MOBILISING CHANGE
Integrated Health Promotion Plan
2017-2021
Practice and Prevention Plan
Monash Health
CONTENTS

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Preventative health is a space where issues are complex, dynamic and sit in a web of interconnections - a system of changing loops and networks. To improve health we need to think and act differently. We acknowledge that complex problems require complex solutions.

Mobilising Change details our four year vision for prevention in South East Metropolitan Melbourne. The vision merges place-based approaches, systems thinking and developmental evaluation in health promotion to create innovative, equitable and sustainable change that improves community health.

For four years, we have been exploring place-based approaches informed by complex systems thinking. Place-based approaches align us to the Primary Prevention Principles. The places we live, learn, work and play are platforms for change. This approach recognises that health is not just the result of an individual’s decisions, but is largely shaped and dictated by the places we spend time within.

Our place-based approach is enhanced by complex systems thinking and developmental evaluation. This pairing gives us permission to view prevention, places and issues as non-linear, dynamic systems. It is a way of working that allows interventions to grow, adapt and react to system shifts. It provides freedom to respond to community demand and harvest momentum as it appears.

An evolving evaluation framework; informed by developmental evaluation, emphasises frequent reflection as a core element guiding our work. The evaluation and plan are integrated together in one framework. The framework evaluates the continuously shifting path of interventions and focuses not only on outcomes but learnings. System change will take time to be evident and be the outcome of collective, multi-strategy initiatives.

We have, and continue to, explore systems thinking and developmental evaluation theories and learnings. We continually experiment and challenge our new found knowledge and tools. Together we are developing system practice. This practice comprises of a range of frameworks, tools, mindsets and processes that challenge us to make a difference. We are on a journey of learning that is redefining systems tools and processes so that they are embedded in all stages of prevention. This plan demonstrates how planning, consultation, practice and evaluation can embed systems practice while meeting the needs of the Department of Health and Human Services and our key partners.

Together with local places, influencers and partners we will mobilise change.
Monash Health acknowledge that Aboriginal and Torres Strait Islander people are our first nation's first people. We respectfully acknowledge the Boonwurrung and Wurundjeri people both past, present and future.

Monash Health support individuals and communities to maintain health, independence, and wellbeing through quality patient centred health care that meets the needs of our diverse community. Monash Health strives for exceptional care and outstanding outcomes.

Over the past four years, the Health Promotion Team at Monash Health have been on a journey. Inspired by the shift in health promotion bought on by Healthy Together Victoria, we wanted change. We were determined to work in a way that reflects the community, the complex nature of prevention and we wanted efforts to lead to long term sustainable change that improves the health experienced by our community.

In this plan we are taking our previous learnings and applying this through new frameworks to mobilise the South East Metropolitan region of Melbourne to promote and make healthy changes.

The Health Promotion Team works across the three local government areas of City of Casey, Cardinia Shire and City of Greater Dandenong. A community reach of over 580,000 people.

We want to take this opportunity to extend our thanks to all our places, influencers and partners who have supported and strengthened Monash Health’s Health Promotion Team and the development of Mobilising Change. The relationships with internal and external places, influencers, partners and the wider community strengthen our initiatives. Collectively we can create stronger, sustainable change.

We are especially grateful for City of Casey, Cardinia Shire, City of Greater Dandenong and Peninsula Health for their ongoing support and commitment to health and wellbeing.

I would also like to acknowledge a very talented, motivated and dedicated team who push themselves everyday to create a healthier community and the work they have done collectively to produce Mobilising Change. It is with great excitement that we share Mobilising Change and look forward to working with you over the next four years.

Michelle Ravesi
Aboriginal Health Service and Population Health Manager
Monash Health

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A SNAP SHOT OF OUR LOCAL COMMUNITY
A VISION OF CHANGE

We apply place-based systems thinking approaches in health promotion to create innovative and sustainable change to improve the health of our community. We develop and strengthen collaborative relationships to mobilise system change that is equitable, dynamic and responsive.

PLACE-BASED PREVENTION PRINCIPLES IN PRACTICE

Our everyday practice is aligned to the Victorian Government’s ‘Delivering place-based primary prevention in Victorian communities’ draft prevention principles. Below we outline what these principles look like in practice.

TRANSPARENT LINE OF SIGHT

Local actions are aligned to City of Casey, Cardinia Shire and City of Greater Dandenong’s Municipal Public Health and Wellbeing Plans and more broadly to the Victorian Public Health and Wellbeing Plan and Outcomes Framework (see appendix 2). Local system changes contribute to population outcomes.

OUTCOME FOCUSED

System change indicators and measures assist us in developing a collaborative vision and shared outcomes. They enable us to continually assess progress against local and state-wide indicators.

LEADERSHIP AT EVERY LEVEL

We collaboratively lead prevention through diverse partnerships. The Leadership Prevention Group unites health promotion organisations and local Councils for collective action. We invest in building the capacity of places, influencers and partners who drive a prevention movement that demands change.

PREVENTION AT SCALE

Place-based approaches focus on reaching and positively influencing places. Places have the ability to reach and engage large numbers of the community. Changes in the local community system and environment will contribute to population health outcomes.

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COLLABORATIVE RELATIONSHIPS

Our relationships with places, influencers and partners form the basis of every place and intervention. Relationships assist us to understand the context and leverage points to co-develop actions and respond collectively. Collaborative relationships strengthen sustainability and ownership of changes.

EQUITY

We are committed to ensuring everyone has a fair opportunity to attain their full health potential and that place-based approaches reach our whole community. Boundaries in the action plans explicitly state how equity is considered. Equity can include health literacy, socioeconomic disadvantage, cultural and gender diversity.

INNOVATE, EXPERIMENT, REFLECT & ADAPT

A culture of innovation, learning and action challenges traditional ways of working and thinking. We push the boundaries and experiment through a ‘safe to learn’ approach. Real-time evaluation (developmental evaluation) informs action. Challenges, barriers and learnings are shared amongst the team for collective learning.

MUTUALLY REINFORCING INITIATIVES

Interventions and places are coordinated and connected. They do not operate in isolation and contribute to the broader prevention system. We leverage off existing initiatives, networks and infrastructure to ensure our prevention efforts are mutually reinforcing for places, partners and local community.

SYSTEMS PRACTICE

Systems Practice helps us understand the complexities, linkages and relationships interacting in the environments we are intervening within. Systems Practice is dynamic and merges learnings with theory. We are evidence-informed and are committed to co-producing evidence that continue to explore systems practice in prevention.
State Outcomes Reflected in Local Prevention Practice

Mobilising Change is Monash Health’s Integrated Health Promotion Plan 2017-21. With a vision to improve the health of our whole community we are applying place-based approaches informed by complex systems thinking. Equity is embedded in all places. The section of ‘boundaries’ in action plans outline how equity is entrenched in the delivery of prevention. This plan, open to transparent use of data from the Victorian Public Health and Wellbeing Plan (VPHWP), their outcomes framework, through to our practice, places and local indicators of change.

Outcomes

Our local level pre-conditions (conditions that must be achieved first for outcomes in the long-term to be achieved) and actions align to the VPHWP domain, outcomes, indicators and measures outlined on the following page. Our collective efforts will contribute to state-wide outcomes.

Practice

To achieve these outcomes and contribute to population health and wellbeing we are using System Practice to guide our thinking and way of working. This way of working is dynamic, responsive and aims to mobilise the system to change to create sustainable healthy communities. For more information, see page 12.

Places

In alignment to the VPHWP and the Victorian Government’s ‘Delivering place-based primary prevention in Victorian communities’, place-based approaches utilise places as platforms to address multiple determinants of health and mobilise action from within places.

The places within this plan are education, sport clubs and recreation facilities, community, and food providers, outlets, and suppliers. New and emerging places allow us to respond to arming momentum and different places over the four years. A place-based approach moves from traditional health priority areas to places, influencers and partners working collectively to identify where efforts and change is needed. Places can direct work towards a range of priority areas including healthy eating, oral health, physical activity, tobacco control and mental health and wellbeing.

‘Time limited initiatives’ are up to twelve months duration and focus on scoping, planning and setting the foundations for place-based change. Health literacy and linking food and healthy eating across places are our initiatives for the next twelve months.

Indicators of Change

We have defined our pre-conditions for local system change as context, policy, practice, components, connections, infrastructure and scale. These indicators are based on our practice learnings paired with the BUILD Framework, Healthy Together Victorian System Change Tool, and the World Health Organisation’s System Building Blocks. Our actions are built around these system indicators to guide implementation and evaluate system change. By achieving these pre-conditions, communities, environments and the systems within them will be conducive of health and wellbeing. For more information see page 16.

This plan is responsive and flexible ensuring actions are driven by the momentum of places, influencers and partners to maximise lasting benefits to the community.
The application of systems thinking to prevention framework (see opposite page) was developed to visually reflect how the health promotion team are intervening within places to mobilise community and environmental change. As we work towards the one year actions outlined in the action plan, we will apply this framework to everyday prevention practice as we intervene within the system.

The framework moves systems thinking theory and tools towards action. It draws clear links between practice, everyday reflection and learning that is used to inform next steps, completing the feedback loop. This real-time responsive evidence, collected through multiple methods and tools, provides a platform for all interventions to be dynamic, responsive and evidence-informed.

Place-based interventions within education, community, sport clubs, recreation facilities, food providers, outlets and suppliers and any one and emerging places for the next four years will be guided by this framework. Complexities and interconnections in a system will be deciphered and analysed to help recognise leverage points in the context, policy, practice, components, connections, infrastructure and scale. Innovative interventions will be trialled and a ‘safe to learn’ culture will thrive.

It is important to acknowledge that the framework moves in a flexible, fluid direction, meaning places and problems can start and shift between different points. A place can also sit in different parts of the framework simultaneously.

For a more detailed explanation of the application of systems thinking to prevention framework, please refer to appendix 3.

**PRACTICE EXAMPLE**

In sport clubs, a place-based approach informed by systems practice was utilised to improve the health of the community.

In this example, systems practice began with an initial mapping of the complexity of health promoting environments in sport clubs (capture complexity). Healthy eating and club canteens were identified as a point for intervention (leverage) and a continuous improvement framework was developed and trialled in three local clubs (intervene). The pilot focused on building the capacity of club influencers to make health changes to their canteen and canteen menu (experiment). Through reflection, the process provided valuable learnings (developmental evaluation) which informed the expansion of the initiative (adapt) such as the importance of engaging clubs through existing leagues and associations. Leagues, associations, their clubs and localities are currently being mapped (capture complexity) to enhance future engagement. Funding and partnerships opportunities are concurrently being explored (explore) in partnership with places, club influencers and the City of Casey council. Positive canteen changes were made in canteens across the region and changes have been embedded into the canteen environment (sustain).

This example demonstrates how place-based prevention can apply systems thinking into practice, while also responding and adapting to information and evidence provided by the system.
MEASURING CHANGES IN THE SYSTEM

Capturing change in the system is challenging. Tools and frameworks that define and measure system change were reviewed and refined to reflect our local context and practice.

We developed a detailed framework—System Change Indicators—that gives meaning to the changes we are collectively creating. This aligns to the Victorian Public Health and Wellbeing Outcomes Framework and provides line of sight for the local system level changes that contribute to improving the overall health outcomes achieved across the state.

The System Change Indicators were developed by merging our practice learnings with the BUILD framework, Healthy Together Victoria’s System Change Logic, and the World Health Organisation’s System Building Blocks. The elements of a system we are collaboratively trying to create change within are context, policy, practice, components, connections, infrastructure, and scale.

The System Change Indicators look at how the system can change when one or more elements are enhanced, manipulated, amplified or adapted. Altering these elements in the system will, overtime, improve the places in which the community lives, learns, works and plays.

It is important to acknowledge that achieving system change requires substantial investment in relationships, partnerships, and capacity building. Previously behind the scenes efforts were often under captured in reporting. These key building blocks take time to develop and will be the result of places, influencers and partners working collectively to deliver multi-strategy approaches.

“System Change Indicators look at how the elements that make up a system can change when influenced, manipulated, amplified and adapted ... to improve the places that the community lives, learns, works and plays”

Developmental evaluation will be used to measure these changes in the system. A developmental evaluation framework collects real time evaluation of interventions and impacts. This multipurpose framework emphasises frequent and timely reflection that informs leverage, action and adaptations. Both qualitative and quantitative measures will be utilised. Methods for measuring and reporting changes include system and network maps, local snapshots, case studies, documentation, benchmarking, partnership tools, audits, statistics, reach and percentages.

System Change Indicators were developed by pairing our practice learnings with the BUILD Framework, Healthy Together Victoria’s System Change Logic, and the World Health Organisation’s System Building Blocks.

For a more detailed explanation of the System Change Indicators and a breakdown of each of the parts of the framework, please see appendix 2.
LISTENING & ACTING TOGETHER WITH PLACES, INFLUENCERS & PARTNERS

Honest, collective conversations were used to mobilise collaborative action and leadership for change. For Mobilising Change we wanted meaningful consultation—conversations that would shape interventions, challenge us to think differently and inspire collective action.

Leverage, reach and change is maximised through strengthening existing and identifying new and innovative relationships. Places, influencers and partners provide valuable insight and perspective on the system (context, policy, practice, components, connections, infrastructure and scale).

We asked places, influencers, partners and networks to reflect on our practice and interventions. Across our community we spoke with 77 places, 9 council departments, 8 internal Monash Health departments and 12 key partner organisations.

Rather than asking specifically about our draft plan or interventions, conversations focused on understanding and changing the system. We learned from their thoughts on past successes, opportunities for moving forward and foreseeable challenges that could prepare us for action and shape our work. We uncovered opportunities for collaboration, leverage and innovation. The conversations ensure future interventions are mutually reinforcing and minimise duplication.

“Honest, collective conversations were used to mobilise collaborative action and leadership for change. … we wanted conversations that would shape interventions, challenge us to think differently and inspire collective action”

For consistency a guiding document was utilised in consultation. This resource assisted us to ensure conversations were action focused, encouraged collaboration and clearly communicated our four year vision.

Key learnings, leverage and partnership opportunities identified during consultation have been embedded within each place’s action plan. The voices of our places, influencers and partners are documented in the ‘our partners and influencers told us’ section of the action plan.

READ OUR ACTION PLAN FOR HOW PLACE-BASED, SYSTEM CHANGE WILL BE MOBILISED TO IMPROVE THE HEALTH OF OUR COMMUNITY

LET’S ACT NOW TO MOBILISE CHANGE

As outlined in Mobilising Change and subsequent action plan we are committed to collectively creating innovative and sustainable change that improves the health of our community. We will work closely with places, influencers and partners to build their capacity to lead healthy change.

Our actions, outlined within our action plan, feed into our four year pre-conditions. These actions are flexible and responsive and allow us to respond to momentum and leverage as it appears, learn from our successes and challenges.
Glossary

Influencers
Influencers are the drivers from within places that have the power, passion or commitment to start conversations, mobilise people around them and act to improve systems and environments. Influencers who are already involved within places have greater understanding of their context and connections and can make more sustainable change. Influencers, for example, in an education setting could include the Principal, management, teachers, family or student representatives.

Places
Places are the settings or environments where the community spend the majority of their daily life. Places, for the purpose of this plan include education (early years, primary and secondary schools), sport clubs and recreation facilities, community (neighbourhood houses, non-government organisations, supported residential services and places of worship) and food providers, outlets and suppliers.

System Change
System change is the changes in the places, community and environment. These changes, as outlined in system change indicators are changes in the context, policies, practice, components, connections and infrastructure. Changes of which will contribute to health and wellbeing outcomes measured at the population level.

System Practice
System Practice is the uniting of complex systems thinking theory with practice learnings. It comprises of frameworks, tools, mindsets and processes that challenge us to make a difference. Systems Practice includes how to intervene in the prevention system (application of systems thinking to prevention framework) and how to track and measure changes in the system (system change indicators). Completing a feedback loop that embeds systems thinking in planning, consultation, practice and evaluation.

Place-Based Approach
A place-based approach utilises places as platforms to address multiple determinants of health. They mobilise action from within places to improve health. A place-based approach moves from traditional priority areas to places, influencers and partners working collectively to identify where efforts and change is needed. Places direct work towards a range of priority areas including healthy eating, oral health, physical activity, mental health and wellbeing and tobacco control.

The places within this place and examples of places for prevention include education, sport clubs, recreation facilities, community, food providers, outlets and suppliers.

Workforce
Workforce is the Health Promotion Team (made up of Health Promotion Practitioners and Dietitians).

Appendix 1: System Change Indicators
The System Change Indicators give meaning to the changes we are collectively creating within the system. They were developed by merging our practice learnings with the BUILD Framework, Healthy Together Victoria’s System Change Logic and the World Health Organisation’s System Building Blocks. The elements of a system that we are collaboratively trying to create change within are context, policy, practice, components, connections, infrastructure and scale.
APPENDIX 2: ALIGNMENT TO MUNICIPAL PUBLIC HEALTH AND WELLBEING PLANS ACROSS THE REGION


The diagram demonstrates which areas and objectives from the plans that Mobilising Change aligns to. A collective approach will strengthen initiatives and increase their sustainability.

APPENDIX 3: APPLICATION OF SYSTEMS THINKING TO PREVENTION

A basic guide to the application of systems thinking to prevention framework. For additional information, contact Monash Health's Health Promotion Team.

DEVELOPMENTAL EVALUATION | Real time responsive evaluation informs adaptation, action & measures system change (for the measurement framework, see page 14)

SUSTAIN SYSTEM CHANGE

The interventions & increased capacity & leadership of places, influences & partners expand with within the system—new ways are created. The health-related option becomes the easiest.

DEVELOPMENTAL EVALUATION

Through measures & tools developmental evaluation is applied to collect real-time, responsive evidence. This provides a robust evidence-base & accountability. It tells stories of local system change paired with learnings & challenges—a complete picture of a system journey. It allows for ongoing adaptations of initiatives to reflect places, influences, partners & context. It gives us permission to respond to momentum as it shifts.