



Campaspe Primary Care Partnership:
Prevention and Health Promotion Plan

**Strategic Plan for 2017 -
2021**

Glossary/acronyms

ATSI	Aboriginal and Torres Strait Islander
CG	Community Garden
CH	Community Health
CIV	Community Indicators Victoria
CSC	Campaspe Shire Council
CLRS	Community Living and Respite Services
CFVAG	Campaspe Family Violence Action Group
PCP	Primary Care Partnership
DHHS	Department of Health and Human Services
DHSV	Dental Health Services Victoria
ENH	Echuca Neighbourhood House
EO	Executive Officer
ERH	Echuca Regional Health
GVH	Goulburn Valley Health
HACC	Home and Community Care
HCC	Healthy Communities Coordinator
HCI	Healthy Communities Initiative
HP	Health Promotion
HPPM	Health Promotion Project Manager
HTV	Healthy Together Victoria
IHP	Integrated Health Promotion
KDHS	Kyabram District Health Services
LMARG	Loddon Mallee Aboriginal Reference Group
LMR	Loddon Mallee Region
MH	Mental Health
MHFA	Mental Health First Aid
MPHWP	Municipal Public Health and Wellbeing Plan
PA	Physical Activity
PAG	Planned Activity Group
REDHS	Rochester and Elmore District Health Service
SCTT	Service Coordination Tool Templates
VPHS	Victorian Population Health Survey
WHLM	Women's Health Loddon Mallee

Strategic priorities

The Campaspe Primary Care Partnership Prevention and Health Promotion Plan is a strategic document that captures and draws together the priorities from:

- Campaspe Primary Care Partnership Strategic Framework for 2017-2021;
- Campaspe Shire Council Plan 2017-2021 which incorporates the Municipal Public Health and Wellbeing Plan;
- the local place-based approach of 'Healthier Campaspe' and its Implementation Plan for 2016-2020, and
- Campaspe Family Violence Action Group priorities developed in July 2017; three of which relate to family violence prevention.

The nominated priorities within these plans include;

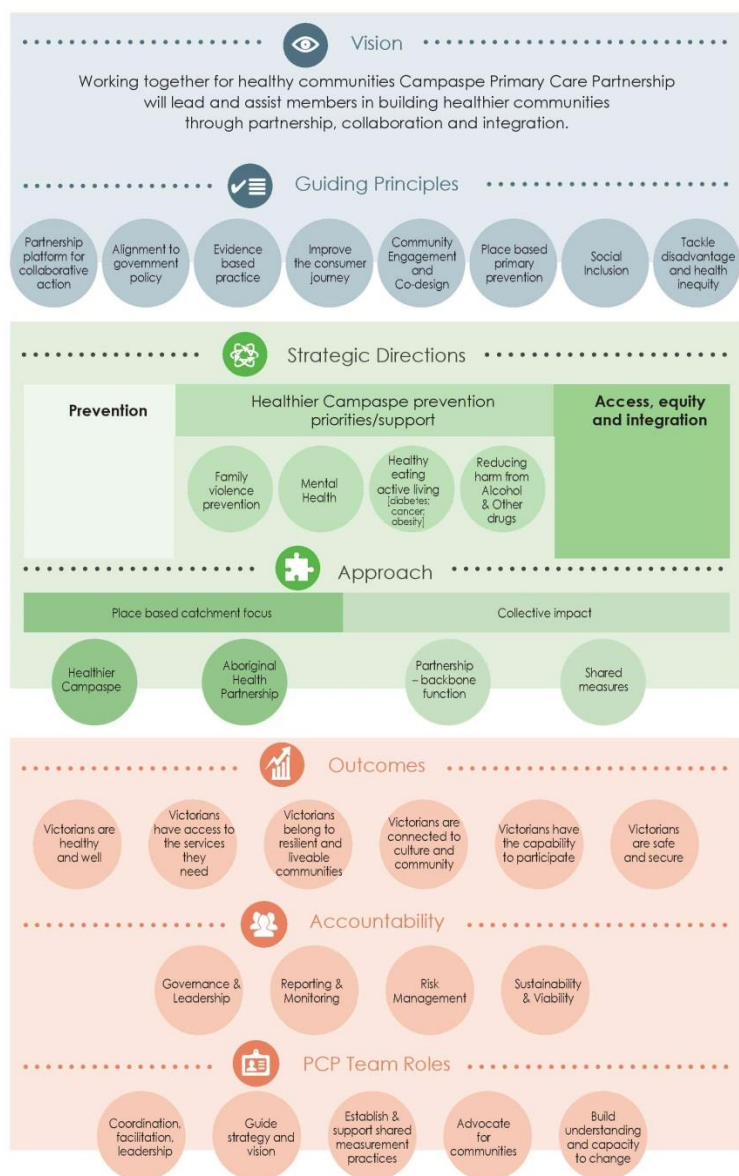
1. Healthier eating active living (to support prevention of obesity, diabetes and cancer)
2. Prevention of Family Violence
3. Reducing harm from alcohol and other drugs, and
4. Mental health

This Prevention and Health Promotion catchment plan for 2017-2018 will focus on two priorities for the first annual plan; healthier eating active living and family violence prevention.

Campaspe Primary Care Partnership Strategic Framework 2017-2021

This Strategic Framework was developed in June 2017 based on strategic planning consultation with the Campaspe PCP Management Group. The framework details the long standing vision of the partnership, our agreed guiding principles and the approach for how we will achieve our directions. This is based on place-based structures in place including Healthier Campaspe and the Aboriginal Health Partnership Group linking to the Campaspe PCP governance structure.

We will continue to work towards collective impact with the PCP team supporting the partnership backbone function and progressing shared measures for the prevention priorities.



Campaspe Shire Council Plan

The Campaspe Shire Council Plan (2017-2021) incorporates the Municipal Health and Wellbeing Plan with priorities established through the Healthier Campaspe Initiative. These are obesity, diabetes, cancer, alcohol & other drugs and mental health. In addition to the priorities of Healthier Campaspe, collective action to address family violence remains a high priority for council.

Given Campaspe PCP is a single local government area catchment, this allows for complete alignment of priorities between the MPHWP and the Prevention and Health Promotion Plan.

<https://www.campaspe.vic.gov.au/assets/Strategies/Council-Plan-2013-2017.pdf>

Healthier Campaspe

In 2016 a partnership including local government and health services in Campaspe began working collaboratively to address health priorities which pose the most significant impact on their services to support improved community health and wellbeing. This is known as the Healthier Campaspe initiative.

These five key health priorities of Healthier Campaspe are: obesity, diabetes, cancer, alcohol & other drugs and mental health. Shared implementation arrangements for each of the priorities have been developed demonstrating a strong commitment to address these issues. Each priority area has a working group and an executive sponsor, responsible for the Chair and secretariat/convenor roles for the group.

- Obesity (Rochester and Elmore District Health Service)
- Diabetes (Kyabram District Health Service)
- Alcohol & other drugs (Campaspe Shire Council)
- Mental Health (Campaspe Primary Care Partnership)
- Cancer (Echuca Regional Health)

The partnership through the implementation of this work is aiming to enable communities to increase control over, and to improve, their health and the health of the people they care for through building knowledge and understanding. In addition, the strategies within the plan range from primary prevention, early intervention, secondary intervention to tertiary care recognising that improvements need to be made across the continuum in order to address these chronic issues more comprehensively.

The Healthier Campaspe work is driving local collective effort to improve the way our services address these issues systematically. Three of the health services – Echuca Regional Health, Kyabram District Health Service and Rochester and Elmore District Health Service have extended their support for this initiative through their health service statement of priorities which is an annual accountability agreement between Victorian public healthcare services and the Victorian Minister for Health.

[Healthier Campaspe](#)

Campaspe Family Violence Action Group

The Campaspe Family Violence Action Group (CFVAG) was established in late 2016 and has recently undertaken strategic planning. The agreed purpose of CFVAG, is 'to drive greater integration and coordination of local services – both universal and specialist – for all those experiencing family violence in Campaspe; and to prevent family violence before it occurs through evidence-based action on gender inequality in settings across the community'.

This group has agreed on four key strategic priorities as follows;

1. Organisations that are gender equitable in their practices and promote equal and respectful relationships between women and men
2. A Campaspe that promotes and values women's equal participation and leadership in public and private life
3. A Campaspe that understands the gendered dynamics of family violence, the first causes of family violence, and that family violence can be prevented from happening in the first place
4. A service system with the understanding and capacity to respond appropriately to all who experience family violence in Campaspe ('no wrong door')

The Campaspe PCP Health Promotion Leadership group has a number of representatives on the CFVAG and will participate and take leadership roles in the workgroups of the CFVAG.

Membership of the CFVAG includes:

- Shire of Campaspe,
- Echuca Regional Health
- Kyabram and District Health Service

- Campaspe Primary Care Partnership
- Njernda Aboriginal Corporation
- Centre for Non Violence
- Women's Health Loddon Mallee
- Haven Home Safe
- Crossenvale Community House
- Kyabram Community and Learning Centre
- Indigenous Family Violence Regional Action Group
- Bendigo Health
- Department of Health and Human Services Loddon Area
- Murray Human Services
- Community Living and Respite Services
- Victoria Police
- Anglicare Victoria
- Save the Children Program Coordinator –Northern
- Community Legal Services
- Local Aboriginal Justice Advisory Committee
- Indigenous Men's Resource and Advisory Service
- Rochester & Elmore District Health Service.

Aboriginal Health

Campaspe Aboriginal Health Partnership Group (AHPG)

Our local Aboriginal Partnership Group (AHPG) is led by Njernda Aboriginal Corporation as the local Aboriginal Community Controlled Health Organisation with participation from various local mainstream services. It aims to improve the Aboriginal health status of local aboriginal people in Campaspe and has been in existence for over seven years.

The Campaspe Aboriginal Health Partnership Committee has the following objectives:

1. To identify needs and priority areas for collective action by partners involved via working groups established for each priority area
2. To support National and State government Aboriginal health priority reform areas
3. To maximise opportunities between members of this group to work together and make linkages
4. To develop partnerships with other providers/groups to address issues as required
5. To seek additional resources to support the local priority action areas.

Prevention and Health Promotion

Njernda Aboriginal Corporation utilise Closing the Gap/Koolin Ballit funding provided by the Victorian state government to support health promotion activity and programs, however they do not receive specific IHP funding. Alignment of the priorities between the AHPG and the PCP Prevention and Health Promotion plan occurs to ensure consistency of effort. This joint work is reflected throughout the plan.

Additionally, the Loddon Mallee Region Aboriginal Reference Group (LMARG) are in the process of developing a regional health promotion plan with regional priorities which will need to be considered once completed to support alignment.

Roles and Responsibilities

Campaspe Primary Care Partnership – contributing to a Collective Impact approach

Campaspe PCP will continue to play a lead role to support partnership activity by facilitating and acting as the backbone organisation to;

- Guide the vision and strategy – strategic guidance and leadership

- Support aligned activities – roles articulated, stakeholders engaged, communication and coordination, quality, efficiency

- Establish shared measurement practice – data usage and system development

- Build public will – awareness, engagement and involvement of community

- Advance policy – advocate, alignment of goals

- Mobilise funding – align, redirect and seek new resources

Campaspe PCP member organisations have had a long term commitment to catchment planning with our first collective plan in 2004-2006.

It will be the Campaspe PCP's role to coordinate the evaluation and reporting of progress against the measures listed in the Prevention and Health Promotion Plan.

Integrated Health Promotion Funded Organisations

Echuca Regional Health

Echuca Regional Health is an IHP funded agency and is the portfolio holder for Integrated Health Promotion within the Campaspe PCP. In this role, ERH chair the Health Promotion Leadership Group meetings, participate in working groups and contribute to the strategies/activities outlined in the plan. ERH will contribute to data collection and evaluation of the strategic and operational plan. ERH is responsible for allocating health promotion resources to implement the plan and is required to make transparent and explicit the IHP funding and resources that are allocated (DHHS Advice for Health Promotion and Prevention Planning and Reporting, 2017).

ERH are committed to the catchment approach and expect to make a 2.2 EFT contribution to the plan which includes evaluation. ERH will also actively participate to provide annual reporting to DHHS which will include the final and staffing commitment that has been made to the plan.

Kyabram District Health Service

Kyabram District Health Service is the other IHP funded agency within the Campaspe catchment. In this role KDHS will participate in working groups and contribute to the strategies/activities outlined in the plan as well. KDHS will contribute to data collection and evaluation of the strategic and operational plan. KDHS is responsible to allocate health promotion resources to implement the plan and be clear about their contribution to the plan and the resources that they allocate.

KDHS's commitment to the catchment plan will see a 1.62 EFT to the plan which also includes evaluation. Annual reporting to DHHS will include the final and staffing commitment that has been made to the plan.

Partner Organisations

Campaspe PCP level one members will actively participate in the Health Promotion Leadership Group and relevant working groups and contribute to strategies within the plan. Other Campaspe PCP members will be involved in relevant working groups. These members include:

- Rochester & Elmore District Health Service
- Campaspe Shire Council
- Women's Health Loddon Mallee
- Goulburn Valley Health- Waranga (Rushworth Campus)
- Bendigo Health Care Group
- Community Living & Respite Services Inc.
- Njernda Aboriginal Corporation
- Sports Focus
- Centre for Non Violence
- Kyabram Community & Learning Centre

Application of the agreed principles

Co-design

The first year of the 2017-2021 Prevention and Health Promotion Plan will focus on co-design and finding local solutions to complex social problems. This ground up approach will respect community members as partners in initiatives for change and will begin with seeking to understand their experiences, perspectives and values. Outcomes of developing human centered interventions, services and programs not only work within the communities' context but will reflect the values of the community. Co-design differs from traditional consumer feedback where the user is asked to provide their satisfaction of the service, intervention or program post planning or implementation phase. Expertise, professional input and research are considered to determine effectiveness once consumers have provided their experiences and perspectives.

The decision to focus on co-design for the first 12 months of the plan will provide us with 'content-rich' information specific to the priority issues, to support advancing to the intervention stage. The co-design process will enable a system's approach for prevention activity in the Campaspe catchment.

Evaluation of the strategic plan will include evaluation of the co-design. This will take an 'action- research' and narrative enquiry based approach given this will be our first application of a co-design process. Evaluation will include

- The extent to which the plan was able to implement co-design principles and methods
- Evidence that consumer input has influenced the development of services and programs within the plan
- Participant satisfaction
- Documentation of co-created knowledge about co-design

[Co-design Shared Perspective on authentic co-design: Putting consumers and carers at the centre of mental health reform. 2016](#)

Supporting place based approaches

A place based approach will be utilised for strategies that continue from the 2013-2017 Prevention and Health Promotion plan. Placed based approach and whole of community

approaches recognises the fundamental role location plays in health and wellbeing. A place based approach enables comprehensive action within and across a range of settings in a particular location to promote health and wellbeing.

The place based approaches that will be used in 2017-2018 include early childhood settings and schools and workplaces. Other settings such as sporting clubs may be identified through the co-design process.

Contributing to the outcomes

Outcome measures that will be used over the life of the plan have been referenced from the Victorian public health and wellbeing outcomes framework. As these are long term measures and are not likely to change as a result of the work done in the 2017-2021 plan, we are committed to setting localised progress measures when they become available from DHHS.

Progress measures have been defined by DHHS (2017) as being “outcome focussed measures of development, advancement or improvement towards population level outcomes” It is anticipated that progress measures for Healthier Eating and Active Living will be available in early 2018. At that time the HPLG will review and allocate which of the measures we collectively striving to achieve.

[Developing progress measures towards public health and wellbeing outcomes](#)

Shared Measurement

Shared measurement has been defined as the “use of a common set of measures to monitor performance, track progress towards outcomes and learn what is and is not working in the group’s collective approach” (Centre for Collective Impact). For shared measurement to occur data collection tools and development of a data collection system or hub is required.

Collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organisations ensures that all efforts remain aligned. It enables them to collectively track and evaluate their collective progress and also supports the participants to hold each other accountable and learn from each other’s successes and failures.

Data is collected to measure short, intermediate and long term indicators. Some of the short term measures may include process indicators in developing the Collective Impact infrastructure and the effectiveness of the ‘Backbone’ function. The intermediate measures would focus on indicators of system change to achieve agreed outcomes and the long term measures are the population based indicators of change. These would align with the indicators identified in the Victorian [Public Health and Wellbeing Outcome Framework](#).

Campaspe PCP along with other PCPs in the Northern Division of DHHS, are committed to working together to build the capacity of our partnerships to implement a shared measurement system. This has been a key component of the North Division PCPs Reporting Proposal submitted to North Division DHHS in July 2017.

Community Wellbeing Profile

Campaspe PCP commissions the compilation of the Campaspe Community Wellbeing Profile to support planning and priority setting in Campaspe. The profile is a set of health and wellbeing indicators for the population of the region and is updated prior to PCP strategic planning. The 2017 Community Wellbeing profile contains the most recent data, that was available at the time of writing.

This information is utilised to support the priority setting process undertaken by Campaspe PCP members.

The following is a snapshot summary key indicators from the profile of our Campaspe population.



Campaspe Community Data

This is a snapshot of our community health and wellbeing data in the Shire of Campaspe



SMOKING

We have a high percentage of current smokers - males (27%) are more likely to be smokers than women (21%).

1:5 mothers smoke during pregnancy, double that for Victoria.



HIGH BLOOD PRESSURE

Almost 37% of residents have high blood pressure.



DIABETES

In 2017 more than 2,600 people had diabetes.



PHYSICAL ACTIVITY

Almost 26% of residents do no exercise at all.



FAMILY INCIDENTS

The number of reported family incidents increased by 25% between 2015 & 2016, compared to 7% across Victoria.



FRUIT & VEGETABLES

Approximately 60% of residents do not meet the fruit and vegetable consumption guidelines.



SUGAR SWEETENED DRINKS

Almost 18% of residents consume sugar sweetened soft drink daily.



OBESITY

53% of people in Campaspe are either overweight or obese.



ALCOHOL

Almost 66% of residents have a lifetime risk of alcohol related harm due to regular, excessive consumption of alcohol.



CANCER

On average 260 new cases of cancer are diagnosed each year in Campaspe. About 53% of new cancers are diagnosed in males and 74% in persons aged over 60 years.



PSYCHOLOGICAL DISTRESS

Approximately 18% of residents have high or very high levels of psychological distress.



TEENAGE BIRTHS

Teenage pregnancy is double that for Victoria.



FINANCIAL

Median household income is \$886 compared to \$1,261 in Victoria.

28.5% of adults have completed year 12 compared to over 50% in Victoria.

More than 12% of households with a mortgage are experiencing mortgage stress.

Campaspe PCP Health and Community Wellbeing Profile 2017 <http://campaspepcp.com.au/community-profile.php>

<http://campaspepcp.com.au/community-profile.php>



Operational Plan

Year One 2017-2018

Healthier Eating Active Living

Preventing Family Violence through Gender Equity

Introduction

Each year an annual operational plan will be developed which will deliver on the priorities of the Campaspe PCP Prevention and Health Promotion Plan 2017-2021. This will be responsive of co-design processes which are a feature of the plan and changing priorities of the strategic directions within the Campaspe PCP Strategic Framework 2017-2021.

The operational plan will be evaluated on an annual basis and reported to DHHS. The responsibilities of evaluation lie with the IHP funded agencies - Echuca Regional Health and Kyabram District Health Service and will be coordinated by Campaspe PCP.

In progressively reviewing the plan we will:

- Provide quarterly progress reports to the Campaspe PCP Health Promotion Leadership Group
- Provide quarterly progress reports to the Campaspe Family Violence Action Group and relevant Healthier Campaspe working groups
- Develop a detailed evaluation report in consultation with our partners at the conclusion of this plan in 2021.

A detailed annual action plan for members to reference and contribute to has been created online to allow for real-time editing. Members of the HPLG will have access to this resource to support sharing of progress for implementation of the plan along with monitoring of evaluation requirements and timeframes.

Priorities 2017-2018

The two prevention and health promotion priorities for 2017-2018 are Healthier Eating Active Living and Preventing Family Violence. Gender equity has been identified as an appropriate focus for primary prevention work to prevent family violence as “gendered drivers have been shown to be most consistent with higher levels of violence against women”. ([Our Watch, 2015.](#))

Both Healthier Eating Active Living and Gender Equity are linked directly to the 2015-2019 Victorian Public Health and Wellbeing Plan priorities for Victoria.

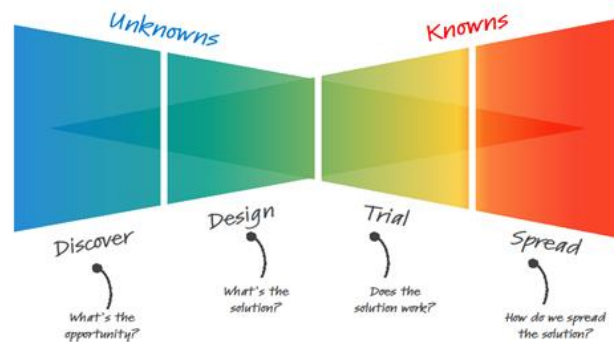
In addition to the actions identified in this operational plan, Campaspe PCP members will contribute to the full range of activities of Healthier Campaspe and Campaspe Family Violence Action Group.

Co-design

Co-design is a methodology for human centred innovation which involves four stages:

1. Discovery, which attempts to understand the experiences, perspectives and understanding of the community in relation to a particular issue
2. Design of possible solutions to a particular issue
3. Testing of solutions
4. Applying the solution

4 stages of innovation



Phases of Co-design (TACSI, 2016)

During 2017-2018, work will be undertaken in the discovery and design phases of co-design for Healthier Eating Active Living and Gender Equity.

The discovery phase involves:

- broad scoping to get a sense of people's situation
- a deep dive into individual experience to deeply understand people's journeys and stories, and begin to test assumptions raised in the scoping stage.
- generative design to understand the ideal experience; gather ideas and values for an alternative.

The design phase of co-design involves experimentation through prototyping - building, testing and learning. This involves generating and testing alternatives.

Funding Opportunities

As opportunities arise to strengthen the priorities in the Operation Plan Campaspe PCP members will bring these to the attention of the group for consideration.

These include:

- potential Regional Development Victoria grants such as Healthy Heart Active Living Program (including Active Communities Project and, Active Living Census.)
- VicHealth grants
- sponsorship

OBJECTIVES, ACTIVITIES & OUTCOMES FRAMEWORK

Healthier Eating

A nutritious diet and adequate food supply are central for promoting health and wellbeing. Excessive intake contributes to the risk of obesity, cardiovascular diseases, diabetes, some cancers and dental caries. Increased consumption of fruit and vegetables helps reduce the risk of overweight and obesity, heart disease and some cancers.

Healthier Eating Objective	What we will do in 2017-2018	Partners
<p>Promote consumption of healthy, sustainable and safe food consistent with the Australian Dietary Guidelines</p> <p>Support healthy food choices to be the easier choice for residents of Campaspe</p>	<ul style="list-style-type: none"> ○ Conduct the 'discovery' phase of the co-design process which includes broad scoping; deep dive into individual experiences; and generative design. ○ Commence the 'design' phase of co-design; developing and testing solutions ○ Support the Achievement Program for participating schools and workplaces to achieve benchmarks ○ Implement workplace nutrition policies ○ Ensure consistency with Healthy Choices: healthy eating policy and catering guide for workplaces and Healthy choices: food and drink guidelines for Victorian public hospitals ○ Continue the Smiles4Miles programs in early years settings ○ Promote changes to vending machines within services/partner organisations to eliminate unhealthy foods and high sugar drinks/ or provide healthy options ○ Provide leadership and support to Campaspe Food Security Network ○ Apply a gender equity lens to healthier eating strategies 	<p>Healthier Campaspe Action Groups</p> <p>PCP members:</p> <ul style="list-style-type: none"> ○ Echuca Regional Health ○ Kyabram District Health Service ○ Campaspe PCP ○ Rochester & Elmore District Health Service ○ Women's Health Loddon Mallee ○ Campaspe Shire Council ○ Community Living & Respite Services ○ Goulburn Valley Health (Waranga Campus) ○ Njernda Aboriginal Corporation

	that are developed for implementation as a result of the co-design process (through use of gender equity tools)	
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Outcomes

A variety of measures will be used throughout the plan. These include:

Outcome measures (Victoria wide, long term)

Proportion of people who consume sufficient fruit and vegetables

Proportion who consume sugar sweetened drinks

Progress Measures (Victoria wide, not yet available from DHHS)

DHHS plan to release progress measures relating to Healthier Eating in early 2018. Progress measures relating to this plan will be used where applicable.

DHHS has provided examples of progress measures that may be included in their framework. These include:

- Number and proportion of people confident to purchase and prepare nutritious meals
- Proportion of people confident to prepare a range of vegetables
- Proportion of people who can identify what is (and isn't) a healthy food
- Proportion of patients provided a brief intervention for nutrition and weight
- Proportion of people who have taken steps to reduce the amount of unhealthy fast food they consume
- Proportion of people who can identify an appropriate portion size

Impact measures (local Campaspe measures)

- 90% of partner organisations catering policies align to Healthy Choices guide
- 90% of partner organisations food and drink guidelines align to Healthy choices guide
- Increased participation from Campaspe based organisations in the Achievement program

References:

[Developing Progress measures towards public health and wellbeing outcomes](#)

[Victorian public health & wellbeing plan 2015-2019; Victorian public health & wellbeing outcomes framework](#)

Active Living

Low levels of physical activity and high levels of sedentariness are major risk factors for ill health and mortality from all causes. People who do not do sufficient physical activity have a greater risk of cardiovascular disease, colon and breast cancers, type 2 diabetes and osteoporosis. Being physically active improves mental health and musculoskeletal health and reduces other risk factors such as overweight, high blood pressure and high blood cholesterol.

Active Living Objective	What we will do in 2017-2018	Partners
<p>Encourage and support people to be as physically active as often as possible throughout their lives</p>	<ul style="list-style-type: none"> ○ Conduct the 'discovery' phase of the co-design process which includes broad scoping; deep dive into individual experiences; and generative design. ○ Commence the 'design' phase of co-design; developing and testing solutions ○ Support the Achievement Program for participating schools and workplaces to achieve benchmarks ○ Promote active transport through "Walk to School" initiatives in 2017 & 2018 ○ Promote participation in Active April throughout all level 1 & 2 Campaspe PCP members in 2018 ○ Build capacity of health professionals to challenge acceptance of obesity & promote physical activity guidelines through Live Lighter & motivational interviewing training. ○ Advocate for the improvement, development and promotion of safe walking and cycling tracks in Campaspe ○ Apply a gender equity lens to active living strategies that are developed as a result of the co-design process (through use of gender equity tools) 	<p>Healthier Campaspe Action Groups</p> <p>PCP members:</p> <ul style="list-style-type: none"> ○ Echuca Regional Health ○ Kyabram District Health Service ○ Campaspe PCP ○ Rochester & Elmore District Health Service ○ Women's Health Loddon Mallee ○ Campaspe Shire Council ○ Community Living & Respite Services Inc ○ Goulburn Valley Health (Waranga Campus) ○ Njernda Aboriginal Corporation

Outcomes

A variety of measures will be used throughout the plan. These include:

Outcome measures (Victoria wide, long term)

- Prevalence of insufficient physical activity
- Obesity prevalence
- Overweight prevalence

Progress Measures (Victoria wide, not yet available from DHHS)

DHHS plan to release progress measures relating to Active Living in early 2018. Progress measures relating to this plan will be used where and when applicable.

Examples of progress measures may include:

- Proportion of people who are confident they can increase their physical activity
- Proportion of people who are confident in accessing public spaces for activity
- Proportion of adults using self-monitoring activity devices
- Proportion of school aged children who walk or cycle to school
- Proportion of people who use sit-stand desks
- Proportion of leisure time spent sitting

Impact measures (local Campaspe measures)

- Proportion of people who participate in Active April and increase their activity on a regular basis
- Increased participation from Campaspe based organisations in the Achievement program
- % of participants in Live Lighter training & motivational Interviewing training who feel more confident to speak to people about weight loss and make practice change as a result
- % of children who participate in "Walk to School" Initiatives /of the children who are driven to school; how many walk to school more frequently

References:

[Developing Progress measures towards public health and wellbeing outcomes](#)

[Victorian public health & wellbeing plan 2015-2019; Victorian public health & wellbeing outcomes framework](#)

Preventing Family Violence through Gender Equity

To prevent violence against women we need to understand the universal gendered drivers of violence as well as the local context in which that violence occurs. We need to change attitudes, beliefs and behaviours that allow violence against women to occur.

Gender Equity Objective	What we will do in 2017-2018	Partners
<p>To change attitudes, beliefs and behaviours that allow violence against women to occur</p>	<ul style="list-style-type: none"> ○ Conduct the 'discovery' phase of the co-design process which includes broad scoping; deep dive into individual experiences; and generative design. ○ Commence the 'design' phase of co-design; developing and testing solutions ○ Lead and/or participate in working groups which address priorities of the Campaspe Family Violence Action Groups: <ol style="list-style-type: none"> 1. Organisations that are gender equitable in their practices and promote equal and respectful relationships between women and men 2. A Campaspe that promotes and values women's equal participation and leadership in public and private life 3. A Campaspe that understands the gendered dynamics of family violence, the first causes of family violence, and that family violence can be prevented from happening in the first place ○ Build capacity of health and community organisations staff to understand the gendered dynamics of Family 	<p>Campaspe Family Violence Action Group</p> <p>PCP members:</p> <ul style="list-style-type: none"> ○ Echuca Regional Health ○ Kyabram District Health Service ○ Campaspe PCP ○ Rochester & Elmore District Health Service ○ Women's Health Loddon Mallee ○ Campaspe Shire Council ○ Community Living & Respite Services Inc. ○ Goulburn Valley Health (Waranga Campus) ○ Njernda Aboriginal Corporation

	<p>Violence through training</p> <ul style="list-style-type: none"> ○ Develop and implement a communications strategy to underpin and support all other actions undertaken by the partnership ○ Develop/utilise specific primary prevention messages that clearly reference ideas such as 'Preventing family violence is everyone's business' or 'Gender inequality is the problem, gender equality is the solution' ○ Develop a suite of information or resources that include primary prevention messages, to support all other actions of CFVAG 	
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Outcome measures and indicators are available from [Free from violence- Victoria's strategy to prevent family violence and all forms of violence against women 2017](#) .

These measures also align with [Loddon Mallee Action Plan for the prevention of family violence against women](#).

Outcome Measures (Victoria wide, long term)

The outcome measures that will be collected by the Victorian Government for this priority include:

1. Victorians hold attitudes and beliefs that reject gender inequality and family violence
2. Victorians actively challenge attitudes and behaviours that enable violence
3. Victorian homes, organisations and communities are safe and inclusive
4. Residents live and practise confident and respectful relationships

Indicators (Victoria)

These indicators will be reviewed by the CFVAG working groups as they are recommended for use in the Free from Violence strategy. It is anticipated our local indicators will align with the following:

- Increased understanding of what constitutes healthy, supportive and safe relationships
- Increased culture of challenging gender inequalities, across all settings and across all life stages

- Increase in bystanders feeling supported to challenge sexism and discrimination
- Increase in positive bystander behaviour in the face of sexism and discrimination

Work Plan

The Annual Work plan 2017/18 (Campaspe PCP Prevention Health Promotion Operational Plan 2017-2021) is available for all partners to monitor through the following link. [Work Plan](#)

Reference List

[Campaspe Community Profile](#)

[Co-design Shared Perspective on authentic co-design: Putting consumers and carers at the centre of mental health reform. 2016](#)

[Change the Story, Our Watch, 2015.](#)

[Developing Progress measures towards public health and wellbeing outcomes](#)

[Free from violence- Victoria's strategy to prevent family violence and all forms of violence against women 2017](#)

[Healthier Campaspe](#)

[Loddon Mallee Action Plan for the prevention of family violence against women](#)

[Public Health and Wellbeing Outcome Framework.](#)

[Shire of Campaspe Council Plan 2017-2021](#)

(TACSI, 2016) What is co-design and what does it take to do it well (presentation)

<http://www.campaspepcp.com.au/documents/Co-designpresentation.pdf>

[Victorian public health & wellbeing plan 2015-2019; Victorian public health & wellbeing outcomes framework](#)