I don't know
I don't know	0.0%	0.0%	50.0%

Table 46: Statistical significance of the relationship between self-reported health status and awareness of the Assembly

Chi-Squared Test	Basic	Advanced
Statistical Significance (P-Value)	Clearly significant	4.70219E-13
Effect Size (Cramér's V)	Large	0.522113397
Sample Size		147

Table 47: Summary of the relationship between self-reported health status and awareness of the Zone

	No	Yes	I don't know
Good	29.8%	30.9%	28.6%
Fair	22.6%	27.3%	0.0%
Very good	19.0%	27.3%	0.0%
Poor	20.2%	3.6%	57.1%
Excellent	8.3%	10.9%	0.0%
I don't know	0.0%	0.0%	14.3%

Table 48: Statistical significance of the relationship between self-reported health status and awareness of the Zone

Chi-Squared Test	Basic	Advanced
Statistical Significance (P-Value)	Clearly significant	2.31201E-05
Effect Size (Cramér's V)	Large	0.366546174
Sample Size		146

Table 49: Summary of the relationship between self-reported health status and awareness of the Advocate

	No	Yes	I don't know
Good	30.1%	26.8%	45.5%
Fair	24.7%	19.5%	27.3%
Very good	18.3%	∧ 31.7%	0.0%

	No	Yes	I don't know
Poor	18.3%	9.8%	18.2%
Excellent	8.6%	12.2%	0.0%
I don't know	0.0%	0.0%	9.1%

Table 50: Statistical significance of the relationship between self-reported health status and awareness of the Advocate

Chi-Squared Test	Basic	Advanced
Statistical Significance (P-Value)	Clearly significant	0.018806343
Effect Size (Cramér's V)	Medium	0.271305547
Sample Size		145

12. Thinking about your relationship with your community, to what extent do you:

Table 51: Thinking about your relationship with your community, to what extent do you:

Thinking about your relationship with your community, to what extent do you:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Feel valued by society	7%	39%	31%	11%	8%	4%	1%
Feel that most people can be trusted	7%	44%	18%	22%	7%	2%	0%
Agree that by helping others, you help yourself in the long run	31%	51%	10%	6%	2%	1%	0%
Feel that you can get help from your friends when you need it	27%	47%	13%	8%	2%	2%	0%
Feel that you can ask your neighbour for help	17%	38%	20%	13%	10%	2%	0%
Agree that your local community feels like home	13%	46%	24%	9%	8%	0%	0%
Feel safe walking down your street after dark	12%	29%	14%	22%	22%	1%	0%
Know where to find information to make a life decision	19%	48%	17%	10%	4%	2%	0%
Feel that you can speak out when you disagree with what everyone else has agreed on	14%	38%	24%	14%	8%	2%	0%

Thinking about your relationship with your community, to what extent do you:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Think that multiculturalism makes your life better	26%	39%	21%	8%	5%	1%	0%
Enjoy living among people of different life styles	22%	46%	22%	8%	2%	1%	0%

*Population parameters are not available for this question.

13. Turning now to your control over your life, to what extent do you:

Table 52: Turning now to your control over your life, to what extent do you:

Turning now to your control over your life, to what extent do you:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Think you are a happy person	16%	60%	14%	8%	2%	0%	0%
Feel that you have control over decisions that affect your everyday activities	18%	53%	15%	10%	4%	0%	0%
Feel that you have the power to make important decisions that change the course of your life	21%	52%	16%	8%	1%	1%	0%
Feel that you contribute to making your community a better place to live	20%	49%	22%	7%	1%	2%	0%
Feel that Government representatives take into account concerns voiced by you and people like you when they make decisions that affect you	2%	17%	21%	27%	32%	1%	0%

*Population parameters are not available for this question.

C.2.3 Summary of responses to evaluative questions

14. To be healthy, I think I need to:

Table 53: To be healthy, I think I need to:

To be healthy, I think I need to:	Percentage
Be proud of where I live	48%
Feel that others have a positive perception of where I live	33%
Be connected with my community	59%

To be healthy, I think I need to:	Percentage
Participate in community activities/events	55%
Have access to education opportunities	60%
Have access to employment opportunities	68%
Be able to have a say about health and wellbeing in the Latrobe Valley	47%
Have access to health and wellbeing services	85%
Have access to health and wellbeing information	73%
Have access to physical activity options	74%
Have access to healthy food options	77%
Other (please specify)	7%
I don't know	2%
I'd prefer not to say	1%

* Proportion of responses not respondents.

15. To what extent do you agree with: At present, I:

Table 54: To what extent do you agree with: At present, I:

To what extent do you agree with: At present, I:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Am proud of where I live	26%	48%	10%	10%	6%	0%	0%
Feel that others have a positive perception of where I live	11%	25%	13%	34%	18%	0%	0%
Am connected with my community	14%	58%	17%	9%	2%	0%	0%
Participate in community activities/events	17%	62%	12%	6%	2%	0%	0%
Have access to education opportunities	13%	53%	17%	11%	6%	0%	0%
Have access to employment opportunities	12%	46%	15%	11%	16%	0%	0%
Can have a say about health and wellbeing in Latrobe Valley	13%	38%	30%	14%	6%	0%	0%
Have access to health and wellbeing services	13%	52%	18%	11%	4%	1%	0%
Have access to health and wellbeing information	20%	56%	16%	6%	2%	0%	0%

To what extent do you agree with: At present, I:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Have access to physical activity options	21%	54%	14%	8%	2%	1%	0%
Have access to healthy food options	26%	50%	15%	6%	2%	1%	0%
Other	18%	36%	9%	9%	27%	0%	0%

16. What health and wellbeing services have you accessed in Latrobe Valley over the last 3 months?

Table 55: What health and wellbeing services have you accessed in Latrobe Valley over the last 3 months?

What health and wellbeing services have you accessed in the Latrobe Valley over the last 3 months?	Percentage
Select all	0%
Disability service providers	20%
Podiatrists	7%
Hospitals	6%
Dentists	7%
Pharmacists	18%
Aged cared providers	1%
Allied health providers	4%
Chiropractors	3%
Counsellors	3%
Dieticians	2%
Drug/alcohol addiction counsellors	0%
Emergency accommodation providers	0%
Family planning providers	0%
Massage therapy providers	5%

What health and wellbeing services have you accessed in the Latrobe Valley over the last 3 months?	Percentage
Mental health service providers	2%
Naturopaths	1%
Occupational therapists	1%
Optometrists	5%
Paediatricians	1%
Physiotherapists	4%
Psychiatrists	1%
Psychologists	3%
Other (please specify)	2%
I'd prefer not to say	0%

17. To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley meet your needs?

Table 56: To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley meet your needs?

To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley meet your needs?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
General practitioners (GPs)	22%	53%	8%	11%	6%	0%	0%
Specialists	15%	57%	13%	9%	7%	0%	0%
Hospitals	20%	47%	4%	11%	16%	2%	0%
Dentists	29%	62%	8%	0%	2%	0%	0%
Pharmacists	40%	56%	2%	1%	1%	0%	0%
Aged cared providers	25%	63%	0%	0%	0%	13%	0%
Allied health providers	25%	64%	4%	4%	4%	0%	0%

To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley meet your needs?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Chiropractors	57%	35%	4%	4%	0%	0%	0%
Counsellors	12%	56%	16%	4%	8%	4%	0%
Dieticians	20%	53%	0%	20%	7%	0%	0%
Disability service providers	0%	50%	13%	13%	13%	13%	0%
Drug/alcohol addiction counsellors	0%	0%	0%	0%	50%	50%	0%
Emergency accommodation providers	0%	0%	0%	0%	50%	50%	0%
Family planning providers	50%	0%	0%	0%	0%	50%	0%
Massage therapy providers	50%	50%	0%	0%	0%	0%	0%
Mental health service providers	7%	53%	7%	7%	20%	7%	0%
Naturopaths	25%	38%	25%	0%	0%	13%	0%
Occupational therapists	11%	33%	44%	0%	0%	11%	0%
Optometrists	34%	63%	3%	0%	0%	0%	0%
Paediatricians	17%	17%	17%	33%	0%	17%	0%
Physiotherapists	33%	63%	3%	0%	0%	0%	0%
Podiatrists	40%	50%	0%	0%	0%	10%	0%
Psychiatrists	0%	50%	13%	13%	13%	13%	0%
Psychologists	16%	58%	11%	5%	11%	0%	0%
Other	31%	50%	13%	6%	0%	0%	0%

18. To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley are easy to access?

Table 57: To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley are easy to access?

To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley are easy to access?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
General practitioners (GPs)	16%	49%	13%	17%	5%	0%	0%
Specialists	7%	43%	11%	24%	15%	0%	0%
Hospitals	24%	50%	10%	5%	10%	2%	0%
Dentists	22%	54%	8%	10%	4%	2%	0%
Pharmacists	44%	52%	3%	1%	0%	0%	0%
Aged cared providers	14%	57%	29%	0%	0%	0%	0%
Allied health providers	18%	50%	18%	14%	0%	0%	0%
Chiropractors	43%	48%	10%	0%	0%	0%	0%
Counsellors	5%	43%	33%	14%	5%	0%	0%
Dieticians	15%	46%	23%	15%	0%	0%	0%
Disability service providers	17%	33%	17%	33%	0%	0%	0%
Drug/alcohol addiction counsellors	0%	0%	0%	0%	100%	0%	0%
Emergency accommodation providers	0%	0%	0%	0%	100%	0%	0%
Family planning providers	0%	100%	0%	0%	0%	0%	0%
Massage therapy providers	39%	58%	0%	3%	0%	0%	0%
Mental health service providers	0%	45%	9%	0%	45%	0%	0%
Naturopaths	29%	57%	14%	0%	0%	0%	0%
Occupational therapists	14%	14%	43%	29%	0%	0%	0%
Optometrists	30%	64%	6%	0%	0%	0%	0%
Paediatricians	0%	0%	67%	33%	0%	0%	0%
Physiotherapists	28%	59%	10%	3%	0%	0%	0%

To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley are easy to access?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Podiatrists	11%	78%	0%	11%	0%	0%	0%
Psychiatrists	0%	14%	14%	29%	43%	0%	0%
Psychologists	13%	44%	13%	19%	13%	0%	0%
Other	40%	40%	7%	0%	13%	0%	0%

19. To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley are affordable to use?

Table 58: To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley are affordable to use?

To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley are affordable to use?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
General practitioners (GPs)	32%	41%	14%	8%	6%	0%	0%
Specialists	4%	27%	16%	29%	24%	0%	0%
Hospitals	31%	48%	10%	5%	5%	2%	0%
Dentists	8%	25%	19%	33%	13%	2%	0%
Pharmacists	28%	50%	11%	8%	4%	0%	0%
Aged cared providers	0%	38%	25%	13%	25%	0%	0%
Allied health providers	19%	41%	15%	22%	4%	0%	0%
Chiropractors	10%	38%	33%	14%	5%	0%	0%
Counsellors	5%	32%	23%	18%	23%	0%	0%
Dieticians	23%	46%	15%	15%	0%	0%	0%
Disability service providers	17%	17%	50%	17%	0%	0%	0%
Drug/alcohol addiction counsellors	0%	0%	100%	0%	0%	0%	0%

To what extent do you agree that each of the following health and wellbeing services in Latrobe Valley are affordable to use?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Emergency accommodation providers	0%	0%	0%	0%	100%	0%	0%
Family planning providers	0%	100%	0%	0%	0%	0%	0%
Massage therapy providers	18%	39%	24%	9%	9%	0%	0%
Mental health service providers	0%	55%	27%	9%	9%	0%	0%
Naturopaths	0%	14%	14%	57%	14%	0%	0%
Occupational therapists	14%	14%	29%	29%	14%	0%	0%
Optometrists	18%	38%	26%	18%	0%	0%	0%
Paediatricians	33%	0%	67%	0%	0%	0%	0%
Physiotherapists	14%	31%	38%	10%	7%	0%	0%
Podiatrists	11%	67%	11%	11%	0%	0%	0%
Psychiatrists	0%	14%	29%	43%	14%	0%	0%
Psychologists	6%	38%	31%	6%	19%	0%	0%
Other	27%	40%	0%	13%	13%	7%	0%

20. To what extent do you agree with the following statements about health and wellbeing information in Latrobe Valley?

Table 59: To what extent do you agree with the following statements about health and wellbeing information in Latrobe Valley?

To what extent do you agree with the following statements about health and wellbeing information in Latrobe Valley?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
I know how to access information about health and wellbeing	28%	55%	9%	4%	4%	1%	0%
It is easy for me to access information	23%	54%	11%	6%	4%	1%	1%

To what extent do you agree with the following statements about health and wellbeing information in Latrobe Valley?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
about health and wellbeing							

21. To what extent do you agree with: The physical activity options in Latrobe Valley:

Table 60: To what extent do you agree with: The physical activity options in Latrobe Valley:

To what extent do you agree with: The physical activity options in Latrobe Valley:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Are easy for me to access	17%	40%	25%	10%	5%	4%	0%
Are affordable for me to use	11%	27%	27%	22%	9%	3%	0%

22. To what extent do you agree with: The healthy food options in Latrobe Valley:

Table 61: To what extent do you agree with: The healthy food options in Latrobe Valley:

To what extent do you agree with: The healthy food options in Latrobe Valley:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Are easy for me to access	18%	49%	15%	12%	4%	2%	0%
Are affordable for me to use/buy	11%	38%	23%	19%	7%	2%	0%

23. Before completing this survey, had you heard of:

Table 62: Before completing this survey, had you heard of:

Before completing this survey, had you heard of:	Yes	I don't know	No
The Latrobe Health Assembly	57%	1%	42%
The Latrobe Health Innovation Zone	36%	4%	60%
The Latrobe Health Advocate	30%	8%	62%

24. To what extent do you agree with: I understand the purpose of this initiative?

Table 63: To what extent do you agree with: I understand the purpose of this initiative?

To what extent do you agree with: I understand the purpose of this initiative?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
The Latrobe Health Assembly	6%	24%	19%	16%	13%	20%	1%
The Latrobe Health Innovation Zone	5%	16%	18%	19%	16%	25%	1%
The Latrobe Health Advocate	5%	12%	20%	22%	16%	25%	1%

25. To what extent do you agree with: I think this initiative is a good idea?

Table 64: To what extent do you agree with: I think this initiative is a good idea?

To what extent do you agree with: I think this initiative is a good idea?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
The Latrobe Health Assembly	14%	26%	24%	4%	3%	29%	1%
The Latrobe Health Innovation Zone	12%	22%	25%	1%	3%	36%	1%
The Latrobe Health Advocate	11%	21%	27%	2%	3%	36%	1%

26. To what extent do you agree with: I think this initiative can improve health and wellbeing in Latrobe Valley?

Table 65: To what extent do you agree with: I think this initiative can improve health and wellbeing in Latrobe Valley?

To what extent do you agree with: I think this initiative can improve health and wellbeing in Latrobe Valley?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
The Latrobe Health Assembly	11%	21%	26%	7%	4%	30%	1%
The Latrobe Health Innovation Zone	11%	16%	28%	4%	3%	36%	2%
The Latrobe Health Advocate	10%	17%	27%	6%	3%	36%	2%

27. Do you agree with the following statements?

Table 66: Do you agree with the following statements?

Do you agree with the following statements?	Yes	I don't know	No
I can name at least one Assembly member	29%	5%	66%
I know how to contact the Assembly	28%	11%	61%

28. To what extent do you agree with the following statements?

Table 67: To what extent do you agree with the following statements?

To what extent do you agree with the following statements?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
I know something about what the Assembly is doing	11%	20%	11%	28%	18%	11%	1%
From what I know of the Assembly, it is doing some good things	12%	18%	19%	10%	8%	31%	1%

29. Before completing this survey, had you heard of the Latrobe Health and Wellbeing Charter (the Charter)?

Table 68: Before completing this survey, had you heard of the Latrobe Health and Wellbeing Charter (the Charter)?

Before completing this survey, had you heard of the Latrobe Health and Wellbeing Charter (the Charter)?	Percentage
Yes	34%
I don't know	2%
No	63%

30. To what extent do you agree with the following statements?

Table 69: To what extent do you agree with the following statements?

To what extent do you agree with the following statements?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
I understand the purpose of the Charter	8%	31%	10%	16%	15%	19%	0%
I contributed to the development of the Charter	6%	7%	5%	41%	28%	12%	1%
I feel ownership of the Charter	1%	10%	15%	31%	32%	8%	2%

To what extent do you agree with the following statements?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
The Charter describes my aspirations for the Zone	6%	21%	15%	20%	13%	26%	0%

Appendix D: Organisation Survey for the Latrobe Health Innovation Zone Evaluation

D.1 Target audience and sampling method

The target audience for this survey was:

- **Providers of goods or services that can influence health and wellbeing** – e.g. education provider, local business, government department or agency, community group or club, library
- **Health and wellbeing service providers** – e.g. doctor, dentist, pharmacist, aged cared provider, allied health provider, chiropractor, counsellor, dietician, disability service provider, drug/alcohol addiction counsellor, emergency accommodation provider, family planning provider, massage therapy provider, mental health service provider, naturopath, occupational therapist, optometrist, paediatrician, physiotherapy, podiatrist, psychiatrist and psychologist
- **Physical activity providers** – e.g. gym, health and fitness centre, sport club, personal trainer
- **Food providers** – e.g. café, restaurant, local food mart, supermarket, health food store, fast food store.

Stratified sampling of the above listed target groups was completed. This was supported by snowball sampling via a referral mechanism. A data scraping exercise of publicly available directories was performed to collect contact details of organisations falling within the defined target groups. These directories include the Yellow Pages, Human Services Directory and Latrobe City Council Community Group Directory.

Following an initial poor response rate to this survey, organisations who completed the targeted survey were entered into a draw to win one of two $200 Coles Group and Myer vouchers. To advertise this, a postcard was sent to all organisations in Latrobe Valley collected through the aforementioned data scraping exercise. In addition, follow-up emails were sent to those organisations who had initially been invited to complete the survey via email.

D.2 Summary statistics and graphs of responses received

A total of **35 responses** had been received as of 16 July 2018. Percentages reported are calculated using the number of responses received for each question as the denominator, unless otherwise specified.

1. **What is the primary role of your organisation?**

Table 70: What is the primary role of your organisation?

What is the primary role of your organisation?	Percentage
Provider of goods or services that can also influence health and wellbeing – e.g. education provider, local business, government department or agency, community group or club, library, beauty salon	57%
Health and wellbeing service provider – e.g. doctor, dentist, pharmacist, aged cared provider, allied health provider, chiropractor, counsellor, dietician, disability service provider, drug/alcohol addiction counsellor, emergency accommodation provider, family planning provider, massage therapy provider, mental health service provider, naturopath, occupational therapist, optometrist, paediatrician, physiotherapy, podiatrist, psychiatrist and psychologist	20%
Physical activity provider – e.g. gym, health and fitness centre, sport club, personal trainer	20%
Food provider – e.g. café, restaurant, local food mart, supermarket, health food store, fast food store	3%

2. **Does your organisation also sell food and/or drinks?**

Table 71: Does your organisation also sell food and/or drinks?

Does your organisation also sell food and/or drinks?	Percentage
Yes	31%
I don’t know	0%
No	69%

3. Where is your organisation located?

Table 72: Where is your organisation located?

Where is your organisation located?	Percentage
Boolarra	1%
Boolarra South	1%
Budgeree	1%
Callignee	1%
Churchill	4%
Cowwarr	1%
Delburn	1%
Driffield	1%
Flynn	1%
Glengarry	1%
Glengarry North	1%
Glengarry West	1%
Hazelwood	3%
Hazelwood North	3%
Hazelwood South	1%
Hernes Oak	1%

Where is your organisation located?	Percentage
Jeeralang	3%
Jeeralang Junction	3%
Jumbuk	1%
Koornalla	1%
Maryvale	1%
Mirboo	1%
Moe	5%
Moe South	1%
Morwell	20%
Narracan	1%
Newborough	5%
Tanjil South	1%
Toongabbie	3%
Traralgon	13%
Traralgon East	3%
Traralgon South	1%
Tyers	1%
Yallourn	1%
Yallourn North	1%
Yinnar	4%
Yinnar South	3%
Other (please specify)	3%
Total	80

4. How long has your organisation been operating?

Table 73: How long has your organisation been operating?

Field	Minimum	Maximum	Mean	Standard Deviation	Variance
Years	0	138	30	35	1260
Months	0	9	2	3	9

5. Does your organisation provide goods and/or services that are specifically tailored to persons identifying as any of the following?

Table 74: Does your organisation provide goods and/or services that are specifically tailored to persons identifying as any of the following?

Does your organisation provide goods and/or services that are specifically tailored to persons identifying as any of the following:	Percentage
Parents/carers	15%
Persons of Aboriginal or Torres Strait Islander origin	13%
Persons who are culturally and/or linguistically diverse	16%
Persons with a disability	18%
Other (please specify)	13%
No	24%
I don’t know	0%
I’d prefer not to say	2%

6. Do your staff identify as belonging to any of the following groups?

Table 75: Do your staff identify as belonging to any of the following groups?

Do your staff identify as belonging to any of the following groups:	Percentage
Parents/carers	21%
Persons of Aboriginal or Torres Strait Islander origin	11%
Persons who are culturally and/or linguistically diverse	15%
Persons with a disability	15%

Do your staff identify as belonging to any of the following groups:	Percentage
Other (please specify)	8%
No	25%
I don't know	4%
I'd prefer not to say	2%

7. Does someone from your organisation sit on the Latrobe Health Assembly?

Table 76: Does someone from your organisation sit on the Latrobe Health Assembly?

Does someone from your organisation sit on the Latrobe Health Assembly?	Percentage
Yes	9%
I don't know	17%
No	74%

8. What is your organisation's primary source of funding?

Table 77: What is your organisation's primary source of funding?

What is your organisation's primary source of funding?	Percentage
Government grants/funding	23%
Other grants/funding (please specify)	10%
Revenue from goods sold	6%
Revenue from services provided	13%
Revenue from membership fees	23%
Fundraising	16%
Other (please specify)	8%
I don't know	2%
I'd prefer not to	0%

9. Does your organisation work in partnership with?

Table 78: Does your organisation work in partnership with?

Does your organisation work in partnership with?	Yes	I don't know	No
Government departments or agencies	52%	0%	48%
Organisations/groups within your sector	76%	0%	24%
Organisations/groups from other sectors	46%	4%	50%
Community organisations/groups	65%	3%	32%

10. What does your partnership (or partnerships) involve?

Table 79: What does your partnership (or partnerships) involve?

What does your partnership (or partnerships) involve? - Selected Choice	Percentage
Our work is reliant on their work	5%
We exchange and/or share resources	24%
We exchange and/or share information	35%
We work together to achieve a common goal	29%
Other (please specify)	7%
I don't know	0%
I'd prefer not to say	0%

11. Before completing this survey, had you heard of?

Table 80: Before completing this survey, had you heard of?

Before completing this survey, had you heard of?	Yes	I don't know	No
The Latrobe Health Assembly	50%	0%	50%
The Latrobe Health Innovation Zone	26%	9%	66%
The Latrobe Health Advocate	26%	9%	65%

12. To what extent do you agree with: I understand the purpose of this initiative?

Table 81: To what extent do you agree with: I understand the purpose of this initiative?

To what extent do you agree with: I understand the purpose of this initiative?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
The Latrobe Health Assembly	3%	30%	21%	15%	6%	21%	3%
The Latrobe Health Innovation Zone	0%	24%	26%	9%	6%	32%	3%
The Latrobe Health Advocate	6%	18%	21%	9%	12%	30%	3%

13. To what extent do you agree with: I think this initiative is a good idea?

Table 82: To what extent do you agree with: I think this initiative is a good idea?

To what extent do you agree with: I think this initiative is a good idea?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
The Latrobe Health Assembly	14%	29%	17%	0%	0%	37%	3%
The Latrobe Health Innovation Zone	9%	35%	9%	0%	0%	44%	3%
The Latrobe Health Advocate	15%	29%	9%	0%	0%	44%	3%

14. To what extent do you agree with: I think this initiative can improve health and wellbeing in Latrobe Valley?

Table 83: To what extent do you agree with: I think this initiative can improve health and wellbeing in Latrobe Valley?

To what extent do you agree with: I think this initiative can improve health and wellbeing in Latrobe Valley?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
The Latrobe Health Assembly	6%	32%	24%	0%	0%	35%	3%
The Latrobe Health Innovation Zone	3%	34%	23%	0%	0%	37%	3%
The Latrobe Health Advocate	3%	32%	24%	0%	0%	38%	3%

15. Before completing this survey, had you heard of the Latrobe Health and Wellbeing Charter (the Charter)?

Table 84: Before completing this survey, had you heard of the Latrobe Health and Wellbeing Charter (the Charter)?

Before completing this survey, had you heard of the Latrobe Health and Wellbeing Charter (the Charter)?	Percentage
Yes	34%
I don't know	9%
No	57%

16. Did your organisation contribute to the development of the Charter?

Table 85: Did your organisation contribute to the development of the Charter?

Did your organisation contribute to the development of the Charter?	Percentage
Yes	33%
I don't know	33%
No	33%

17. To what extent do you agree with the following statements:

Table 86: To what extent do you agree with the following statements:

To what extent do you agree with the following statements?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
I understand the purpose of the Charter	9%	31%	17%	6%	3%	31%	3%
I contributed to the development of the Charter	3%	3%	15%	29%	18%	29%	3%
I feel ownership of the Charter	0%	6%	24%	21%	15%	27%	6%
The Charter describes my aspirations for the Zone	3%	18%	24%	9%	3%	41%	3%

D.2.1 Providers of goods or services that can also influence health and wellbeing

18. My organisation:

Table 87: My organisation:

My organisation:	Yes	I don't know	No
Directly contributes to health and wellbeing in Latrobe Valley	58%	11%	32%
Indirectly influences health and wellbeing in Latrobe Valley	75%	10%	15%
Has no impact on health and wellbeing in Latrobe Valley	13%	6%	81%

19. My organisation actively promotes health and wellbeing in Latrobe Valley

Table 88: My organisation actively promotes health and wellbeing in Latrobe Valley

My organisation actively promotes health and wellbeing in the Latrobe Valley	Percentage
Yes	58%
I don't know	21%
No	21%

20. My organisation has taken steps to improve health and wellbeing in Latrobe Valley

Table 89: My organisation has taken steps to improve health and wellbeing in Latrobe Valley

My organisation has taken steps to improve health and wellbeing in the Latrobe Valley	Percentage
Yes	63%
I don't know	21%
No	16%

21. These steps include:

Table 90: These steps include:

These steps include:	Yes	I don't know	No
Working collaboratively with organisations from within our sector	82%	9%	9%
Working collaboratively with organisations from other sectors	64%	18%	18%
Identifying gaps in the healthy food options available in Latrobe Valley	33%	33%	33%
Planning to improve the healthy food options offered to address these gaps	50%	50%	0%

These steps include:	Yes	I don't know	No
Other	67%	0%	33%

22. This has been influenced by the:

Table 91: This has been influenced by the:

This has been influenced by the:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Assembly	0%	0%	10%	30%	30%	30%	0%
Zone	0%	0%	10%	30%	30%	30%	0%

D.2.2 Health and wellbeing service providers

23. My organisation:

Table 92: My organisation:

My organisation:	Yes	I don't know	No
Directly contributes to health and wellbeing in Latrobe Valley	100%	0%	0%
Indirectly influences health and wellbeing in Latrobe Valley	67%	17%	17%
Has no impact on health and wellbeing in Latrobe Valley	0%	25%	75%

24. My organisation actively promotes health and wellbeing in Latrobe Valley

Table 93: My organisation actively promotes health and wellbeing in Latrobe Valley

My organisation actively promotes health and wellbeing in the Latrobe Valley	Percentage
Yes	100%
I don't know	0%
No	0%

25. My organisation has taken steps to improve health and wellbeing in Latrobe Valley

Table 94: My organisation has taken steps to improve health and wellbeing in Latrobe Valley

My organisation has taken steps to improve health and wellbeing in the Latrobe Valley.	Percentage
Yes	100%
I don’t know	0%
No	0%

26. These steps include:

Table 95: These steps include:

These steps include:	Yes	I don’t know	No
Working collaboratively with organisations from within our sector	100%	0%	0%
Working collaboratively with organisations from other sectors	43%	14%	43%
Identifying health and wellbeing service gaps in Latrobe Valley	43%	14%	43%
Planning to improve the type of health and wellbeing services offered to address these gaps	57%	0%	43%
Planning to improve the volume of health and wellbeing services offered to address these gaps	100%	0%	0%
Identifying gaps in the healthy food options available in Latrobe Valley	0%	0%	0%
Planning to improve the healthy food options offered to address these gaps	0%	0%	0%
Other	0%	0%	0%

27. This has been influenced by the:

Table 96: This has been influenced by the:

This has been influenced by the:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don’t know	I’d prefer not to say
Assembly	0%	0%	17%	0%	33%	50%	0%
Zone	0%	17%	0%	0%	33%	50%	0%

To what extent do you agree with the following statements:

28. My organisation:

Table 97: My organisation:

My organisation:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Has leadership that makes health literacy integral to its mission, structure and operations	29%	29%	14%	14%	0%	14%	0%
Integrates health literacy into planning, evaluation measures, service users safety and quality improvement	14%	43%	14%	14%	0%	14%	0%
Prepares the workforce to be health literate and monitors progress	14%	43%	14%	14%	0%	14%	0%
Includes populations served in the design, implementation and evaluation of health and related information and services	14%	43%	14%	0%	0%	29%	0%
Meets the needs of populations with a range of health literacy skills while avoiding stigmatisation	29%	29%	29%	0%	0%	14%	0%
Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact	14%	29%	29%	0%	0%	29%	0%
Provides easy access to health and related information and services and navigation assistance	29%	43%	14%	0%	0%	14%	0%
Designs and distributes print, audio-visual, and social media content that is easy to understand and act on	17%	33%	0%	17%	17%	17%	0%
Address health literacy in high-risk situations, including care transitions, communications about medicines, etc.	33%	17%	17%	17%	0%	17%	0%
Communicates clearly what health plans cover and what	17%	33%	33%	0%	0%	17%	0%

My organisation:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
individuals will have to pay for services							

D.2.3 Physical activity providers

29. My organisation:

Table 98: My organisation:

My organisation:	Yes	I don't know	No
Directly contributes to health and wellbeing in Latrobe Valley	57%	29%	14%
Indirectly influences health and wellbeing in Latrobe Valley	83%	17%	0%
Has no impact on health and wellbeing in Latrobe Valley	0%	33%	67%

30. My organisation actively promotes health and wellbeing in Latrobe Valley

Table 99: My organisation actively promotes health and wellbeing in Latrobe Valley

My organisation actively promotes health and wellbeing in the Latrobe Valley	Percentage
Yes	71%
I don't know	29%
No	0%

31. My organisation has taken steps to improve health and wellbeing in Latrobe Valley

Table 100: My organisation has taken steps to improve health and wellbeing in Latrobe Valley

My organisation has taken steps to improve health and wellbeing in the Latrobe Valley	Percentage
Yes	71%
I don't know	29%
No	0%

32. These steps include:

Table 101: These steps include:

These steps include:	Yes	I don't know	No
Working collaboratively with organisations from within our sector	80%	0%	20%
Working collaboratively with organisations from other sectors	75%	25%	0%
Identifying gaps in the physical activity options available in Latrobe Valley	33%	67%	0%
Planning to improve the physical activity options offered to address these gaps	0%	67%	33%
Identifying gaps in the healthy food options available in Latrobe Valley	0%	50%	50%
Planning to improve the healthy food options offered to address these gaps	50%	0%	50%
Other	0%	0%	100%

33. This has been influenced by the:

Table 102: This has been influenced by the:

This has been influenced by the:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know	I'd prefer not to say
Assembly	0%	0%	20%	20%	20%	40%	0%
Zone	0%	0%	20%	20%	20%	40%	0%

D.2.4 Food providers

One organisation identifying as a food provider who responded to the targeted survey for organisations completed this section of the survey. To preserve the privacy of that provider, their responses have not been reported.

Appendix E: Summary of Assembly projects under development (point in time view)

Table 103: Summary of Assembly projects under development (point in time view)

Project	Description	Working group	Status
Black Dog Ride - Community Carnival sponsorship	A community "wellness" day at Old Gippstown during Black Dog ride to and from Heyfield	Pride of Place	Complete
Eid Event	The Eid festival is an effort to share the Muslim faith with the broader community in a family environment. United Muslim Sisters of Latrobe Valley, organises events such as this festival to dispel negative sentiments about Islam. This year health and wellbeing agencies will be invited to attend the event to help promote healthy living.	Pride of Place	Complete
Gratitude Wall	Recognising what you are grateful for has often been linked to improvement in a person's wellbeing. A pop-up blackboard gratitude wall, that is displayed in public areas across Latrobe city for people to write up what they are grateful for that day.	Pride of Place	Complete
Planning and Research Officer	Full time position based at Latrobe Health Assembly office	N/A	Complete
Health Innovation Grants Program	A small grants program that will enable local community groups, work places, schools, sporting clubs and community members to implement innovative projects / initiatives that improve the health and wellbeing of the Latrobe City community. The pump priming funding available through the LHA should seek to enable (i) leverage of other support in cash or kind and (ii) opportunities for ongoing sustainability of the initiative includes employment of a grants assistant position for six months.	All	In progress
Community Health Nursing in Primary Schools	Establish a health and wellbeing (prevention / early intervention) program in local schools to support vulnerable children and their families to be healthy and well.	Children, Families & Young People	In progress
Development of therapeutic playgroup for the community.	A plan to establish a playgroup in the Traralgon East area, following consultation with the local community.	Children, Families & Young People	In progress
Asthma Management Engagement program	Asthma prevention and awareness campaign conducted through Latrobe City that educates the community on asthma treatment and asthma causes through a variety of different innovative methods.	Chronic Illness & Wellness	In progress

Project	Description	Working group	Status
Dental Voucher Scheme	This project will provide vouchers to those on the dental waiting list in aim of reducing this list by 6 months.	Chronic Illness & Wellness	In progress
Development of Internet-based Chronic Disease and Rehabilitation Support Systems	An online system to support rehabilitation	Chronic Illness & Wellness	In progress
Gippsland Care Communication and Record Book (the "Care Journal")	To develop a Gippsland "Care Journal". A resource can be used by both consumers, carers and healthcare providers to improve care coordination and client autonomy and control.	Chronic Illness & Wellness	In progress
Investigation of consumer experience of Latrobe health and social system for people with chronic disease.	Workshops / focus groups with people with a chronic illness and their carers. This will help identify any gaps and / or areas of focus to assist those living with a chronic illness.	Chronic Illness & Wellness	In progress
Mental Health education awareness	Lifeline Gippsland "Healthy Harold" Campaign	Chronic Illness & Wellness	In progress
Up-skilling Dental Assistants	The up-skilling of five Dental Assistants in Certificate IV Dental Assistant– Oral Health Assessor. Allowing them to provide a range of different preventative dental health services to the Latrobe City community and resulting in better dental health practice and reduced waiting times for public dental services.	Chronic Illness & Wellness	In progress
Bike Restoration Program	To establish an ongoing bike restoration program with FLO School, with restored bikes being distributed to local charities supporting kids in need. Students who participate and complete the restoration are awarded a Certificate I in Work Preparation.	Make the Move	In progress
Garmin's in Schools	This project focuses on encouraging students of Year 8/9 Kurnai College Churchill Campus to further engage in more incidental activity by providing them with a class assigned set of Garmin watches (or similar device) for a period of 1 term (10 weeks).	Make the Move	In progress
Increased participation in structured and unstructured recreation by under-represented groups	Details are being clarified with DHHS and Sport & Recreation Victoria.	Make the Move	In progress

Project	Description	Working group	Status
Latrobe pop-up street games trial	To be discussed with Rec-link, DHHS and the Assembly. Possible campaign with a local partner involved.	Make the Move	In progress
Make the Move Latrobe	The Make the Move program will promote a more vibrant, healthy & active work force. Currently 57.5% of Latrobe City residents do not meet the daily guidelines for physical activity which is higher than the Victorian rate. Office workers who operate in sedentary environments and sit for prolonged periods will experience great health benefits of becoming more active. The program will complement "Active Living" in the Latrobe City Municipal Health & Wellbeing Plan as it will achieve incidental activity at the workplace. It will achieve increased physical activity of sedentary and isolated workers through social sport & recreation. It will promote social connectedness of employees and an increase in productivity.	Make the Move	In progress
This girl can' social marketing campaign	Based on a UK model, which is being picked up by VicHealth in Victoria.	Make the Move	In progress
Traralgon East AusKick	This is a place based initiative that supports the needs of the children and their families living in Traralgon East, it removes the barrier of limited access to transport and encourages people to be active where they live.	Make the Move	In progress
Social marketing Project	Two full time positions to deliver health promotion social marketing campaigns in Latrobe. This resource could have an initial campaign focus on "Active living" with a dedicated budget to support the initial campaign. Over time the team could support campaigns on other topics to be determined in partnership with the Assembly, such as healthy eating, reducing sugary drinks/promoting water as the drink of choice, smoking, promoting use of Health Check, and participation in cancer screening programs.	N/A	In progress
Community Self Defence Classes	Five self defence sessions run in each of the major towns over a period of 6 months. Feeling safe is a major concern of our community, as is domestic violence, this course is aimed at educating women on how to protect themselves.	Pride of Place	In progress
Latrobe Nutrition Network	A strategic and coordinated effort across critical partners is required to address food security in Latrobe City, which is significantly higher than the state average.	Pride of Place	In progress
Water Works Project	A public campaign that focuses on increasing the availability and consumption of tap water as an alternative to encourage a reduction in the consumption of sugary drinks and bottled water.	Pride of Place	In progress

Project	Description	Working group	Status
Chronic Disease Innovation Project Backbone	A position to support implementation of chronic disease activities.	Chronic Illness & Wellness	In progress
ABC – Adolescent Behavioural Change Latrobe	It is proposed that in seeking funding for the upcoming financial year that the scope of the ABC program be widened in terms of its delivery and eligibility to address the needs of the Latrobe community as a whole. This includes expansion of the 10 week program to be delivered more frequently, and provide for delivery within schools and community settings. An expansion will increase accessibility for young people in the community to engage in the program with the support of school connections, parents and welfare workers – it will also provide Quantum with the means to accept young people from the community who have identified as displaying bullying or aggressive behaviours toward others – prior to their escalation to the justice system.	Children, Families & Young People	In development
Healthcare that Counts in Latrobe	The Healthcare that Counts framework was released by the Victorian Government in March 2017. The Healthcare that Counts framework is a quality improvement framework for health services to embed organisational governance, systems and structures focused on vulnerable children and families. This project will support health services across Gippsland to provide more responsive care to vulnerable children – leading to earlier access to support services they need to have optimal health and wellbeing.	Children, Families & Young People	In development
Kunai Young Parents Program - Support	Group is in discussions with KYPP's to determine how LHA can support the program going forward.	Children, Families & Young People	In development
Latrobe Celebrates World Diabetes Day	An annual event to support people and families living with diabetes in the Latrobe City that offers education and promotes accessibility to services locally supporting diabetes management. There will be short term and long term goals for this event.	Chronic Illness & Wellness	In development
Smoking Cessation Engagement	Quit Victoria has been running anti-smoking public education campaigns across the State and region for a considerable period of time. While the activities have led to a significant decrease in smoking across most of Gippsland, the rates of smoking in Latrobe City are still high, with the number of people who have quit successfully low compared to most other areas of the State.	Chronic Illness & Wellness	In development
Healthy messaging billboards	Billboards strategically placed throughout Latrobe City that provide a series of health messaging	Make the Move	In development

Project	Description	Working group	Status
Increasing access to sports by increasing access to uniforms, transport and subsidised club memberships for Junior Players)	This project has three key elements to be delivered, including development of: • A second-hand sporting uniform and equipment 'shop' • A player transport program ensure the pick-up and drop off of juniors at training and games • A subsidised membership program for under privileged and underrepresented groups.	Make the Move	In development
Latrobe City Food Truck	Development of a social enterprise that manages a food truck to deliver health and well being messages in conjunction with healthy food preparation for the Latrobe City community.	Make the Move	In development
Tracks and Trails App	This project proposes an online, interactive tool that will provide a multimedia approach to increasing awareness, encouraging participation and improving overall health and wellbeing.	Make the Move	In development
Work It Off Challenge	To improve mental and physical health and wellbeing in the Latrobe City small business workforce by encouraging employees to participate in a cost-free wellbeing challenge.	Make the Move	In development
Evaluation of mental health and chronic disease management collaborative project	Evaluation is being undertaken by KPMG.	N/A	In development
Governance, strategic planning and health and wellbeing plan	Funding to support the current contract with KPMG, support Board Strategic Planning activities and assist development of an overarching health and wellbeing plan.	N/A	In development
Locally-based project evaluation team	Develop local evaluation capability that could support a range of programs in the Innovation Zone. An academic and a service partner could be identified to establish a LHIZ evaluation unit in partnership with a University, the department and the Assembly.	N/A	In development
Aged Care Centre of Excellence	To develop Latrobe Valley as a Hub of Excellence in Aged Care, establishing the region's reputation for specialist skills and knowledge while generating employment, education and investment opportunities.	Pride of Place	In development
Community Engagement to The Gathering Place	The objective of this project is to fund and appoint a full time paid Community Engagement Worker who will generate demand and engagement to The Gathering Place as an epicentre where people gather, connect, get support and advice, learn and do	Pride of Place	In development

Project	Description	Working group	Status
	community-led activities in support of the needs and interests of the local A&TSI community.		
Mid Valley Social Enterprise	To establish a sustainable social enterprise café which provides extension training for people who have undertaken a course such as Certificate III Barista or in Food Handling. The café, staffed by various community groups, school VCAL students and others will open on weekdays and provide a focal point for people to use the western end of the shopping centre.	Pride of Place	In development
Social Prescribing	Social prescribing, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. This project would include a feasibility study too assess the if implementing a service of this kind would be successful in Latrobe Valley. Potential to absorb Green Prescription Project.	Pride of Place	In development
Volunteering in the Valley - Connecting Volunteers with Opportunities	To appoint a Volunteering Coordinator to develop a more flexible approach to volunteering opportunities with volunteering organisations. The coordinator will also work with LCC and LVA throughout the development of the Volunteering Portable and help promote the utilisation of it for both volunteers and volunteering organisations.	Pride of Place	In development
Women Empowerment and Professional Development Workshop	The workshops are designed to empower women in the region to give them the knowledge to use their potential in the best way. The workshops will empower women, create possibilities and boost their self- esteem. There are so many unemployed women coming from diverse backgrounds including CALD, disadvantaged background, these workshops will enable them to discover their potential.	Pride of Place	In development
Partners in Parenting	The project aims to work in partnership with disadvantaged communities in the Gippsland region (focusing primarily in Latrobe Valley) to adapt Partners in Parenting (PiP) in a co-design approach, then evaluating the short and medium-term benefits of the adapted PiP for parents and their adolescents.	Children, Families & Young People	Not endorsed
PhD Scholarship	In order to develop programs that meet the needs of the Latrobe City community, significant research is required. This proposal will provide a resource to undertake research on the topic selected by the Assembly through it working group structure.	Children, Families & Young People	Not endorsed

Project	Description	Working group	Status
Medicinal Cannabis Trial	The proposed project will establish a clinical trial which will examine the use of medicinal cannabis for patients identified with CACS treated at the Gippsland Cancer Care Centre, located at Latrobe Regional Hospital, Latrobe City.	Chronic Illness & Wellness	Not endorsed

Appendix F: Summary of successful Assembly Health Innovation Grants Program submissions

Table 104: Summary of successful Assembly Health Innovation Grants Program submissions

Title	Applicant	Description	Which Assembly Working Group Objectives did the project meet?
Latrobe Valley Flexible Learning Option Robotics and Coding Lab	Nicholas Try, Kurnai College, Flexible Learning Option (FLO) Campus	A whole school robotics and coding (STEM) program which will equip students with 21st century learning skills. This project will also develop self-esteem, co-operative skills and cognitive skills such as creative problem solving through a mathematical, technical and engineering framework for students from low socioeconomic backgrounds.	Pride of Place
Clemente – Community-Embedded Education	Jeremy Smith, Federation University	This project will directly increase participation in life-changing education and provide a pathway into University education by improving the current Clemente site, enhancing the public profile of the program and introducing a further Clemente site in East Traralgon. The Clemente program address problems of social exclusion of members of the community who experience multi-generational disadvantage by increasing participation in Higher Education in a supported learning environment. Target groups include women who are or who have experienced family violence, Aboriginal people, refugees, disengaged youth, long term unemployed, single parents, people living with disabilities, and those who struggle with mental health and /or drug and alcohol addiction.	Pride of Place
Beekeeping, Health and Independence	Steven Murphy, Beekeeper	This project is a five-day training course for 20 students to learn and understand Bees and the impact they have on the environment. This course will teach these students: • Health benefits of being a beekeeper • Health benefits of the various products that are sourced from a beehive for human use • How to extract and process the various products from a beehive • How to use hand tools & power-tools safely • Basic introduction to beekeeping as a small business opportunity • Organic beekeeping practises • How bees interact with our environment.	Pride of Place

Title	Applicant	Description	Which Assembly Working Group Objectives did the project meet?
Serving the Valley – Kitchen Challenge	Joh Lyons, Traralgon Neighbourhood Learning House Inc.	The Kitchen Challenge takes 6-8 participants and works over an eight-week period to culminate in a meal for 40 people. Participants are challenged and stretched throughout the process to build capacity to make changes they want in their lives. They come away with an improved relationship and understanding of food and of themselves. The Kitchen Challenge is a behaviour change project that uses food as a vehicle.	Pride of Place
Active Kids 2019 Expo	Peter Ceeney, Active Kids Churchill	The Active Kids Expo is designed to promote local sports and recreation and encourage more children to participate in sports and activities instead of being indoors on technology.	Make the Move
Let’s Grow Food Program	John Mauger, Health Champions Latrobe	The Let’s Grow Food Program aims to help improve food security, reduce food miles and educate the Latrobe community on the benefits of locally grown food. This program provides participants with the resources and education to allow them to learn to grow their own food.	Make the Move
"Moving and Feasting" with Yinnar Community Outdoor Pizza Kitchen and Kitchen Pantry Workshops	Catheryn Thompson, Yinnar & District Community Garden	The Outdoor Pizza Kitchen will provide new opportunities for the celebration of good healthy food by incorporating community ‘cook ups’ while harvesting fresh food directly from the community garden. There will be multiple community workshops to create the Outdoor Pizza Kitchen and Community Cook Ups & Kitchen Pantry Workshops that will educated the community on preserving and cooking with seasonal fruits, vegetables and herbs.	Make the Move
Wellbeing amongst the transport industry - Latrobe Bus Lines Employee Health and Wellbeing	Gayle Fitzclarence, Latrobe Valley Bus Lines	Latrobe Valley Bus Lines will implement an initiative aimed at improving the health and wellbeing of their employees by primarily focusing on healthy eating, physical activity and mental health and wellbeing. Latrobe Valley Bus Lines will conduct health checks on their employees to raise awareness of the risk factors which contribute to ill health and identifying any health issues that will need to be followed up with a health professional. Latrobe Valley Bus Lines will also provide opportunities to educate staff on healthy eating principles.	Make the Move
Bike Fitness and Education Program	Jenny O’Donnell, Baringa Specialist School	Baringa Specialist School aims to educate the students in the essential skills of bike and road safety and encourage greater activity & participation. Baringa will purchase 8 new bikes suitable for primary aged students and 30 Fitness Trackers (Fitbits) to promote physical activity amongst their	Make the Move

Title	Applicant	Description	Which Assembly Working Group Objectives did the project meet?
		students from an earlier age. The fitness trackers can enable the students to set themselves personal goals in relation to their level of activity on the bikes and monitor their results.	
Girls in Tennis	Glenn and Sally Kirstine, G&S Tennis Academy	This program involves exposing as many girls as possible to tennis through conducting introductory clinics for the Grade 5/6 girls at the local primary schools at the tennis club.	Make the Move
Learning Landscapes	Leanne Millsom, Yinnar Primary School	This project is to redevelop the playground at Yinnar Primary School into an interactive and/or incidental learning space. The playground will be redeveloped into the following sections: • Boat sandpit, bush hut, vegetable garden, desert sandpit • Walking track • Amphitheatre/music • Sensory garden/bush tracker • Orchard • Traffic grid • Extra shade/seating area • Oval and running track • Wetlands/river bed.	Make the Move
Kurnai Movers and Shakers	Kiyomi Marshall-Ino – Kurnai College, Federation Campus	This project is to purchase outdoor sports, fitness and play equipment to the Kurnai College University Campus to encourage and help get the students moving.	Make the Move
Learn to Move Latrobe	Alistair Edgar, Energetic Gymnastics	Learn to Move Latrobe is a 4-6-week program that combines fundamental movement classes with healthy eating and positive parenting support. Toddlers and their parents can enjoy being active together with weekly Kinder Gymfun classes combined with a range of other formal and informal activities, workshops and information sessions such as storytelling, healthy eating, positive parenting and positive mental health and wellbeing.	Make the Move
Boolarra and District Bike Trails	Colin Brick, Boolarra Community Development Group	This project is to promote local bike routes from easy to hard throughout Boolarra by providing signage and brochures at Railway Park, Boolarra and	Make the Move

Title	Applicant	Description	Which Assembly Working Group Objectives did the project meet?
		marking each route with trail blazes (i.e. coloured tin markers to indicate each route).	
Bridges Reading Support Training for Community Members	Carolyne Boothman, Newborough Primary School	This project provides training to adult community members who would then be able to assist Newborough Primary School students 1:1 in developing their reading skills.	Children, Family and Young People
Gippsland CASA Connection Camps Building attachment through adventure	Christina Melrose, Gippsland Centre against Sexual Assault	This project is to provide a three-day therapeutic camp designed to provide support and guidance to parents/carers and their children who may have experienced trauma and attachment difficulties, through strengthening positive family relationships in an engaging, supportive environment.	Children, Family and Young People
Amazing Anatomy Health Education	Kerstyn Ludlow, Amazing Anatomy	Amazing Anatomy Health Education Project is a service providing health information sessions to pre-school and primary school students about basic anatomy and the health link. By understanding how our body systems function, children can then identify the link between making healthy choices and optimising their health and well-being.	Children, Family and Young People
FLO Life Skills Centre Equipment Provisions	Jenny Schulz, Kurnai College, Flexible Learning Option (FLO) Campus	This project is to provide equipment for the instructional kitchen at the Kurnai College FLO Campus. This purpose built area offers these students life skill competencies including: domestic cleaning, laundry and garment maintenance, budgeting, grooming and hygiene along with resume advice and interview techniques. All students' participating will acquire a barista certificate, a food handler's certificate and an RSA certificate. They will also have understanding of how to create a healthy meal plan on a budget, how to have a capsule wardrobe, basic domestic skills and time management.	Children, Family and Young People
Yard Revamp	Belinda Musgrove, Little Saints Learning Centre	This project is to redevelop the outdoor area at Little Saints Learning Centre. They would like to update the outdoor area to include a fort/cubby house, mud kitchen and have a section with synthetic turf.	Children, Family and Young People
Val-YOU Reading Program	Rhonda Renwick, Kindred Spirits Enterprises	This project is to provide training to 30 local educators, parents, carers and community members with the knowledge and tools required to work with their own children to develop foundational language and literacy skills through an ASQA accredited Certificate IV course. The target sites for the 30 participants are: Berry Street Carers, Latrobe City Council – Morwell	Children, Family and Young People

Title	Applicant	Description	Which Assembly Working Group Objectives did the project meet?
		Early Learning Centre, Morwell Centre Primary School, Morwell Goodstart and Cameron Street Preschool.	
Building Literacy for Children in East Traralgon with Dolly Parton's Imagination Library	Janet Cameron, United Way Australia	This program provides free monthly age appropriate books selected by early childhood specialists and resources for the parents and carers to be delivered to the homes of 80 children (aged between 0-4 years) who have been deemed at risk of vulnerability through United Way Dolly Parton's Imagination Library.	Children, Family and Young People
Consumer Participation - Creating services that are easy to access and use through increasing consumer participation in health service planning and design	Liz Meggetto, Central West Gippsland	This project will increase the number of Latrobe Valley community members with chronic conditions who are actively involved in planning processes with health and human service organisations.	Chronic Illness and Wellness
Latrobe Mental Health and Wellbeing Skills Course	Terri-Lee Hill, Mindful Life	The Latrobe Mental Health and Wellbeing Skills Course project is designed to support and promote the mental health and wellbeing of residents of Latrobe Valley. This skills course aims to provide psycho-education, support and practical coping skills to apply to common life stressors and to promote optimal mental health to three target groups: Low income and unemployed residents of Latrobe City, Young People & Parent Carers living in the Latrobe City and Residents of Latrobe with mild to moderate mental health concerns who cannot access group mental health programs.	Chronic Illness and Wellness
Latrobe Valley Flexible Learning Option Robotics and Coding Lab	Nicholas Try, Kurnai College, Flexible Learning Option (FLO) Campus	A whole school robotics and coding (STEM) program which will equip students with 21st century learning skills. This project will also develop self-esteem, co-operative skills and cognitive skills such as creative problem solving through a mathematical, technical and engineering framework for students from low socioeconomic backgrounds.	Pride of Place
Clemente – Community-Embedded Education	Jeremy Smith, Federation University	This project will directly increase participation in life-changing education and provide a pathway into University education by improving the current Clemente site, enhancing the public profile of the program and introducing a further Clemente site in East Traralgon. The Clemente program address problems of social exclusion of members of the community who experience	Pride of Place

Title	Applicant	Description	Which Assembly Working Group Objectives did the project meet?
		multi-generational disadvantage by increasing participation in Higher Education in a supported learning environment. Target groups include women who are or who have experienced family violence, Aboriginal people, refugees, disengaged youth, long term unemployed, single parents, people living with disabilities, and those who struggle with mental health and /or drug and alcohol addiction.	
Beekeeping, Health and Independence	Steven Murphy, Beekeeper	This project is a five-day training course for 20 students to learn and understand Bees and the impact they have on the environment. This course will teach these students: • Health benefits of being a beekeeper • Health benefits of the various products that are sourced from a beehive for human use • How to extract and process the various products from a beehive • How to use hand tools & power-tools safely • Basic introduction to beekeeping as a small business opportunity • Organic beekeeping practises, and • How bees interact with our environment.	Pride of Place
Serving the Valley – Kitchen Challenge	Joh Lyons, Traralgon Neighbourhood Learning House Inc.	The Kitchen Challenge takes 6-8 participants and works over an eight-week period to culminate in a meal for 40 people. Participants are challenged and stretched throughout the process to build capacity to make changes they want in their lives. They come away with an improved relationship and understanding of food and of themselves. The Kitchen Challenge is a behaviour change project that uses food as a vehicle.	Pride of Place
Active Kids 2019 Expo	Peter Ceeney, Active Kids Churchill	The Active Kids Expo is designed to promote local sports and recreation and encourage more children to participate in sports and activities instead of being indoors on technology.	Make the Move
Let's Grow Food Program	John Mauger, Health Champions Latrobe	The Let's Grow Food Program aims to help improve food security, reduce food miles and educate the Latrobe community on the benefits of locally grown food. This program provides participants with the resources and education to allow them to learn to grow their own food.	Make the Move

Appendix G: Summary of projects for the Zone under development (point in time view)

Table 105: Summary of projects for the Zone under development (point in time view)

Priority Area	Approach	Project	Status
Whole of LHIZ Activities	-	Latrobe Health Assembly operating costs	Implementation
Whole of LHIZ Activities	-	Latrobe Health Advocate	Appointed
Whole of LHIZ Activities	-	Latrobe Health and Wellbeing Charter	Implementation
Whole of LHIZ Activities	-	Evaluation of the Latrobe Health Assembly, Latrobe Health Innovation Zone and Latrobe Health Advocate	Implementation
Preventive Health	Governance	Contribution to evaluation	Implementation
Preventive Health	Capacity building	Planning Officer	Implementation
Preventive Health	Capacity building	Projects Coordinator	Implementation
Preventive Health	Capacity building	Overarching Health and Wellbeing Plan	Implementation
Preventive Health	Capacity building	Project level evaluation	Request for Quote
Preventive Health	Assembly led prevention projects	Latrobe Nutrition Network	Implementation
Preventive Health	Assembly led prevention projects	Make the Move Project Coordinator	Implementation
Preventive Health	Assembly led prevention projects	Physical activity programming	Implementation
Preventive Health	Expanded short-term initiatives in-line with Make the Move	This Girl Can social marking campaign localisation	Implementation

Priority Area	Approach	Project	Status
Preventive Health	Expanded short-term initiatives in-line with Make the Move	Increased participation in structured and unstructured recreation by under-represented groups	Implementation
Preventive Health	Prevention capacity building	Latrobe social marketing team	Implementation
Preventive Health	Prevention capacity building	Preventive Health Survey	Planning
Early Intervention and Screening	Capacity building	Project level evaluation	Request for Quote
Early Intervention and Screening	GPHN led initiative in consultation with Chronic Illness and Wellness Working Group	Project Officers for Screening and Preventative Messages	Implementation
Early Intervention and Screening	GPHN led initiative in consultation with Chronic Illness and Wellness Working Group	"HealthCheck" trial	Implementation
Early Intervention and Screening	GPHN led initiative in consultation with Chronic Illness and Wellness Working Group	Cancer screening initiative	Implementation
Early Intervention and Screening	GPHN led initiative in consultation with Chronic Illness and Wellness Working Group	Risk assessment and opportunistic screening initiative	Implementation
Early Intervention and Screening	GPHN led initiative in consultation with Chronic Illness and Wellness Working Group	Smoking cessation initiative	Implementation
Early Intervention and Screening	GPHN led initiative in consultation with Chronic Illness and Wellness Working Group	Printing expenses	Implementation

Priority Area	Approach	Project	Status
Early Intervention and Screening	GPHN led initiative in consultation with Chronic Illness and Wellness Working Group	Contribution to evaluation	Implementation
Chronic Disease	Capacity building	Deliverable 80 - Provide an additional 1,000 hours of respiratory nursing service at Latrobe Community Health Service (compared to 2015–16 base level)	Contract
Chronic Disease	Capacity building	Deliverable 81 - Expand the early intervention in chronic disease program, delivered by Latrobe Community Health Service, to provide an additional 2,500 hours of allied health and care coordination services (compared to 2015–16 base level)	Contract
Chronic Disease	Capacity building	Contribution to evaluation	Contract
Chronic Disease - Community Health Care - Service Innovation and Development	Capacity building	Planning Officer	Implementation
Chronic Disease - Community Health Care - Service Innovation and Development	Capacity building	Chronic disease innovation project backbone	Implementation
Chronic Disease - Community Health Care - Service Innovation and Development	Capacity building	Project level evaluation	Request for Quote
Chronic Disease - Community Health Care - Service Innovation and Development	Assembly led chronic disease innovation projects	Dental Assistant - Oral Health Assessor training	Implementation
Chronic Disease - Community Health Care	Assembly led chronic disease innovation projects	Investigation of consumer experience of Latrobe health and social system for people with chronic disease	Planning

Priority Area	Approach	Project	Status
- Service Innovation and Development			
Chronic Disease - Community Health Care - Service Innovation and Development	Assembly led chronic disease innovation projects	Chronic disease forum	Implementation
Chronic Disease - Community Health Care - Service Innovation and Development	Assembly led chronic disease innovation projects	Development of internet-based chronic disease and rehabilitation support systems	Implementation
Chronic Disease - Community Health Care - Service Innovation and Development	Potential future projects under investigation	Contribution to evaluation	Contract
Chronic Disease - Community Health Care - Service Innovation and Development	Potential future projects under investigation	Improving Latrobe oral health initiative	Implementation
Mental Health - Mental Health Community Support	Capacity building	Evaluation of mental health and chronic disease management collaborative project	Implementation
Mental Health - Mental Health Community Support	Capacity building	Contribution to evaluation	Contract
Mental Health - Mental Health Community Support	Assembly led mental health projects	Mental health awareness campaign	Implementation

Priority Area	Approach	Project	Status
Mental Health - Mental Health Community Support	Other mental health projects socialised with the Chronic Illness and Wellness working group	Development of a therapeutic playgroup with the community	Implementation
Mental Health - Mental Health Community Support	Other mental health projects socialised with the Chronic Illness and Wellness working group	Traralgon East Community Engagement Officer and Mentor	Implementation
Mental Health - Mental Health Community Support	Other mental health projects socialised with the Chronic Illness and Wellness working group	Mental illness forums	Implementation
Mental Health - Mental Health Community Support	Other mental health projects socialised with the Chronic Illness and Wellness working group	Mental health education/awareness	Implementation
Mental Health - Mental Health Community Support	Other mental health projects socialised with the Chronic Illness and Wellness working group	Lifeline healthy Harold alpaca campaign	Implementation
Aboriginal Health - Community Health Care	Capacity building	First 1000 days initiative	Implementation
Aboriginal Health - Community Health Care	Capacity building	The Gathering Place	Implementation
Aboriginal Health - Community Health Care	Capacity building	Contribution to evaluation	Contract
Improving Access to Specialist Care - Acute Health Non-Admitted	Capacity building	Funding to Latrobe Regional Hospital for specialists and telehealth services	Implementation
Place Based Approach	Capacity building	Backbone staff for the Latrobe Health Assembly entity	Implementation

Priority Area	Approach	Project	Status
Place Based Approach	Capacity building	Community engagement strategy	Implementation
Place Based Approach	Capacity building	Innovation funding pool	Implementation

Appendix H: References

Beaudoin, C. (2009). Bonding and bridging neighbourliness: An individual-level study in the context of health. Social Science & Medicine, 68, 2129-2136.

Business Dictionary. (n.d.). Innovation. Retrieved from http://www.businessdictionary.com/definition/innovation.html

Catford, J. (1998). Social entrepreneurs are vital for health promotion-but they need supportive environments too. Health Promotion International, 13(2), 95-97.

Cornwall, A. (2008). Deliberating Democracy: Scenes from a Brazilian Municipal Health Council Politics & Society, 36(4), 508-531.

de Leeuw, E. (2013). Evaluating WHO Healthy Cities in Europe: Issues and Perspectives. Journal of Urban Health, 90(1), 14-22.

de Leeuw, E. (2014). Enable, mediate and advocate: a tribute to the refined health promotion leadership of John Catford. Health Promotion International, 29(2), 199-200.

Deloitte. (2014). Target Operating Model (TOM) at a glance. Deloitte Luxembourg. Retrieved from https://www2.deloitte.com/content/dam/Deloitte/lu/Documents/strategy/lu-target-operating-model-glance-122014.pdf

Deloitte. (2018). Success at scale: A guide to scaling public sector innovation. Deloitte Insights. Retrieved from https://www2.deloitte.com/insights/us/en/industry/public-sector/innovation-in-government-organizations.html

Department of Health (DoH). (2017) MBS Data by ABS SA3. Government of the Commonwealth of Australia. Retrieved from http://www.health.gov.au/internet/main/publishing.nsf/Content/MBS_Data_by_ABS_SA3

Department of Health and Human Services (DHHS). (2011). 2011 Local Government Area Profile. State of Victoria. Retrieved from https://www.data.vic.gov.au/data/dataset/2011-local-government-area-profile

Department of Health and Human Services (DHHS). (2014). Victorian Population Health Survey 2014: Quick statistics at local government area. State of Victoria. Retrieved from https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2014

Department of Health and Human Services (DHHS). (2015a). Gippsland Region. State of Victoria. Retrieved from https://www2.health.vic.gov.au/about/publications/data/inner-gippsland-area-2015

Department of Health and Human Services (DHHS). (2015b). Latrobe C Profile. State of Victoria. Retrieved from https://www2.health.vic.gov.au/about/publications/data/gippsland-region-2015

Department of Health and Human Services (DHHS). (2015c). Mildura S Profile. State of Victoria. https://www2.health.vic.gov.au/about/publications/data/mallee-area-2015

Department of Health and Human Services (DHHS). (2015d). Victorian Health Information Surveillance System Ambulatory Care Sensitive Conditions (ACSCs) Reports. Gippsland 2014-2015. State of Victoria. Retrieved from https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ReportParameter.aspx?ReportID=23&TopicID=1&SubtopicID=15

Department of Health and Human Services (DHHS). (2015e). Victorian Health Information Surveillance System Ambulatory Care Sensitive Conditions (ACSCs) Reports. Latrobe 2014-2015. State of Victoria. Retrieved from

https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ReportParameter.aspx?ReportID=23&TopicID=1&SubtopicID=15

Department of Health and Human Services (DHHS). (2015f). Victorian Health Information Surveillance System Ambulatory Care Sensitive Conditions (ACSCs) Reports. Mildura 2014-2015. State of Victoria. Retrieved from https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ReportParameter.aspx?ReportID=23&TopicID=1&SubtopicID=15

Department of Health and Human Services (DHHS). (2015g). Victorian Health Information Surveillance System Ambulatory Care Sensitive Conditions (ACSCs) Reports. Victoria 2014-2015. State of Victoria. Retrieved from https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ReportParameter.aspx?ReportID=23&TopicID=1&SubtopicID=15

Department of Health and Human Services (DHHS). (2016a). Victorian Health Information Surveillance System Ambulatory Care Sensitive Conditions (ACSCs) Reports. Gippsland 2015-2016. State of Victoria. Retrieved from https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ReportParameter.aspx?ReportID=23&TopicID=1&SubtopicID=15

Department of Health and Human Services (DHHS). (2016b). Victorian Health Information Surveillance System Ambulatory Care Sensitive Conditions (ACSCs) Reports. Latrobe 2015-2016. State of Victoria. Retrieved from https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ReportParameter.aspx?ReportID=23&TopicID=1&SubtopicID=15

Department of Health and Human Services (DHHS). (2016c). Victorian Health Information Surveillance System Ambulatory Care Sensitive Conditions (ACSCs) Reports. Mildura 2015-2016. State of Victoria. Retrieved from https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ReportParameter.aspx?ReportID=23&TopicID=1&SubtopicID=15

Department of Health and Human Services (DHHS). (2016d). Victorian Health Information Surveillance System Ambulatory Care Sensitive Conditions (ACSCs) Reports. Victoria 2015-2016. State of Victoria. Retrieved from https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ReportParameter.aspx?ReportID=23&TopicID=1&SubtopicID=15

Department of Health and Human Services (DHHS). (2018). Victorian Population Health Survey 2016; Selected survey findings. State of Victoria, Melbourne. Retrieved from https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2016

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 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 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

Dupre, M.E., Moody, J., Nelson, A., Willis, J.M., Fuller, L., Smart, A.J., Easterling, D., & Silberberg, M. (2016). Place-based Initiatives to Improve Health in Disadvantaged Communities: Cross-Sector Characteristics and Networks of Local Actors in North Carolina. American Journal of Public Health, 106, 1548-1555. doi: 10.2105/AJPH.2016.303265.

Franke, F., Felfe, J.. & Pundt, A. (2014). The impact of health-oriented leadership on follower health: Development and test of a new instrument measuring health-promoting leadership. German Journal of Research in Human Resource Management, 28(1-2), 139-161. doi: 10.1688/ZfP-2014-01-Franke.

Frenk, J., Chen, L., Bhutta, Z.A., et al. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet, 376, 1923-1958.

Gilson, L. (2016). Everyday Politics and the Leadership of Health Policy Implementation. Health Systems & Reform, 2(3), 187-193. doi: 10.1080/23288604/2016.1217367.

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

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

Judge, K. et al. (1999). National Evaluation of Health Action Zones. Retrieved from https://www.pssru.ac.uk/pub/dp1546.pdf

Kanter, R. (2005). Leadership for change: enduring skills for change masters. Harvard Business Review, 9, 304-62.

Keeley, B. (2007). Human Capital: How what you know shapes your life. Organisation for Economic Co-operation and Development (OECD) Publishing. Retrieved from https://www.oecd-ilibrary.org/education/human-capital_9789264029095-en

Kimberly, J.R. (2011). Preparing Leaders in Public Health for Success in a Flatter, More Distributed and Collaborative World. Public Health Reviews, 33, 289-299.

Koh, H.K, & Jacobson, M. (2009). Fostering public health leadership. Journal of Public Health, 31(2), 199-201.

Koh, H.K, McCormack, M. (2006). Public health leadership in the 21st Century. In B. Kellerman (ed.), Working Papers of the Centre for Public Leadership (pp.101-116). Cambridge, MA: Harvard University Kennedy School of Government.

Kraak, H. (2018). Recycled bikes turn into artwork. Latrobe Valley Express. Retrieved from http://www.latrobevalleyexpress.com.au/story/5508553/recyled-bikes-turn-into-artwork/

Latrobe City Council. (n.d.). Community Profile. Latrobe City Council. Retrieved from http://communityprofile.com.au/latrobe

Latrobe Health Assembly. (2017). Position Description: Planning and Research Officer. Latrobe Health Assembly.

Latrobe Health Assembly. (2018). Our Dream, Our Plan. Latrobe Health Assembly.

CONFIDENTIAL

Latrobe Health Assembly. (n.d.). We are Shaping The Valley. Latrobe Health Assembly. Retrieved from https://healthassembly.org.au/

Milewa, T. (2004). Local Participatory Democracy in Britain's Health Service: Innovation or Fragmentation of a Universal Citizenship? Social Policy and Administration, 38(3), 240-252.

Monash University. (2017a). Hazelwood Healthy Study Adult Survey: Volume 1 Comparison of Morwell and Sale. Victoria: Monash University. Available at: http://hazelwoodhealthstudy.org.au/wp-content/uploads/2017/01/HHSAdultSurveyVol1_Report_v1.1-compressed.pdf

Monash University. (2017b). Hazelwood Healthy Study: The Latrobe Early Life Follow-up (ELF) Cohort Study Volume 1. Description of the cohort and preliminary assessment of possible associations between mine fire emissions and parent-reported perinatal outcomes. Victoria: Monash University. Available at: http://hazelwoodhealthstudy.org.au/wp-content/uploads/2017/01/ELF_Vol-1_-Cohort_Report-v1.1.pdf

Monitor Deloitte. (2015). Strategic Capabilities: Bridging Strategy and Impact. Deloitte Development LLC. Retrieved from https://www2.deloitte.com/content/dam/Deloitte/us/Documents/strategy/us-cons-strategic-capabilities-bridging-strategy-and-impact-03022015.pdf

NewDemocracy. (2017). Geelong Citizens' Jury Final Report. NewDemocracy. Retrieved from https://www.newdemocracy.com.au/docs/activeprojects/geelong2016/GeelongCitizensJuryFinalReport_21Jan17.pdf

NewDemocracy. (n.d.). How we work. NewDemocracy. Retrieved from https://www.newdemocracy.com.au/

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

Reddy, K.S., Mathur, M.R, Negi S., & Krishna, B. (2017). Redefining public health leadership in the sustainable development goal era. Health Policy and Planning, 32, 757-759.

Stone, J.D., Belcher, H.M.E., Attoh, P., D'Abundo, M., & Gong. T. (2017). Association of health professional leadership behaviours on health promotion practice beliefs. Disability and Health Journal, 10, 320-325.

The Hon. Jill Hennessy MP. (2016). Putting the health of the Latrobe Valley first. State of Victoria. Retrieved from https://www.premier.vic.gov.au/wp-content/uploads/2016/10/161004-Putting-The-Health-Of-The-Latrobe-Valley-First.pdf

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

VicHealth. (2011a). VicHealth Indicators Survey 2011 Results: Latrobe LGA Profile. Victorian Health Promotion Foundation. Retrieved from https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-survey-lga-profiles

VicHealth. (2011b). VicHealth Indicators Survey 2011 Results: Mildura LGA Profile. Victorian Health Promotion Foundation. Retrieved from https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-survey-lga-profiles

VicHealth. (2015a). VicHealth Indicators Survey 2015 Results: Latrobe LGA Profile. Victorian Health Promotion Foundation. Retrieved from https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-lga-profiles-2015

VicHealth. (2015b). VicHealth Indicators Survey 2015 Results: Mildura LGA Profile. Victorian Health Promotion Foundation. Retrieved from https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-lga-profiles-2015

Weick, K.E. (1983). Small Wins: redefining the scale of social problems. American Psychologist, 39(1), 40-49.

World Health Organization (WHO). (1986). The Ottawa Charter for Health Promotion. Retrieved from http://www.who.int/healthpromotion/conferences/previous/ottawa/en/

World Health Organization (WHO). 1995. Advocacy Strategies for Health and Development: Development Communication in Action. Geneva: WHO.

Deloitte.

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 to learn more.

The entity named herein is a legally separate and independent entity. In providing this document, the author only acts in the named capacity and does not act in any other capacity. Nothing in this document, nor any related attachments or communications or services, have any capacity to bind any other entity under the 'Deloitte' network of member firms (including those operating in Australia).

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.

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.

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

© 2018 Deloitte Touche Tohmatsu Limited. For information, contact Deloitte Touche Tohmatsu Limited.