



2017-19

Action Plan for Indigenous Australian's Health Programme

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**Murray Valley Aboriginal
Co-operative Limited**

Supporting Our Community

Endorsement of Plan:

This plan sets out the aims, strategies and measures that Murray Valley Aboriginal Cooperative will pursue during 2017-18 with funding from the Department of Health under the Indigenous Australian's Health Programme.

Paul O'Neill

Chief Executive Officer

1. Purpose

This document is the annual plan for Murray Valley Aboriginal Health Service, in particular the Indigenous Australian's Health Programme. It provides an overview of the environment in which we operate, the community that we serve, our priorities and our strategies and measures for achieving those priorities for our community.

The current environment requires Aboriginal Health Services to be highly effective, delivering quality services and demonstrating strong outcomes for their communities. For MVAC, this plan demonstrates how, through the Indigenous Australian's Health Programme, we will ensure that we continue to achieve excellent health services and outcomes for our community, and in turn maintain our position as the only community controlled health organisation for our community.

2. About Robinvale

The Robinvale district is home to a community of 3,749 people with an Aboriginal population of 296 people or 7.9% of the population, a much higher proportion of Aboriginal people than Victoria at 0.7% or Australia at 2.5%. Robinvale is an isolated community, situated 85 kilometres from Mildura and 130kms from Swan Hill by road.

The fertility rate in Robinvale is 2.1 babies per woman, the highest fertility rate within the Lower Murray Medicare Local catchment. This rate is also significantly higher than the rate for Victoria at 1.9 babies per woman and Australia at 1.9 babies per woman, signifying a need for greater early years and intervention services.

The Aboriginal community is comparatively younger than the non-Aboriginal community in Robinvale, with 25.3% of the Aboriginal population in the 0-9 year's age bracket compared to 14.8% for the broader community.

The kindergarten participation rate in the Swan Hill Rural City Council (which includes Robinvale) in 2010 was 80.7%, which is significantly lower than the Victorian rate of 92.7%.

The 2015 Australian Early Development Census (AEDC) showed that 11.1% of children in the Robinvale district had vulnerabilities against 2 or more of the Australian Early Development Index vulnerabilities. This rate is significantly higher than the Victorian rate of 19.9% and the Australian rate of 22.0% , signifying the need for a stronger response to early childhood health and wellbeing. The percentage of children developmentally vulnerable in 2015 as follows:

Geography	Physical	Social	Emotional	Language	Communication	Vuln 1	Vuln 2	SEIFA Score (#)
Australia	9.7	9.9	8.4	6.5	8.5	22.0	22.0	N/A
VIC	7.9	8.7	8.0	6.3	7.6	19.9	19.9	N/A
Robinvale	12.5	9.7	15.3	11.1	6.9	29.2	11.1	872

In Robinvale 16 year olds make up 5.6% of Robinvale population with an Overall Secondary School participation rate of 15.2% in Robinvale, 21.4% in Victoria and 20.5% in Australia. “ In 2016 there were 207,852 students enrolled in Australian schools identifying as Aboriginal and Torres Strait Islander. This represents an increase of 3.6% on the 2015 figure, with Aboriginal and Torres Strait Islander students now comprising almost 5.5% of all students. This increase continues on from those in recent years, in part reflecting the success of programs to improve identification and data collection for this group of students’ (*Number of Aboriginal and Torres Strait Islander Students, Australia, 2006-2016-Schools, Australia, 2016 Graph Data*)

At the national level, mental disorders due to psychoactive substance misuse continues to be the leading cause of hospitalisations for mental and behavioural disorders, and Robinvale is no different. Alcohol and Marijuana continue to be the leading misused drugs, with a massive escalation of Methamphetamine usage in rural and remote areas in recent years due to easily accessible and affordable usage. Risky use of alcohol at the local level is modelled to be occurring at 5.8 people per 100 people, higher than the Victorian rate of 4.6 people per 100 people and the Australian rate of 5.4 people per 100 people. Alcohol occupies a significant place in Australian culture and is consumed in a wide range of social circumstances. Generally, alcohol is consumed at low levels, posing no immediate health risk. However, some people drink at levels that increase their risk of alcohol-related injury, as well as their risk of developing health problems over the course of their life. The 2003 Australian Burden of Disease Study estimated that alcohol harm accounts for 6% of the total burden of disease and injury for Aboriginal and Torres Strait Islander people (*Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13*)

Formal suicide data from recent years is difficult to access due to the sensitive nature of the issue, however it is understood that the Robinvale community have experienced suicide of people of school age and adults, an outcome that has ripple effects in terms of social and emotional wellbeing right across the community.

3. About Murray Valley Aboriginal Cooperative

Murray Valley Aboriginal Co-operative (MVAC) is the Aboriginal Community Controlled Health Organisation servicing the communities of Robinvale and district. We are an AGPAL accredited primary health care service.

MVAC was established in the 1970s and since that time has grown to become one of the largest service providers in Robinvale and northwest Victoria, offering a range of health, family and children's services including:

- Primary Health Care services including General Practitioner, Aboriginal Health Worker, social and emotional wellbeing, dental and allied health services
- Housing services
- Home and Community Care (HACC)
- Kindergarten and child care services

In order to deliver these services, MVAC receives funding from the Australian and Victorian Governments through a range of different programs and services.

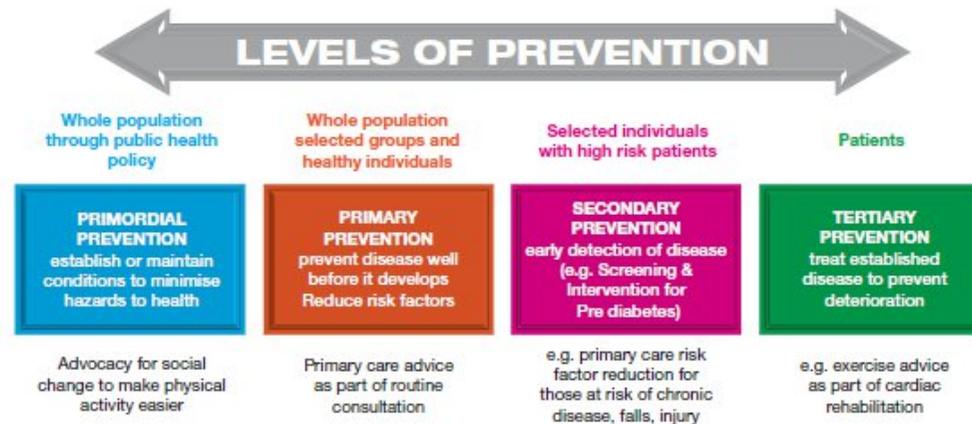
The MVAC Health Service forms one department of MVAC and is responsible for the delivery of all clinical services, primary care services, social and emotional wellbeing and health promotion services that MVAC offers.

The Health Service has 10 permanent staff including a full time General Practitioner, Midwife / Maternal Child Health Nurse, Aboriginal Health Worker, Receptionist, Driver and Manager as well as a Registered Nurse and Administration worker.

The service also hosts a number of visiting services including Dietitian, SEWB, Diabetes Educator, Cardiologist Physiotherapist, Optometrist, Podiatrist and Dental services.

While provision of health services to treat those who are ill or who live with chronic and acute disease contributes to better health outcomes, the service is also responsible for promoting good health and prevention of disease.

The following diagram shows the levels of health promotion that can take place in the Primary Care Sector:



Murray Valley Aboriginal Cooperative undertakes activities largely in the Primary, Secondary and Tertiary prevention categories. This plan focuses specifically on the Primary and Secondary prevention activities that the organisation will undertake which include community wide events and programs that focus on disease prevention, and the integration of routine screening for various chronic diseases or associated risk factors.

The service operates under a number of funding arrangements and accreditation systems. The following diagram shows the plans that underpin our work:



All our services are delivered face to face in the Murray Valley Aboriginal Health Service building at 87 Latje Road, Robinvale, or support can be provided in the patient's home or via the telephone. Services are available from 9am – 5pm on Monday to Thursday and 9am – 4pm on Fridays.

General Practitioner, Registered Nurse and Aboriginal Health Worker services are all available full-time, and are supported by the other positions to ensure a good coverage of skills on each working day.

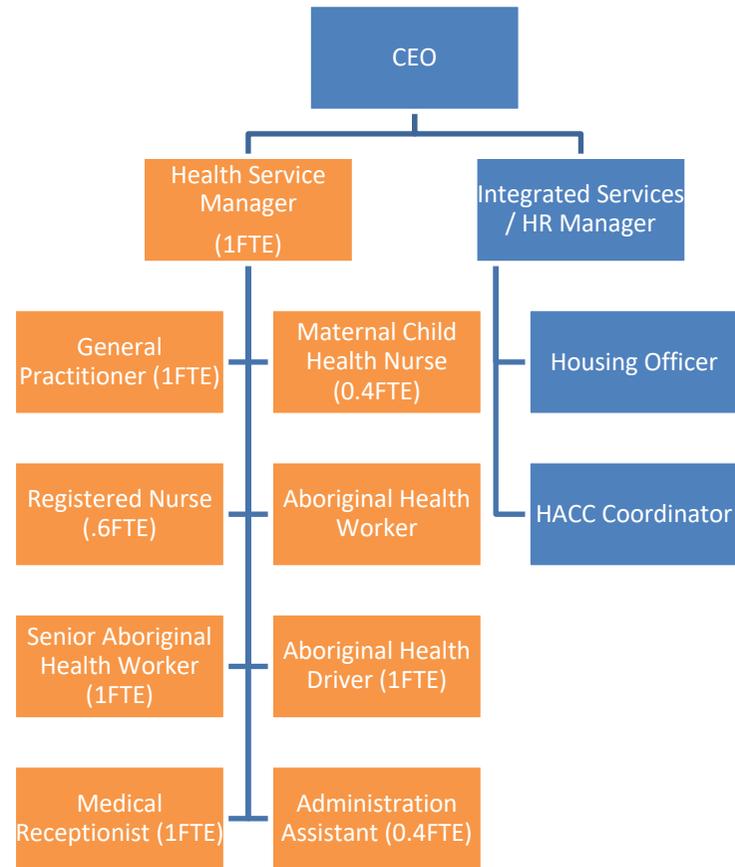
In delivering our services, we work with a number of stakeholders and partners. Internally, our Home And Community Care (HACC) program works alongside health service staff to provide better support to our community members who are frail aged or living with disability. Also, our Housing Officer manages a number of properties in Robinvale on behalf of the co-op which provide both short term (emergency) and long term accommodation relief.

Externally, our key partners reflect the main agencies functioning in Robinvale and the range of relationships that are required to deliver effective, targeted primary care interventions:



4. About the Indigenous Australian’s Health Programme

The Indigenous Australian’s Health Programme is the backbone of our health service. Through this funding, we employ a multidisciplinary team of qualified health professionals who lead our service provision to the community. These positions are shown on our organisation chart below:



The Indigenous Australians Health Programme is delivered in Robinvale and services the Robinvale and outlying communities including Boundary Bend, Euston, Wemen and other surrounding communities, though the large majority of Aboriginal community members reside in Robinvale and Euston.

The key aims for the IAHP at MVAC are:

1. Providing timely, culturally appropriate primary health care for Aboriginal people with key priority areas of chronic disease management and maternal and child health

2. Increasing access to primary care services through outreach and support services such as transport and Aboriginal Health Workers
3. Increasing the number of people accessing comprehensive health checks and GP Management Plans as a tool to tackling chronic disease
4. Increase the number of new and expectant mothers accessing services or referring to appropriate services during the antenatal period and maintaining regular contact with the service throughout the birth to school years, reducing selected risk factors during pregnancy and improving the number of children receiving key ages and stages visits
5. Maintaining a focus on promotion and prevention activities across all key priority areas
6. Developing and maintaining partnerships with mainstream health providers and other community organisations such as Robinvale P-12 College to encourage greater access to and services from MVAC
7. Ensuring a focus on Continuous Quality Improvement activities at the service
8. Working with the community to achieve all of the above towards constant improvement against the National Key Performance Indicators for Aboriginal Health

Section 5 of this plan overleaf, shows our detailed strategies, targets and measures for achieving the above aims.

5. 2017-18 Annual Plan – Indigenous Australian’s Health Programme

 1 YEAR

 1-2 YEARS

 3 YEARS

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	What does success look like? (target)	How will we know if we’ve been successful? (measure)	How long will it take? (timeframe)	
1. Provide timely, culturally appropriate primary health care for Aboriginal people within key priority areas of chronic disease and maternal and child health.	Ensure appropriately qualified staff are employed at MVAC Health Service. Ensure Aboriginal Health Workers and Enrolled Nurse maintain appropriate registration and are given access to professional development activities on a yearly basis	Staff training is provided where and when appropriate. 100% clinical staff are appropriately registered with AHPRA or their respective professional body	Proportion of MVAC staff who have received training of any sort. Proportion of clinical staff who are not holding a current professional registration	Measure end Dec 2018. All staff to be registered by end June 2019	
			Number of staff who have received no additional training		
		All staff are credentialed upon application for positions with MVAC	Number of new staff who have been credentialed appropriately as part of recruitment process		
	Ensure appropriate sessional staff and specialists are engaged, for example podiatrist and physiotherapists from Robinvale District Health Services, Cardiologist, Optometry, Dietician, Diabetes Educator, Dentist.	Services are provided by visiting sessional staff on a regular basis and		Number and type of sessional staff providing services	Measure end Dec 2017 and end June 2019
				Number and type of services provided	
		Sessional staff are integrated into and trained in use of MVAC clinical PIRS software	Number and type of sessional staff utilising MVAC PIRS system		
	Participate actively in the Healthy for Life Along the Murray Consortium for access to HFL staffing and resources related to chronic disease and early years	MVAC Participates in all HFL related meetings at all levels Staffing resources provided by HFL and integrated into service delivery at MVAC		Number and type of meetings participated in	Measure end Dec 2017 and end June 2018
				Number of services provided by HFL staff to MVAC clients	
				Number of occasions that HFL staff have participated in shared care with MVAC staff	

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	What does success look like? (target)	How will we know if we've been successful? (measure)	How long will it take? (timeframe)
		All HFL related reporting completed on time	Number of HFL reports completed on time Number of HFL reports showing consistent improvement against HFL Indicators	
2. Increase access to primary care services through outreach and support services such as transport and Aboriginal Health Workers	Arrange adequate transport for community members who are unable to access health appointments	MVAC provides at least 20 local transport episodes per week	Number of local transports provided per week	Measure weekly
		MVAC provides at least 180 regional transports (to Mildura) per annum	Number of regional transports provided per annum	Measure end Dec 2017 and end June 2018 Ongoing
		MVAC provides at least 40 interstate or metropolitan transport services per annum	Number of interstate or metropolitan transport services provided per annum	
	Record and manage all transport services on the Patient Information and Referral System	100% of transport services (including destination) are recorded in Communicare	Proportion of transport services provided that are entered into Communicare	
3. Increase the number of people accessing comprehensive health checks and GP Management Plans as a tool for tackling complex chronic diseases	Provide Gym Memberships/Vouchers as an incentive for receiving a health check	100% of clients who have a health check receive a 9 month membership to Robinvale Gym or Voucher	Number of Gym Memberships provided/Vouchers given out	Measure end Dec 2017 and end June 2019
	Implement and maintain the recall function of the Patient Information and Referral System (Communicare) to ensure systemic and timely recalls	Communicare always generates an alert email to relevant clinical staff when a client falls due for a health service	Number of successful email alerts for recall generated	Monitored weekly
		Administration Assistant provides weekly quality checks to ensure recalls that are due are followed up on	Number of quality checks undertaken by Administration Assistant	Monitored weekly

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	What does success look like? (target)	How will we know if we've been successful? (measure)	How long will it take? (timeframe)
	Provide regular training and refreshers for all staff in utilising the Communicare system to maximise recalls, health checks, GP Management Plans and other associated functionality	100% of staff receive appropriate training in Communicare upon commencement and refresher training at least every two years. All staff are familiar with the functionality of Communicare	Proportion of staff requiring additional training in Communicare.	Communicare training offered upon commencement and once for all staff by end June 2018
			Proportion of Staff receiving Communicare training within the appropriate timeframes	Communicare training offered upon commencement and once for all staff by end June 2018
	Healthy for Life staff focus on provision of GP Management Plans for clients with chronic diseases*	Healthy for Life staff are involved as team members in at least 80% of all GP Management Plans developed	Number of GP Management Plans that include referrals to or from HFL Staff	Measured end Dec 2017 and end June 2018
4. Increase the number of new and expectant mothers accessing services during the antenatal period and maintaining regular contact with the service throughout the birth to school years, reducing selected risk factors during pregnancy and improving the number of children receiving key ages	In partnership with Healthy for Life Along the Murray Consortium, employ a qualified Midwife and Maternal Child Health Nurse to work with clients*	Midwife and Maternal Child Health Nurse is employed	Midwife and Maternal Child Health Nurse is employed	Ongoing
	Midwife / Maternal Child Health Nurse to undertake first visit to expectant mothers within the first trimester*	100% of expectant mothers undertake their first visit within the first trimester	Proportion of pregnant women who undertake their first visit within the first trimester	Measured end Dec 2017 and end Jan 2019
	Liaise with Mildura Base Hospital to facilitate MVAC midwife involvement in the birthing registration and delivery processes	Midwife works closely with MBH on pregnancy and understands their intake procedures	Number and type of negative encounters or incidents related to MBH	Monitored monthly as part of complaints / incidents reporting
	Undertake post-natal visits to	Midwife visits 100% of clients	Proportion of new mothers who	Measured end Dec 2017

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	What does success look like? (target)	How will we know if we've been successful? (measure)	How long will it take? (timeframe)
and stages visits. Also to incorporate Young Father's to participate in the groups as support.	women whilst in Mildura Base Hospital	while in hospital during the post-natal period	receive a visit from the Midwife while they are in hospital	and end Jan 2018-19
	Work with Swan Hill Rural City Council and DEECD to develop a shared care protocol for Maternal and Child Health Services delivered at MVAC	A formal arrangement is developed to ensure that Mildura Base Hospital provides birth notices to the MVAC MCHN when a new mother nominates the MVAC MCHN as her preferred provider	Formal arrangement is signed off on and in place Proportion of births of MVAC clients where MVAC MCHN receives a copy of the birth notification	
	Deliver a weekly Father's, Mums and Bubs group, attended by the Maternal and Child Health Nurse, covering education in the following key areas: <ul style="list-style-type: none"> • Nutrition • Smoking • Drug Use • Alcohol Use • Breastfeeding • Parenting techniques • Expectations • <i>Also guest speakers</i> 	A Mums and Bubs group is held each week, up to at least 36 occasions per annum. We would also incorporate young Father's to the groups. Information is provided to participants on the key areas listed left.	Proportion of MVAC expectant and current Aboriginal mothers & fathers who participate in the mums and bubs group.	Measure weekly
			Number and type of health promotion information distributed at the mums and bubs group	Measure weekly
Support pregnant women to access obstetric services at Robinvale District Health Services or other Mildura based providers	100% of MVAC pregnant clients who access obstetric services are assisted by the MVAC Midwife to attend appointments	Proportion of MVAC pregnant clients who receive assistance to attend obstetric appointments from the MVAC midwife	Measure end Dec 2017 and end Jan 2018	

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	What does success look like? (target)	How will we know if we've been successful? (measure)	How long will it take? (timeframe)
5. Maintaining a focus on promotion and prevention activities across all key priority areas	Develop and implement a comprehensive health promotion plan with a focus on different health promotion topics each month from March through to November each year	A plan is developed and implemented with clear objectives, strategies and measurables	Plan is completed and implemented, and outcomes are visible and measurables	Plan developed by end August 2017 for implementation September 2018 onwards
		The plan has a whole of service approach and all health service staff can locate the plan and understand their involvement in the plan	All staff can locate the plan and understand their involvement in the plan	Plan developed by end August 2017 for implementation September 2018 onwards
	Include specific men's and women's health topics in Health Promotion Plan, with a focus on preventive screens such as pap screens, mammograms and men's health checks	50% of MVAC regular female clients of appropriate age have a current Pap Smear result recorded	Proportion of MVAC regular female clients of appropriate age who have a current pap smear result recorded	Measure end Dec 2017 and June 2018-19
		60% of regular MVAC female clients of appropriate have a current mammogram result recorded	Proportion of MVAC regular female clients of appropriate age who have a current mammogram result recorded	
		50% of MVAC regular Aboriginal Male Clients have a current health check	Proportion of MVAC regular Aboriginal Male Clients who have a current health check	
	Provide referral information regarding to Aboriginal men's programs run by MDAS and Mallee Family Care in Robinvale	Information about MVAC services (verbal or written) is provided to all other service providers on at least two occasions per year	External providers understand how to refer to the service and inward referrals are received.	Ongoing
	Work with Breast Screen Victoria to host the mobile breast cancer screening bus at MVAC every two years	Breast Screen bus visits MVAC at least once every two years	Breast Screen bus visits MVAC at least once every two years	Measure end June 2018-19

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	What does success look like? (target)	How will we know if we've been successful? (measure)	How long will it take? (timeframe)
	Ensure the service employs one nurse immuniser to provide vaccinations in a systematic and structured process, providing weekly vaccination sessions from March – May in line with Influenza season	Nurse immuniser is employed at MVAC	Nurse immuniser is employed at MVAC	Ongoing
		Nurse Immuniser provides at least 50 Flu vaccinations to priority populations each year	Number of flu vaccinations provided per year	Measure end Dec 2017 and end June 2018
		50% of all eligible MVAC clients are fully immunised	Proportion of all eligible MVAC clients who are fully immunised	
	Conduct hearing screening for adults as a routine service, maintaining appropriate training for AHWs and Enrolled Nurse to provide the services	Australian Hearing visits the MVAC at least twice per year	Number of Australian Hearing visits received	Measure end Dec 2017 and end June 2018
		50% of eligible clients have received a hearing screening	Proportion of eligible clients who have received a hearing screening	
	6. Develop and maintain partnerships with mainstream health providers and other community organisations to encourage greater access to and services from MVAC	Work with Robinvale District Health Services (RDHS) on the delivery of 2 shared health promotion events each year	Two events are jointly planned and delivered per annum in partnership with key personnel from RDHS	Number of community members attending jointly arranged events
A monthly managers meeting is held between MVAC and RDHS			Number of meetings held and outcomes documents	
Work with Robinvale P12 College on the delivery of health checks for students participating in the Clontarf program as well as other health promotion activities in partnership with the student wellbeing team		100% of Aboriginal students at Robinvale P12 College have exposure to MVAC either through health promotion activities at the school or through the provision of health checks and hearing screening activities	Proportion of Aboriginal students at Robinvale P12 College who have had exposure to MVAC services	Measure end Dec 2017 and end June 2018
Implementation of wellbeing amongst teenagers by working with P12 College and Drug &		To see an increase in involvement with MVAC services and engagement with	Number of sessions held. Numbers for participation.	Ongoing

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	What does success look like? (target)	How will we know if we've been successful? (measure)	How long will it take? (timeframe)
	Alcohol/Social emotional and wellbeing team. To encourage teenagers to engage with these workers on a monthly/ 2 monthly sessions and provide resources, advice and engagement 24 hours a day.	Drug & Alcohol/Social emotional and wellbeing officers.		
	Work with local schools to improve schooling experience for children on health promotion days specifically for younger generation.	Implementing school packs for children for school: back packs, waterbottles and lunch boxes.	More children having access to basic items for school, feedback from local schools and community. Access to MVAC services.	Ongoing
	Work with state wide and national providers on specific services and health promotion activities, including (but not limited to): <ul style="list-style-type: none"> • Wimmera Hearing Society • Australian Hearing • Optometry Victoria • Kidney Health Australia • The Heart Foundation 	MVAC embraces all opportunities to work with partner agencies on the delivery of health promotion and community engagement activities with state wide and national agencies	Number and type of Activities held Number of community members exposed to information and health promotion messages through partnerships	Measure end Dec 2017 and end June 2018
	Health Service Manager participates actively in meetings and committees in partnership with other providers such as the Advancing Country Towns Committee, Cross Border	MVAC has a consistent presence at regional and state wide meetings and committees and participates actively in these forums	Number and type of meetings attended Demonstrated outcomes or initiatives arising from participation in meetings	Measure end Dec 2017 and end June 2018-19 Ongoing

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	What does success look like? (target)	How will we know if we've been successful? (measure)	How long will it take? (timeframe)
	Forum and any committees arising from the establishment of the Murray Primary Health Network			
7. Ensure a focus on Continuous Quality Improvement (CQI) activities at the service	Develop and implement a service wide CQI Action Plan	A comprehensive plan is developed with clear objectives, strategies and measurable	Plan is developed and implemented, with measurable achievements against objectives and strategies	Plan completed by 15 December 2017. Plan implementation from 1 January 2018-19 ongoing
		All staff have seen and understand the plan and the purpose of CQI activities, and all staff have the opportunity to participate in CQI activities	All staff can locate the plan, understand the plan's intent and know how it affects them and their role	
	Utilise resources available through the Healthy for Life Along the Murray Consortium (MDAS) to assist with the development and refinement of the CQI Action Plan*	HFL CQI staff employed by MDAS contribute to the development and subsequent implementation of MVAC's CQI Action Plan	Number and type of interactions and contributions from MDAS HFL CQI staff towards the development and implementation of the MVAC CQI Action Plan	Measure end June 2018-20
	Ensure CQI is a permanent standing agenda item at weekly staff meetings at MVAC	CQI is a permanent standing agenda item at weekly staff meetings at MVAC	CQI is a permanent standing agenda item at weekly staff meetings at MVAC	Weekly ongoing
8. Work with the community to achieve all elements of this plan toward constant improvement against the National Key Performance	Ensure that a suitably experienced Health Service Manager is employed to oversee the management of the health service including all service delivery, reporting and CQI requirements	Health Service Manager is recruited and suitably qualified	Health Service Manager is recruited and suitably qualified	Ongoing
		Four newsletters per annum are	Number of newsletters	Measure end Dec 2017

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	What does success look like? (target)	How will we know if we've been successful? (measure)	How long will it take? (timeframe)
Indicators for Aboriginal Health	Develop and distribute a quarterly health service newsletter to outline services available, eligibility and other access requirements	produced outlining information about services, topics of health promotion and other items of interest for the community	produced and distributed	and end June 2018
	Ensure all clinical staff are trained in the Flinders Closing the Gap Model, and utilise the model as a tool for community empowerment and self determination	100% of clinical staff are trained in the Flinders Closing the Gap Model	Proportion of clinical staff who are trained in the Flinders Closing the Gap model	Measure end Dec 2017 and end June 2018
		20% of eligible clients have a Flinders Care Plan in place	Proportion of eligible clients who have a Flinders Care Plan	Measure end Dec 2017 and end June 2018
	MVAC Health Service is opportunistically promoted through presence at elders lunches, community health promotion days and other community events	Health Service is opportunistically promoted at least 4 community events per year	Number and type of community promotion events participated in by health service staff	Measure end Dec 2017 and end June 2018
			Number of community members exposed to information regarding the health service	Measure end Dec 2017 and end June 2018

* Items marked with this asterisk are funded in part by the Healthy for Life Program under the Along the Murray Consortium, which is led by Mallee District Aboriginal Services (MDAS). Readers should refer to the MDAS Health Action Plan for specific targets and measurable related to the Healthy for Life program.