

Action for a healthy and thriving Latrobe



Annual Community Health Health Promotion Report

YEAR 1 | 2025-2026



Acknowledgment of Country

We acknowledge the traditional owners of the land, the Gunaikurnai people. We pay our respects to their Elders past, present and future, and acknowledge the living culture of the Gunaikurnai people and the important contribution they make to Gippsland.

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INTRODUCTION

In 2025–26, Latrobe Community Health Service (LCHS) commenced the first year of its four year Community Health – Health Promotion (CHHP) strategic cycle (2025–29). This year focused on translating evidence into action, embedding equity from the outset, and establishing strong foundations for measuring meaningful systems and population level impact over time.

Guided by our vision for a healthy and thriving Latrobe and aligned with Victorian CHHP program guidelines, our health promotion team applied a systems thinking, settings based approach. This approach prioritised sustainable change by strengthening organisational practices, environments and systems that support health where people live, learn, work, play and belong. We invested in long term change across health priority areas including healthy eating and oral health, active living, and wellbeing.

Over the past year, we built on strong foundations established in previous cycles, completing needs assessments and investigative actions, refining our delivery models, consolidating partnerships and embedding prevention into everyday settings. Year 1 activities signal early momentum in the 2025–29 strategic cycle. These foundations position the program to accelerate scale, impact and efficiency over the remaining years of the cycle.

A strong focus on health equity, climate health and innovation continued throughout the reporting period. A health equity lens was applied in planning and prioritisation, including the use of Socio-Economic Indexes for Areas (SEIFA) to guide decision making and the provision of additional support to settings serving communities experiencing greater disadvantage. LCHS continued its leadership in climate and health co-benefits, recognising the intersection between environmental sustainability and

“The true measure of impact in health promotion is not what we deliver, but the changes created in the systems, settings and conditions that shape community health and wellbeing.”

population health outcomes. Innovation remained a key enabler, with new and adaptive approaches used to support engagement with statewide initiatives and delivery of place based programs such as Food For All Latrobe Valley (FFALV) and Latrobe Little Smiles (LLS).

Partnerships continued to be central to this work. Strong collaboration with Latrobe Health Assembly (LHA), Latrobe City Council (LCC) and the Gippsland Region Public Health Unit (GRPHU) supported coordinated prevention action, alignment with regional priorities and shared learning across the system.

This report documents progress achieved during Year 1 of the 2025–29 strategic cycle across each priority setting. It includes:

- progress against four year strategic objectives (cumulative)
- progress against annual actions (2025–26)
- key learnings and insights from implementation
- case studies illustrating systems and settings change in practice

As LCHS moves into the next annual action plan, we remain committed to delivering best-practice, high impact, equity driven health promotion aligned with CHHP guidelines. We will continue to refine, adapt and invest in approaches that contribute to lasting, population level improvements in health and wellbeing across the Latrobe Valley.

We thank our communities, partners and practitioners for their continued collaboration and commitment. We are pleased to present the Latrobe Community Health – Health Promotion Annual Report, Year 1, 2025–26.

EXECUTIVE SUMMARY

Infographic Year 1 2025-26

In 2025-26, we continued our settings-based approach, working in the places where people live, learn, work, play, connect and belong.

This included the five settings;



We addressed the following health priority areas;



HEALTHY EATING & ORAL HEALTH



ACTIVE LIVING

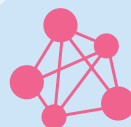


WELLBEING

We made changes in the system by delivering 15 interventions.

We collaborated with and supported prevention partners including Latrobe City Council and Gippsland Regional Public Health Unit, to deliver 3 interventions.

Our annual highlights include:



Latrobe Breastfeeding Partnership breastfeeding mapping completed

12 venues registered to Breastfeeding is Welcome Everywhere



72 (100%) Food For All Latrobe Valley actions achieved



8 new education settings registered to Achievement Program



34 early learning services participated in Latrobe Little Smiles, 1130 children received oral health education, 830 children had a dental screening, and 179 children required follow-up dental care.

33 education settings actively supported through Achievement Program



Reach for the Stars transitioned to supermarket-led



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13 Achievement in Action grants awarded to education settings, reaching over 2000 children



16 health priority areas achieved in early learning services



Outcome - Collectively, 45 settings were actively supported to create health and wellbeing-enabling environments.

OUR COMMITMENTS IN ACTION

Measuring impact across Latrobe

Latrobe CHHP Program distribution by SEIFA Quintile

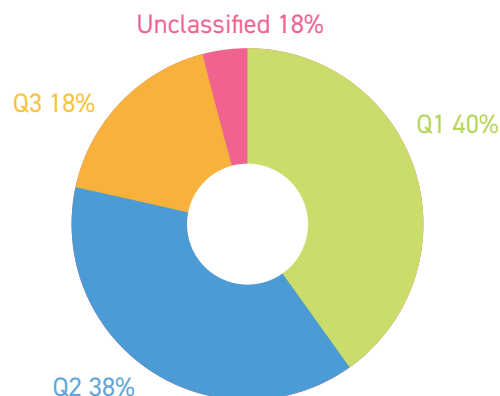


Figure 1: Breakdown of Latrobe Community Health Service program areas by Quintile

Climate health



We apply a climate health lens to all that we do, promoting health for people and planet.

Latrobe Community Health Service (LCHS) set commitment that 100% of our programs and initiatives will have a climate health lens applied.

Result = 100% programs and initiatives have a climate health lens applied (as defined as lens applied in health promotion project plan).

Equity



We prioritise working with community who experience barriers to healthy lives, focussing on reducing inequities so everyone can thrive.

LCHS set a commitment that 75% of our programs and initiatives are implemented in socio-economically disadvantaged areas (as defined by SEIFA IRSAD quintiles 1-2).

Result = 78% of our programs and initiatives were implemented in socio-economically disadvantaged areas (as verified by mapping shown left).

In 2023-24, LCHS began analysing and reporting on equity to continue to target improved health and wellbeing outcomes in areas of disadvantage. The target of 75% of our programs and initiatives implemented in disadvantaged areas has been achieved for three consecutive years.

In 2025-26, this target has been met and exceeded – with a slight decrease compared to 2024-25 (83%).

Figure 1 shows the full breakdown of health promotion activities by quintiles. A full equity report can be provided on request.

Community focus



We work with community, for community – collaboration is at the heart of everything we do.

LCHS set commitment that our programs and initiatives are mapped against the IAP2 Framework to inform our community engagement and collaboration practices.

Result = 100% programs and initiatives are mapped against IAP2 Framework

Annual targets



LCHS set annual targets aligned with 4-year objectives.

Result = 19 of 26 (73%) annual targets aligned with 4-year objectives were achieved as defined as meeting or exceeding targets. Achieving a measurably healthier Latrobe!

Our ongoing commitment



LCHS will continue to utilise aspirational targets for climate, equity and community focus for remainder of 4-year strategic cycle. We will continue to set annual targets aligned with 4-year objectives and include updated results in our CHHP report each year.



FIRST 2000 DAYS OF LIFE

Maternal and child health, community settings

OUTCOME: Improved health and wellbeing of children and caregivers in the first 2000 days of life.



INITIATIVES

Co-leading:

- Latrobe Breastfeeding Partnership
- Breastfeeding is Welcome Everywhere

KEY LEARNINGS AND INSIGHTS

- Developing a systems map of the barriers and enablers to breastfeeding in Latrobe has established a shared understanding and informed future projects and collaboration opportunities.
- The Partnership welcomes the opportunity to strengthen and enhance systems that support breastfeeding through the implementation of its first action plan.
- Targeted engagement with venues at strategic times has increased uptake of the *Breastfeeding is Welcome Everywhere* initiative.

4- YEAR OBJECTIVES	MEASURE	2025 BASELINE	TARGET	RESULT	ANNUAL TREND	COMMENTS
Increase the number of initiatives that encourage breastfeeding in Latrobe	# Initiatives encouraging breastfeeding	3	5	5	↑	Initiatives include Latrobe Breastfeeding Partnership, breastfeeding mapping, Breastfeeding is Welcome Everywhere, Breastfeeding Friendly Early Childhood Education and Care Service, Community Breastfeeding Mentoring Course

YEAR ONE ACTION	MEASURE	ANNUAL IMPACT
1.1 Collaborate with Latrobe Breastfeeding Partnership to implement actions to support breastfeeding	Action plan developed (Y/N) # Actions implemented	Action plan developed Action plan available on request 4 actions implemented
1.2 Undertake collaborative systems mapping to identify systems drivers and opportunities in Latrobe	Systems mapping completed	Systems mapping project completed See case study Full report available on request
1.3 Implement Breastfeeding is Welcome Everywhere initiative	# Venues and spaces registered as breastfeeding friendly	12 venues and spaces registered as breastfeeding friendly (this year) 23 venues and spaces registered (cumulative)
1.4 Collaborate with, and support GRPHU, LCC, LHA and ABA to deliver prevention initiatives across the first 2000 days of life	# Actions supported	No actions supported Health Promotion focussed on actions to support breastfeeding



STRENGTHENING SYSTEMS TO SUPPORT BREASTFEEDING IN LATROBE

Local partners in Latrobe are working together to build stronger systems that protect, promote, support and value breastfeeding.

The Latrobe Breastfeeding Partnership (LBP) works collaboratively to empower and enable the local environment to support, protect, promote and value breastfeeding. LBP formed in 2023 following the recognition of low rates of breastfeeding in Latrobe and the importance of collectively addressing this public health issue.

The Australian Infant Feeding Guidelines recommend that infants should be exclusively breastfed until around 6 months, when solids should be introduced, with breastfeeding to continue until 12 months and beyond. In 2022-2023, the proportion of infants exclusively breastfed to three months of age in Latrobe was 35.6%, recording the lowest rate in Gippsland and one of the lowest rates in Victoria (Vic. average 52%).

Breastmilk provides optimal nutrition composition for infants, supports healthy growth and immunity, and reduces newborn mortality. For mothers, breastfeeding reduces the risk of certain cancers, type 2 diabetes and heart disease.

LBP partners consist of Latrobe City Council, Latrobe Community Health Service, Gippsland Region Public Health Unit, Australian Breastfeeding Association (ABA), Latrobe Regional Health. The Latrobe Health Assembly was an active partner prior to being defunded.

The partnership was aware it required a greater understanding of the complexities of breastfeeding barriers and enablers. In June and July 2025, LBP held two in-person Systems Mapping workshops to understand breastfeeding in the local context and generate community co-designed actionable strategies to create supportive environments for breastfeeding families. Twelve people attended the workshops undertaking several participatory activities, such as identifying and analysing factors that contribute to breastfeeding in Latrobe, visually mapping the complex relationships and behaviours surrounding them and brainstorming action ideas to begin implementing positive change within the system.

Participants identified 52 factors, explored 100 relational links, and highlighted key leverage points to influence the system. Following workshop 1, LBP undertook thematic analysis of the systems map identifying five key themes: environments, education, support, health and wellbeing, and advertising influence. During workshop 2, participants proposed 36 co-designed actions to drive change within the system. Engagement with families at local libraries enabled LBP members to capture additional insights into family needs and perspectives on breastfeeding.

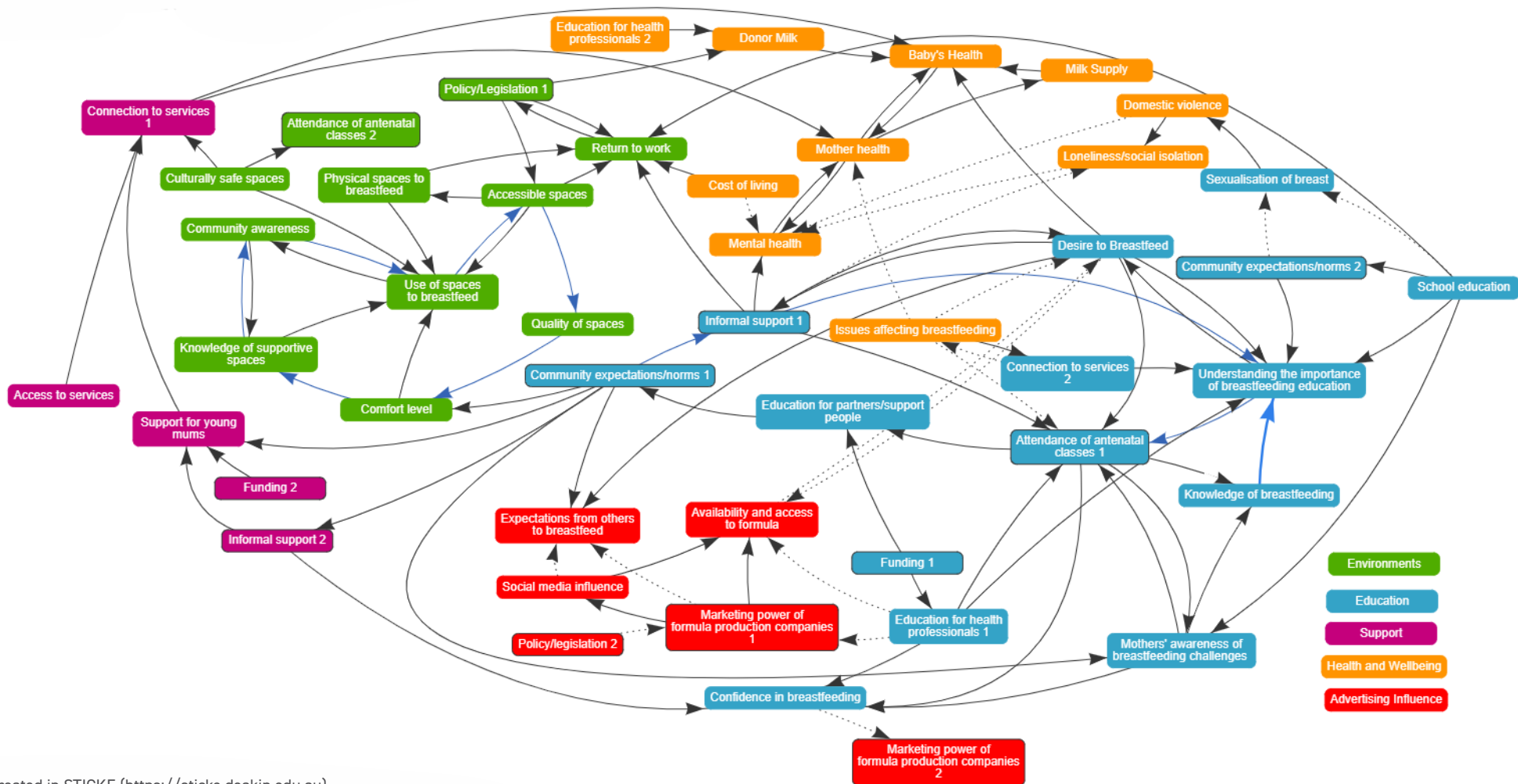
The systems map and workshop findings have informed the development of LBP's first action plan, providing a baseline for future planning. Some actions have commenced implementation including the ABA's 'Course in Community Breastfeeding Mentoring', and 'Breastfeeding is Welcome Everywhere' (BWE) initiative. Twenty-three cafés, restaurants and community spaces across Latrobe have registered for BWE.

"If any mum needs to feed her baby, she should feel comfortable doing it anywhere, and this way allows us to promote it, and they come to our shop and feel comfortable," said a local café owner on why they signed up to the initiative.

The action plan, which includes more than twenty-five initiatives, is aligned with national and local strategies and is now progressing into the implementation phase.

Project: Latrobe Breastfeeding Systems thinking workshop

Map: GMB 2 July 3 2025 Post Analysis



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EARLY LEARNING SERVICES

Early learning services and kindergartens

OUTCOME: Early learning environments are healthier and more supportive.



INITIATIVES

Leading:

- Achievement Program (AP) and supported programs
- Menu planning guidelines for long day care
- Latrobe Little Smiles (LLS)

KEY LEARNINGS AND INSIGHTS

- Sustainable health promotion in early learning settings is strengthened when initiatives move beyond one-off activities and become embedded within policies, environments and everyday practice.
- Equity-focused approaches, including tailored support and small grant funding, helped reduce participation barriers and enabled greater engagement from services with differing levels of capacity and resources.
- Building trusted relationships and meeting services where they were at was critical to maintaining engagement and supporting meaningful, achievable progress over time.
- Variability in service readiness and competing workforce pressures reinforced the importance of flexible approaches and realistic expectations when implementing health promotion initiatives.

4- YEAR OBJECTIVES	MEASURE	2025 BASELINE	TARGET	RESULT	ANNUAL TREND	COMMENTS
Increase the number of Early Learning Services (ELSs) actively supported in the Achievement Program	# Registered	35	36	40	↑	5 new services registered, including 1 service that registered as a result of the grants program
	# Actively supported	14	15	17	↑	3 new services actively supported, including 1 service that is engaged as a result of the grants program
Increase the number of health priority areas (HPAs) achieved	# HPAs achieved	44	50	60	↑	16 new HPAs achieved this year
Increase the number of services working towards or achieved the physical activity and movement HPA	# Physical activity HPAs working towards and/or achieved	8	10	15	↑	15 services working towards and/or achieved
Increase the number of services working towards or achieved the healthy eating and oral health HPA	# Healthy eating HPAs working towards and/or achieved	22	24	27	↑	27 services working towards and/or achieved
Increase the number of services working towards or achieved the smoking, vaping, alcohol and other drugs HPA	# Smoking, vaping, alcohol and other drugs HPAs working towards and/or achieved	9	11	13	↑	13 services working towards and/or achieved
Increase the number of services working towards or achieved climate and health pathway	# Climate and health pathways working towards and/or achieved	1	3	4	↑	4 services working towards and/or achieved
Increase the number of services compliant with menu planning guidelines for long day care	# Services compliant with menu planning guidelines for long day care*	3	2	4	↑	4 services compliant with menu planning guidelines for long day care Noted annual target reported incorrectly and should reflect an increase. Intended increase was achieved.

*Services are considered compliant with menu planning guidelines for long day care with a verified Foodchecker report for a one-week menu.

EARLY LEARNING SERVICES

YEAR ONE ACTION	MEASURE	ANNUAL IMPACT
2.1 Implement the Achievement Program in early learning services	# ELSs actively supported to implement changes	17 ELSs actively supported to implement changes
	# Total health priority areas reached in ELSs	16 total HPAs achieved (this year) 60 total HPAs achieved (cumulative)
	# ELSs actively supported to implement changes in active living	41 services actively supported to implement changes in active living
	#/% Proportion of small steps in priority population settings # Small steps for active living	33 (80%) services actively supported identified as priority population/s 57 active living small steps in ELSs
2.2 Implement Menu planning guidelines for long day care	# ELSs actively supported to implement changes in tobacco e-cigarettes prevention	27 services actively supported to implement changes in tobacco e-cigarettes prevention
	#/% Proportion of small changes in priority population settings	21 (78%) services actively supported identified as priority population/s
	# Small changes for tobacco/e-cigarettes	62 tobacco/e-cigarette small changes in ELSs
		Working with local government owned/operated ELSs has been a significant leverage point to achieve many small steps/changes
2.3 Implement Latrobe Little Smiles for oral health	# ELSs actively supported to implement the menu planning guidelines	3 ELSs actively supported to implement the menu planning guidelines
	# ELSs compliant with menu planning guidelines	1 ELSs compliant with menu planning guidelines (this year) 4 ELSs compliant with menu planning guidelines (cumulative)
2.4 Investigate potential place-based interventions for active living in early learning services	# ELSs actively supported to implement the Latrobe Little Smiles program	34 ELSs actively supported to implement the Latrobe Little Smiles program
	# ELSs completed the Latrobe Little Smiles program # Children completed dental screen	16 ELSs completed the Latrobe Little Smiles program (inclusive of policy development/review) 830 children completed dental screen
2.5 Collaborate with, and support GRPHU, LCC and LHA to deliver prevention initiatives in education settings	Summary document developed, informed by consultation and evidence review	Summary document developed
	# Actions supported	1 collaborative action supported Supporting no smoking/vaping signage project with GRPHU



SCHOOLS

Primary schools, secondary schools and out of hours school care (OHSC)

OUTCOME: School environments are healthier and more supportive.



INITIATIVES

Leading:

- Achievement Program (AP) and supported programs
- Canteen, healthy eating and other food services policy
- Vic Kids Eat Well (VKEW)
- Fab Food Marvellous Mood (FFMM)

KEY LEARNINGS AND INSIGHTS

- VKEW engagement remained challenging throughout 2025–26, with fewer schools actively progressing through the program despite ongoing promotion and support
- Opportunities to increase VKEW engagement include local incentives and the proposed School Breakfast Club Partnership, helping connect healthy eating initiatives with existing school programs.

4- YEAR OBJECTIVES	MEASURE	2025 BASELINE	TARGET	RESULT	ANNUAL TREND	COMMENTS
Increase number of schools and outside hours school care actively supported in Vic Kids Eat Well	# Registered	15 schools 4 OSHC	15	16	↑	1 new registration
	# Small bites*	41	45	41	—	No new small bites achieved. Low engagement in VKEW with schools and OHSC.
	# Big bites*	16	17	21	↑	5 new big bites achieved/maintained including breakfast clubs big bites advanced standing.
Increase the number of schools actively supported in the Achievement Program	# Registered	26	26	29	↑	3 new schools registered due to small grants program
	# Actively supported	10	12	16	↑	6 new schools actively supported due to small grants program
Increase the number of health priority areas (HPAs) achieved	# HPAs achieved	42	45	45	↑	3 new HPAs achieved Slower progress in Achievement Program in schools due to staffing changes. Expect outcomes to come in 2026/27
Increase the number of schools working towards or achieved the physical activity and movement HPA	# Physical activity HPAs working towards and/or achieved	14	15	14	—	14 schools working towards and/or achieved
Increase the number of schools working towards or achieved the healthy eating and oral health HPA	# Healthy eating HPAs working towards and/or achieved	11	12	11	—	11 schools working towards and/or achieved No increase in total number, however one school progressed from working towards to achieving healthy eating and oral health HPA
Increase the number of schools working towards or achieved the smoking, vaping, alcohol and other drugs HPA	# Smoking, vaping, alcohol and other drugs HPAs working towards and/or achieved	8	9	8	—	8 schools working towards and/or achieved
Increase the number of schools completed climate and health pathway	# Climate and health pathway achieved (case study submitted)	0	2 (by end of year 4)	2	↑	2 schools achieved Strong interest in climate and health pathway from schools

*Includes new breakfast clubs small and big bites # Baseline corrected in 2025/26 due to data verification. Annual target amended to reflect new verified baseline appropriately.

SCHOOLS

YEAR ONE ACTION	MEASURE	ANNUAL IMPACT
3.1 Implement the Achievement Program in schools	Schools actively supported to implement changes # Total health priority areas reached in schools # Schools actively supported to implement changes in active living #/% Proportion of small steps in priority population settings # Small steps for Active living # Schools actively supported to implement changes in tobacco e-cigarettes prevention #/% Proportion of small changes in priority population settings # Small changes for Tobacco/e-cigarettes	16 schools actively supported to implement changes 3 total HPAs achieved (this year) 45 total HPAs achieved (cumulative) 42 schools actively supported to implement changes in active living 41 (97%) schools actively supported identified as priority population/s 42 small steps for active living 4 schools actively supported to implement changes in tobacco e-cigarettes prevention 4 (100%) schools actively supported identified as priority population/s 15 small changes for tobacco/e-cigarettes
3.2 Implement state-based nutrition programs (Vic Kids Eat Well and School's canteen, healthy eating and other food services policy)	# Schools and OHSC actively supported to implement VKEW # Small bites # Big bites # Schools actively supported to implement school canteen and other food services policy # Baseline assessments completed # Incremental change in GREEN/ AMBER/ RED food products in schools as verified by HEAS # Schools compliant with school canteen and other food services policy	No schools or OHSC actively supported to implement VKEW No small bites achieved (this year) 5 big bites achieved (this year) Schools engaged heavily in Achievement Program compared to VKEW 3 schools actively supported to implement school canteen and other food services policy No baseline assessments completed (this year) No incremental changes No schools compliant with school canteen and other food services policy (this year) One school compliant with school canteen and other food services policy (cumulative)
3.3 Investigate feasibility of Breakfast Clubs and Breakfast Club Partnership Program across Latrobe schools	Feasibility report and actions developed # Schools indicating interest in having a breakfast club # Partners indicating interest	Feasibility report and actions developed 18 schools indicating interest in having a breakfast club 3 partners indicating interest
3.4 Investigate potential placed based interventions for active living in schools	Summary document developed, informed by consultation and evidence review	Summary document/report developed
3.5 Implement Fab Food Marvellous Mood breaks in primary schools	# Organisations supporting the FFMM initiative # Schools registered for FFMM # Schools actively supported to deliver FFMM	3 organisations supporting FFMM initiative 3 schools registered for FFMM 3 schools actively supported to deliver FFMM
3.6 Collaborate with, and support GRPHU, LCC and LHA to deliver prevention initiatives in education settings	# Actions supported	1 collaborative action supported Supporting no smoking/vaping signage project with GRPHU

TURNING EQUITY INTO ACTION: SMALL GRANTS FOR HEALTHIER EDUCATION SETTINGS IN LATROBE

Equity-focused funding paired with tailored support enables early learning services (ELSs) and schools to engage in health promotion initiatives and achieve meaningful, sustainable change across their communities.

The Achievement Program (AP) supports ELSs and schools to create healthier environments across key health priority areas (HPA's). Prioritising health promoting actions in ELSs and schools is effective as behaviours formed during childhood establish lifelong health behaviours. Initial engagement and uptake of the AP have historically presented many challenges for education settings. In response to these challenges, a targeted grants program was developed. This grant provided flexible funding for settings to purchase resources that align with HPA goals, including professional development, learning materials and relevant equipment.

In 2025, the Health Promotion team launched the Go Green Grants to support education settings to commence or complete actions within the Healthy Eating Oral Health (HEOH) HPA and/or the Climate and Health pathway of the AP. Strong uptake was achieved with a total of \$8000 awarded to eight settings, three ELSs and five schools receiving \$1000 each. Outcomes demonstrated both increased engagement and measurable progress within the AP. Three ELSs successfully completed HEOH HPA and one service completed the Climate and Health Pathway. Two new schools registered with the AP and all schools demonstrated measurable progress across their nominated HPAs.

The outcomes of the Go Green Grants informed the 2026 upscale into the Achievement in Action Grants. Grants were promoted to all eligible ELSs and schools in the Latrobe Valley to work on one

or more HPAs of their choosing. An embedded equity lens guided the design and delivery process, with priority given to settings facing barriers to AP participation, located in lower socioeconomic communities and with no recent access to health promotion grant funding.

Early indicators demonstrate the success of the Achievement in Action Grants. To date:

- A total of 15 applications received (5 ELSs, 10 schools)
- Total of \$10,500 provided to schools (9 x \$1000 & 1 x \$1500), supporting three new AP registrations
- Total of \$3,000 offered to ELSs (3x \$1000), supporting one new AP registration, including a service dedicated to serving the local Aboriginal community.
- 100% of recipients are in lower socioeconomic areas, reaching over 2,150 children.

The funding enabled education settings to purchase practical resources, such as outdoor play equipment, kitchen appliances, and mental health and wellbeing professional development. One service reports that a new conveyer toaster will improve Breakfast Club efficiency, supporting over 40 children daily, while another will be able to develop an inclusive play space to enhance wellbeing, safety and development for babies. Ongoing monitoring will assess longer term impacts, including sustained policy change and continue progression across HPAs, supporting continuous program improvements.

The Go Green and Achievement in Action Grants demonstrate an evidence-based, scalable, equity-focused model for strengthening participation in and progression through the AP. By embedding an equity lens into project design, resources are targeted to settings facing greatest barriers, enabling meaningful, whole-of-service health promoting change and improved health and wellbeing outcomes for children, families and communities.

Left: Achievement in Action Grant funding supported the purchase of some play equipment to promote active play opportunities for children attending an ELS.





FOOD SYSTEMS

Food For All Latrobe Valley community action group, catering, supermarkets, retail outlets and suppliers

OUTCOME: Worked towards a healthier and sustainable food system for all.



INITIATIVES

Leading:

- Food For All Latrobe Valley (FFALV)
- Healthy Supermarkets Latrobe project 'Reach for the Stars'
- 'Lettuce Talk about Food' catering project
- Healthy Choices guidelines

Supporting:

- VicHealth Local Government Partnership Project – Building better food systems for healthier communities
- Victorian healthy food relief guidelines

KEY LEARNINGS AND INSIGHTS

- Reach for the Stars transition to a supermarket-led model demonstrating feasibility, sustainability, and increased retailer ownership of healthy retail initiatives.
- Transition was supported through development and implementation of a supermarket toolkit and store nutrition policy to embed practices into daily operations.
- Monitoring supports project sustainability, ensuring improvements are maintained and continue to positively impact the local food environments and population health outcomes.

4- YEAR OBJECTIVES	MEASURE	2025 BASELINE	TARGET	RESULT	ANNUAL TREND	COMMENTS
Increase purchase of healthier foods and drinks	Proportion of customers reporting healthier purchasing	36% (n45)	>30%	36% (n45)	—	No change from previous year Previous evaluation shows 36% (n45) of customers self-reported healthier purchasing after seeing materials. 2025-26 Reach for the Stars transitioned to supermarket-led and entered sustainability phase with store scout benchmarking process.
Increase access, availability and promotion of healthy food and drinks	Number of Food For All Latrobe Valley actions achieved	n/a	>40	72	↑	72 (100%) actions completed
	Store Scout overall scores (average all stores)	66 (n5)	>60	59 (n3)	↓	Reach for the Stars transitioned to supermarket-led and entered sustainability phase with store scout benchmarking process.
Decrease access, availability and promotion of unhealthy food and drinks	Store Scout overall scores (average all stores)	66 (n5)	>60	59 (n3)	↓	Store scout overall scores have decreased slightly, but very close to maintenance target.

FOOD SYSTEMS

YEAR ONE ACTION	MEASURE	ANNUAL IMPACT
4.1 Implement Healthy Supermarkets project – Phase 3: Transition and sustainability	# Supermarkets participating Average all supermarkets store scout >60 # Supermarkets with store scout score >60 Development of Reach for the Stars store nutrition policy (Y/N) # Supermarkets adopted Reach for the Stars store nutrition policy Program evaluation	4 supermarkets participating Store Scout score (average all supermarkets) = 59 One supermarket store scout score >60 Reach for the Stars store nutrition policy developed 3 supermarkets endorsed Reach for the Stars store nutrition policy 7 of 7 (average) policy action areas partially or fully adopted by supermarkets Program evaluation completed and disseminated. Report is available on request
4.2 Coordinate Food For All Latrobe Valley in partnership with Latrobe Food Systems Leadership Group and implement/support actions from the annual plan	# FFALV actions supported/implemented # Food Share Latrobe crates in community # Sign-ups to FFALV	15 FFALV actions implemented 52 FFALV actions supported 1 new Food Share Latrobe crate in community 47 sign-ups to FFALV
4.3 Collaborate with, and support GRPHU, LCC and LHA to deliver prevention initiatives across the food system setting (including FFALV GlenGrowers project)	# Actions supported (list)	2 collaborative action supported Food Systems Leadership Group actions under FFALV Food Share Latrobe GlenGrowers project
4.4 Develop and implement Lettuce Talk about Food catering project (including healthy and sustainable food policy/practices and the Catering for Good Directory)	# Healthy catering policies reviewed/developed # Caterers registered to Catering for Good Directory	2 healthy catering policies reviewed/developed 1 caterer registered to Catering for Good Directory 2026/27 action will focus on engagement with caterers
4.5 Support LCC to implement the Healthy Choices guidelines (and/or similar) in council owned facilities	# Settings actively supported to implement Healthy Choices guidelines # Baseline menu assessments % Incremental changes in G/A/R food products as verified by HEAS # Facilities with at least 50% GREEN # Facilities with no more than 20% RED # Facilities compliant with Healthy Choices guidelines # Small bites # Big bites	5 settings actively supported to implement Healthy Choices guidelines No baselines assessments – completed previous years Average of facilities GREEN 53% (↑6%), AMBER 30% (↓4%), RED 17% (↓2%) 5 facilities with at least 50% GREEN 5 facilities with no more than 20% RED 4 facilities compliant with Healthy Choices guidelines (this year) 5 facilities compliant with Healthy Choices guidelines (cumulative) 6 small bites achieved this year 31 Small bites achieved/maintained (cumulative) 9 big bites achieved/maintained (cumulative)
4.6 Support the implementation of the Victorian healthy food relief guidelines	# Providers actively supported to implement healthy food relief guidelines # Baseline assessments # Providers compliant with healthy food relief guidelines	No progress in 2025/26 period. Project on hold due to staffing
4.7 Investigate the feasibility of a Latrobe Water Partnership	Feasibility report and actions developed (Y/N) # Partners indicating interest	Feasibility report and actions developed 2 partners indicated interest
4.8 Support Latrobe City Council to implement VicHealth's Local Government Partnership project – Building better food systems for healthier communities' module	# Impact streams in progress # Impact streams completed # Modules in progress # Modules completed Program evaluation	1 impact stream in progress 3 impact streams completed: Creating thriving local food systems – Step up completed: Creating a local food coalition Embedding healthy food and drink options in council owned and operated places – Quick win: Register council-owned spaces as Breastfeeding Welcome Everywhere facilities; Quick win: Create healthy drinks environments in council settings; Step up: Create healthy food retail environments in council-owned settings; Using healthy rewards and sponsorships in community activities – Quick win: Implement a healthy rewards program 1 modules in progress 0 modules completed Case study on Creating healthy food retail environments in council-owned settings available on request



PREVENTION LEADERSHIP AND ADVOCACY

Community health service

OUTCOME: Strengthened leadership and advocacy to influence across systems, policies and communities.



INITIATIVES

Leading:

- Climate Health in Local Lives Community of Practice (CHILL CoP)

Supporting:

- LCHS Advocacy Strategy

4- YEAR OBJECTIVES	MEASURE	2025 BASELINE	TARGET	RESULT	ANNUAL TREND	COMMENTS
Continue/maintain climate co-benefits impact of our work	% of actions that have a climate lens applied	100%	100% of actions have a climate lens applied	100%	↑	n/a
Continue/maintain equitable access to health promotion opportunities	% of interventions that are implemented in socio-economically disadvantaged areas	83%	75% of interventions are implemented in socio-economically disadvantaged areas	78%	↑	n/a
Increase capacity for climate health actions in settings the health workforce supports	n/a	n/a	DoH lead the CHILL CoP	—	—	No lead for CHILL CoP identified

YEAR ONE ACTION	MEASURE	ANNUAL IMPACT
5.1 Deliver the climate health community of practice (CHILL)	# CHILL CoP members # Training sessions delivered # Members attended CoPs Transition and sustainability plan developed (Y/N)	105 CHILL CoP members 1 training session delivered 31 members attended CoPs Transition and sustainability plan developed
5.2 Ensure climate health lens is applied to health promotion programs/initiatives	# and proportion of health promotion programs/initiatives with climate health lens	16/16 (100%) of health promotion programs/initiatives with climate health lens
5.3 Apply equity mapping to health promotion programs/initiatives each year to ensure the majority of interventions are delivered in socio-economically disadvantaged areas	# and proportion of health promotion programs/initiatives delivered in quintiles 1 and 2 areas of most disadvantage	131 of 167 (78%) of health promotion programs/initiatives delivered in quintiles 1 and 2 areas of most disadvantage
5.4 Support local, state and national advocacy efforts to reduce discretionary food marketing	# Advocacy pieces supported	2 advocacy pieces supported ARRCH School Canteen Advocacy Campaign and Food For Health Alliance – Call to FSANZ not to cease work on added sugar in nutrition information panels
5.5 Contribute to LCHS advocacy strategy	# Advocacy pieces supported	LCHS advocacy strategy on hold due to organisational transformation

