

WORKPLAN INDIGENOUS EARLY CHILDHOOD DEVELOPMENT NPA - QH

Element 2: Antenatal care, pre-pregnancy and teenage sexual and reproductive health

Plan period: 2009-2014

Components	Overarching Outcomes	Overarching Outputs	Long term Performance Indicators
<ol style="list-style-type: none"> 1. Indigenous youth programs and parenting education for young people in a community setting. 2. Support the continued clinical training and development of positions established under Components 3, 11, 12 and 13, with two Maternity and Child Health Educators. 3. Aboriginal and Torres Strait Islander Youth Health and Wellbeing program. 4. Social marketing campaign to promote safe sex. 5. Expanded testing and treatment for sexually transmissible infections and Blood-Borne Viruses within youth detention centres and prisons. 6. Sexual health and positive lifestyle program and an information technology communication strategy. 7. Expanded testing and treatment for sexually transmissible infections and Blood-Borne Viruses in communities in Cape York, Torres Strait and Northern Peninsula Areas. 8. Women's Health Forums to increase community education about women's reproductive health issues. 9. Expand the role of women's health nurses and health workers to increase access to reproductive health information. 10. Increase and maintain the skills of the Queensland Health maternity and child health workforce to deliver routine culturally effective alcohol, tobacco and other drug brief intervention to encourage and support Indigenous women to abstain from substance use during pregnancy. 11. Indigenous Maternal and Infant Care Health initiative to support pregnant women and their partners during antenatal care, birthing and within the maternity care setting to promote maternal health and the health of infants. 12. Expand the Young Parent Support Worker Program to provide prevention and early intervention services and support for young pregnant women and their partners. 13. Implementation of seven community midwifery teams to provide comprehensive, culturally appropriate, antenatal, postnatal and infant care services to families living in remote, rural and urban environments. 	<ul style="list-style-type: none"> – Increased provision of antenatal care services targeted at young Indigenous women – Increased provision of sexual and reproductive health services to Indigenous teenagers – Increased provision of maternal and child health services for Indigenous children and their mothers <p>Communication of the implementation plan and NPA through consultation with:</p> <ul style="list-style-type: none"> – Queensland Health Service District Chief Executive Officers – Queensland Aboriginal and Torres Strait Islander Health Partnership (statewide) – Queensland Health: <ul style="list-style-type: none"> - Aboriginal and Torres Strait Islander Health Branch - Division of the Chief Health Officer - Deadly Ears, Deadly Communities Steering Committee – Aboriginal and Torres Strait Islander Services, Queensland Government. 	<ul style="list-style-type: none"> – Indigenous children are born and remain healthy – Indigenous children have the same health outcomes as non-Indigenous children – Indigenous children acquire the basic skills for life and learning – Indigenous families have ready access to suitable and culturally inclusive early childhood and family support services 	<p>Specific performance indicators are listed for each program, however the components <i>may</i> also contribute to the following performance indicators in the long term:</p> <ul style="list-style-type: none"> – Increased proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy in each year – Increased proportion of Indigenous teenagers accessing sexual and reproductive health programs and services – Reduced proportion of Indigenous babies born with low birth weight each year – Reduced mortality rate of Indigenous infants each year – Reduced proportion of Indigenous women who use substances (tobacco, alcohol, illicit drugs) during pregnancy each year – Reduced proportion of hospital admissions of Indigenous children 0-4 years

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
Service Delivery	1	<p>Implement Indigenous youth programs and parenting education for young people in a community setting, commencing with the Core of Life program in 2009-10.</p> <p>The programs will aim to:</p> <ul style="list-style-type: none"> - support Indigenous people to make informed decisions about their sexual and reproductive health; and - reduce the high rate of early pregnancy in the Indigenous population, with the positive effect of increasing the age of first conception among young Indigenous women. 	<p>The campaign will be delivered on the ground in Queensland Health Districts by:</p> <ul style="list-style-type: none"> - Midwives and Indigenous Maternal & Infant Care Health Workers, supported by Core of Life program directors. 	<ul style="list-style-type: none"> - Delivery of culturally appropriate Indigenous youth programs and parenting education for young people in a community setting, commencing with the Core of Life program in 2009-10. 	<ul style="list-style-type: none"> - Indigenous youth programs and parenting education are accepted by Aboriginal and Torres Strait Islander young people as being culturally appropriate - <i>Core of Life programs</i> are conducted and attendance recorded 	<p>2009-10</p> <ul style="list-style-type: none"> - Implementation of <i>Core of Life</i> and evaluation of effectiveness <p>2010-11</p> <ul style="list-style-type: none"> - Continued implementation of Core of Life / alternative Indigenous youth programs and parenting education <p>2011-12</p> <ul style="list-style-type: none"> - As per 2010-11 <p>2012-13</p> <ul style="list-style-type: none"> - As per 2011-12 <p>2013-14</p> <ul style="list-style-type: none"> - As per 2012-13
	2	<p>Support the continued clinical training and development of Community Midwifery Teams and Indigenous Health Workers involved in delivering services to Aboriginal and Torres Strait Islander pregnant women, infants, children and young people and their parents and carers through a workforce development program targeting Queensland Health funded Indigenous Health Worker positions in both Health Service Districts and the non-government sector, including Indigenous Youth Health Workers, Indigenous Maternal and Infant Health Care workers in the hospital setting and Young Parent Support Workers.</p>	<p>Nurse Educator positions are hosted by Centre for Clinical Nursing, Royal Brisbane and Women's Hospital</p>	<p>Employ two Maternity and Child Health Educators to provide support to the seven community midwifery teams and Indigenous Health Workers.</p>	<ul style="list-style-type: none"> - Maternity and Child Health Educators are recruited - Maternity and Child Health Educators support a workforce development program for workers. 	<p>2009-10</p> <ul style="list-style-type: none"> - Develop position description - Recruit to 2 positions - Positions commence delivery of workforce development <p>2010-11</p> <ul style="list-style-type: none"> - Continued delivery of workforce development <p>2011-12</p> <ul style="list-style-type: none"> - As per 2010-11 <p>2012-13</p> <ul style="list-style-type: none"> - As per 2011-12 <p>2013-14</p> <ul style="list-style-type: none"> - As per 2012-13
	3	<p>Establish an Aboriginal and Torres Strait Islander Youth Health and Wellbeing program through the employment of Indigenous Youth Health Workers in Health Service Districts with areas of high population of Aboriginal and Torres Strait Islander young people. Positions will be supported by a coordinator.</p>	<p>The campaign will be delivered on the ground in Queensland Health Districts by:</p> <ul style="list-style-type: none"> - Indigenous Youth Health Workers; and supported by a coordinator. 	<ul style="list-style-type: none"> - Recruitment of Indigenous Youth Health Workers - Recruitment of a coordinator - Training for Indigenous Youth Health Workers - Development of annual work plans for Youth Health Workers - Support a Strategic Partnership with stakeholders: - Education Queensland; - Catholic Education Queensland; and - Independent Schools Association Queensland. 	<ul style="list-style-type: none"> - Indigenous Youth Health Worker positions are established and supported by a coordinator. - Indigenous Youth Health Worker positions deliver wellbeing programs. - Indigenous Youth Health Workers are trained and provided with orientation. - Strategic Partnership supports acceptance of Indigenous Youth Health Workers. 	<p>2009-10</p> <ul style="list-style-type: none"> - Recruit 1 coordinator - Recruit 4 IYH Workers - Develop orientation and coordinate training <p>2010-11</p> <ul style="list-style-type: none"> - Recruit 3 IYH Workers and support program - Implement orientation and training package <p>2011-12</p> <ul style="list-style-type: none"> - Recruit 2 IYH Workers and support program <p>2012-13</p> <ul style="list-style-type: none"> - Support program <p>2013-14</p> <ul style="list-style-type: none"> - Support program

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4	<p>Deliver a social marketing campaign to promote safe sex to Indigenous people in urban and rural and remote areas.</p> <p>The social marketing campaign will aim to:</p> <ul style="list-style-type: none"> - support Indigenous people to make informed decisions about their sexual and reproductive health - reduce the incidence of STIs and blood-borne viruses and - reduce the high rate of early pregnancy in the Indigenous population, with the positive effect of increasing the age of first conception among young Indigenous women. <p>The program also includes the development of a targeted resource to assist health workers engaging Indigenous populations in the area of basic reproductive anatomy.</p>	<p>Queensland Health will deliver some components of the program whereas other components will be contracted to appropriate media organisations.</p> <p>Components delivered directly through Queensland Health will be delivered through:</p> <ul style="list-style-type: none"> - Tropical Population Health Service (Cairns) - Indigenous Sexual Health Workers - Indigenous Youth Health Workers <p>Procurement processes will be undertaken during 09-10 for media activities during 2010-2014</p>	<ul style="list-style-type: none"> - Development and distribution of culturally appropriate safe sex social marketing resources, including print and radio, to Indigenous people in urban and rural and remote areas - Delivery of a minimum of 20 condom festivals in locations throughout Queensland over 5 years. - Development of a targeted resource for the Queensland context to assist health workers engaging Indigenous populations in the education of Indigenous young people in the area of basic reproductive anatomy, puberty, healthy sexuality and personal hygiene. 	<ul style="list-style-type: none"> - Social marketing resources are accepted by Aboriginal and Torres Strait Islander people as being culturally appropriate - Increased access to reproductive and sexual health education and services are demonstrated - Social marketing resources are distributed Measure: Number of print resources produced and number distributed in each Health District / Community; Number of radio resources developed and number of broadcasts. - Condom festivals are conducted and attendance recorded. - Targeted resource is developed and delivered to assist health workers engaging Indigenous populations in the education of Indigenous young people in the area of basic reproductive anatomy, puberty, healthy sexuality and personal hygiene. 	<p>Five year social marketing campaign:</p> <ul style="list-style-type: none"> - Development of social marketing resources; - Delivery of social marketing resources through the life of the program; and - Delivery of a minimum of 20 condom festivals throughout Queensland over 5 years. <p>2009-10</p> <ul style="list-style-type: none"> - Development and delivery of social marketing resources - Condom festivals x 4 <p>2010-11</p> <ul style="list-style-type: none"> - Delivery of social marketing resources - Condom festivals x 4 <p>2011-12</p> <ul style="list-style-type: none"> - Delivery of social marketing resources - Condom festivals x 4 <p>2012-13</p> <ul style="list-style-type: none"> - Delivery of social marketing resources - Condom festivals x 4 <p>2013-14</p> <ul style="list-style-type: none"> - Delivery of social marketing resources - Condom festivals x 4
5	<p>Deliver expanded testing and treatment for sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs) in Aboriginal and Torres Strait Islander people:</p> <ul style="list-style-type: none"> - specifically within youth detention centres and prisons. <p>The program employ 6 positions in Offender Health Services Branch and will aim to:</p> <ul style="list-style-type: none"> - support Indigenous people to make informed decisions about their sexual and reproductive health; and - deliver targeted sexual and reproductive health programs for Indigenous teenagers, including those who are disengaged from school. 	<p>The campaign will be delivered on the ground in Queensland Health Districts by:</p> <ul style="list-style-type: none"> - Offender Health Services Branch (Prisons) - Health Districts (Youth Detention Centres) 	<p>Expansion of current testing, contact tracing and treatment for STIs and BBVs to Aboriginal and Torres Strait Islander people across Queensland and specifically within youth detention centres and prisons.</p> <p>Including:</p> <ul style="list-style-type: none"> - Offender Health Services Branch positions x 6 to assist in the delivery of expanded testing, contact tracing and treatment in prisons. 	<ul style="list-style-type: none"> - Positions are recruited and commence delivery - Additional funds are delivered and result in increased delivery of sexual health services - Benchmark is established and number of Indigenous people in custody receiving testing and treatment for STIs is increased - Benchmark is established and testing for BBVs among Indigenous people is increased - Benchmark is established and number of Indigenous people referred for treatment for Hepatitis C is increased - Incidence of chlamydia and 	<p>2009-10</p> <ul style="list-style-type: none"> - Recruit to 6 positions in Offender Health Services Branch <p>2010-11</p> <ul style="list-style-type: none"> - Continued implementation and support of program. <p>2011-12</p> <ul style="list-style-type: none"> - Continued implementation and support of program. <p>2012-13</p> <ul style="list-style-type: none"> - Continued implementation and support of program. <p>2013-14</p> <ul style="list-style-type: none"> - Continued implementation and support of program.

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				gonorrhoea among Indigenous people is decreased, evidenced in an annual evaluation of intervention sites.	
6	<p>Develop and implement programs aimed at Aboriginal and Torres Strait Islander young people, particularly those aged 10-14 years, including:</p> <ul style="list-style-type: none"> - a sexual health and positive lifestyle program; and - an information technology communication strategy. <p>The positive lifestyle program and information technology communication strategy will aim to:</p> <ul style="list-style-type: none"> - support Indigenous people to make informed decisions about their sexual and reproductive health; and - reduce the high rate of early pregnancy in the Indigenous population, with the positive effect of increasing the age of first conception among young Indigenous women. 	<p>The campaign sexual health and positive lifestyle program will be delivered on the ground in Queensland Health Districts by:</p> <ul style="list-style-type: none"> - Project Officer - Indigenous Sexual Health Worker - Indigenous Youth Health Workers in primary and secondary schools - Midwives and Indigenous Maternal & Infant Care Health Workers - Women's Health Staff - Workers servicing the Juvenile Justice System; and - Health Care Workers. <p>The information technology communication strategy will be implemented supporting:</p> <ul style="list-style-type: none"> - developing of intelligent games style software program relating to sexual health and healthy lifestyle choices - installing and supporting relevant information technology hardware 	<ul style="list-style-type: none"> - Implement a sexual health and positive lifestyle program. - Implement an information technology communication strategy. 	<ul style="list-style-type: none"> - Positive lifestyle program and games style software are developed and accepted by Aboriginal and Torres Strait Islander people as being culturally appropriate - Positive lifestyle programs are conducted. - Relevant information technology hardware installed, supported and used. - Increased access to reproductive and sexual health education and services are demonstrated. 	<p>2009-10</p> <ul style="list-style-type: none"> - Development of a sexual health and positive lifestyle program - Development of intelligent games style software - Installation of relevant information technology hardware <p>2010-11</p> <ul style="list-style-type: none"> - Implementation of a sexual health and positive lifestyle program - Support for information technology hardware <p>2011-12</p> <ul style="list-style-type: none"> - Implementation of a sexual health and positive lifestyle program - Support for information technology hardware <p>2012-13</p> <ul style="list-style-type: none"> - Implementation of a sexual health and positive lifestyle program - Support for information technology hardware <p>2013-14</p> <ul style="list-style-type: none"> - Implementation of a sexual health and positive lifestyle program - Support for information technology hardware
7	<p>Deliver expanded testing and treatment for sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs) in the Aboriginal and Torres Strait Islander communities in Cape York, Torres Strait and Northern Peninsula Areas.</p> <p>The program will aim to:</p> <ul style="list-style-type: none"> - support Indigenous people to make informed decisions about their sexual and reproductive health - target Indigenous youth who are most vulnerable 	<p>The campaign will be delivered on the ground in Queensland Health Districts by:</p> <ul style="list-style-type: none"> - N07 Sexual Health Nursing position in Cape York, based in the Tropical Public Health Service (TPHS). 	<p>Expansion of current testing and treatment for STIs and BBVs to Aboriginal and Torres Strait Islander in Cape York, Torres Strait and Northern Peninsula area through a Sexual Health Nursing position in the TPHS.</p>	<ul style="list-style-type: none"> - Position is recruited and commence delivery - Additional funds are delivered and result in increased delivery of sexual health services - Set benchmarks and measure increase in testing and treatment for STIs among Indigenous young people. - Set benchmarks and 	<p>2009-10</p> <ul style="list-style-type: none"> - Sexual health nursing position at the N07 level recruited <p>2010-11</p> <ul style="list-style-type: none"> - Program implemented <p>2011-12</p> <ul style="list-style-type: none"> - Program implemented <p>2012-13</p> <ul style="list-style-type: none"> - Program implemented <p>2013-14</p>

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	to bacterial STIs - deliver targeted sexual and reproductive health programs for Indigenous teenagers, including those who are disengaged from school.			measure increase in testing and treatment for BBVs among Indigenous young people. - Incidence of STIs and BBVs among Indigenous young people is decreased.	- Program implemented
8	Conduct Women's Health Forums to increase community education about women's reproductive health issues.	The campaign will be delivered on the ground in Queensland Health Districts by the Mobile Women's Health Service and Healthy Women Initiative.	- Delivery of 10 - 20 Women's Health Forums on reproductive health issues per year across Queensland including in the priority communities: Hopevale, Aurukun, Coen, Mossman Gorge, Mornington Island & Doomadgee.	- Workshops are conducted and attended by Aboriginal and Torres Strait Islander women.	2009-10 - Consultation with community stakeholders and service providers. - Conduct of 10 - 20 forums. 2010-11 - As per 2009-10. 2011-12 - As per 2010-11 2012-13 - As per 2011-12 2013-14 - As per 2012-13
9	Expand the role of women's health staff to increase access to reproductive health information through training and recruitment of additional positions.	Women's Health Service and Healthy Women Initiative staff will receive training to increase their skills and knowledge in sexual and reproductive health and brief interventions for promoting healthy lifestyles. Once trained, these staff will provide clinical services and education in communities to promote healthy lifestyles for Aboriginal and Torres Strait Islander women of reproductive age. Queensland Health will establish three additional Women's Health Worker positions.	Training will be delivered to Mobile Women's Health Service and Healthy Women Initiative staff to increase access to reproductive health information in Queensland Health Districts. Three additional Women's Health Worker positions will be recruited.	- Training is delivered to Women's Health Service and Healthy Women Initiative staff. - Three additional Women's Health Worker positions are recruited.	2009-10 - Recruit to 2 new positions. - Training needs analysis for Mobile Women's Health Service and Healthy Women's Initiative staff. - Mobile Women's Health Service and Healthy Women's Initiative staff to complete training. 2010-11 - Recruit to 1 new position - Mobile Women's Health Service and Healthy Women's Initiative staff to complete training. - Mobile Women's Health Service and Healthy Women's Initiative staff to provide clinical services and education in communities. 2011-12 - Mobile Women's Health Service and Healthy Women's Initiative staff to provide clinical services and education in communities. 2012-13 - As for 2011-12 2013-14 - As for 2012-13

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10	Increase and maintain the skills of the Queensland Health maternity and child health workforce to deliver routine culturally effective alcohol, tobacco and other drug brief intervention so as to encourage and support Indigenous women to abstain from substance use during pregnancy.	<p>Alcohol, Tobacco and Other Drugs Branch, Queensland Health is responsible for program development, state-wide training, post-training ongoing support, monitoring, and evaluation, including:</p> <ul style="list-style-type: none"> - Senior Program Officers (Indigenous Smoking); and - Program Officer (Indigenous Smoking). <p>The Queensland Health maternity and child health workforce is responsible for routine program delivery to Indigenous women.</p>	<ul style="list-style-type: none"> - Delivery of SmokeCheck Pregnancy program training to the Queensland Health maternal and child health workforce to increase their knowledge, skills, self-efficacy and confidence in the delivery of alcohol, tobacco, other drug brief intervention. - Delivery of ongoing support service for the trained workforce. - Delivery of routine alcohol, tobacco, other drug brief intervention to Indigenous women by the trained workforce. 	<ul style="list-style-type: none"> - Development of a new SmokeCheck Pregnancy program. - Extent of delivery of the SmokeCheck Pregnancy program (training, ongoing support, delivery to clients). - Extent of client behaviour change concerning pregnancy and substance use. 	<p>2009-10</p> <ul style="list-style-type: none"> - Recruit to 2 new positions. - Development and pilot testing of an expanded SmokeCheck program which addresses pregnancy and substance use (ie. a new 'SmokeCheck Pregnancy' program) - Recruitment and up-skilling of state-wide program and training personnel. - Delivery of SmokeCheck Pregnancy program training to the Queensland Health maternal and child health workforce. - Delivery of on-going support service for the trained workforce. <p>2010-11</p> <ul style="list-style-type: none"> - Delivery of routine alcohol, tobacco, other drug brief intervention to Indigenous women by the trained workforce. - Recruit 1 new position. - Delivery of SmokeCheck Pregnancy program training to the Queensland Health maternal and child health workforce. - Delivery of on-going support service for the trained workforce. <p>2011-12</p> <ul style="list-style-type: none"> - Delivery of routine alcohol, tobacco, other drug brief intervention to Indigenous women by the trained workforce. - Delivery of SmokeCheck Pregnancy program training to the Queensland Health maternal and child health workforce. - Delivery of on-going support service for the trained workforce. <p>2012-13</p> <ul style="list-style-type: none"> - As per 2011-12

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					2013-14 - As per 2012-13
11	Improve antenatal care and maternal health through the establishment and the development of an Indigenous Maternal and Infant Care Health initiative, including seven workers to deliver culturally appropriate: clinical care; social and emotional support; advocacy; and health education and promotion in the hospital maternity care setting. Support a position to coordinate and manage implementation of Element 2.	Seven Indigenous Maternal and Infant Care Health Workers located in urban, rural and regional hospitals within maternity units or antenatal services where appropriate. Funding has been allocated to	Seven Indigenous Maternal and Infant Care Health Workers will be recruited over five years. These positions will support pregnant women and their partners during antenatal care, birthing and within the maternity care setting to promote maternal health and the health of infants.	<ul style="list-style-type: none"> - Indigenous Maternal and Infant Care Health Workers are recruited and provided training opportunities - Increased support in birthing for Aboriginal and Torres Strait Islander women General indicators of Maternal and Infant wellbeing show improvement: <ul style="list-style-type: none"> - Increased provision of antenatal services to Aboriginal and Torres Strait Islander women - Reduced proportion of Indigenous babies born with low birth weight each year; - Reduced mortality rate of Indigenous infants each year. - Reduced proportion of Indigenous women who use substances (tobacco, alcohol, illicit drugs) during pregnancy each year. 	2009-10 - Develop position descriptions - Develop skills and competency passport for the new positions - Recruit to 3 new positions 2010-11 - Recruit to 2 new positions - Support positions 2011-12 - Recruit to 1 new positions - Support positions - Conduct an evaluation of the effectiveness of the positions. 2012-13 - Recruit to 1 new position - Support positions 2013-14 - Continue to support positions and evaluate effectiveness
12	Expand the Young Parent Support Worker Program to provide prevention and early intervention services and support for young pregnant women and their partners. Including: <ul style="list-style-type: none"> - a Review of Evidence for existing Indigenous Young Parents Program conducted by an external organisation is already underway; and - development of an Orientation and Practice Support Package for Young Parent Support Workers. This evaluation will inform the program over the next five years.	Seven Young Parent Support Workers located in areas with a high proportion of births to young Indigenous women urban, rural and regional community based settings. James Cook University will review the evidence for delivery of young parents' support programs to Indigenous Australians and develop an Orientation and Practice Support Package for the new positions.	Recruitment of seven Young Parent Support Workers, review of the program and development of an Orientation and Practice Support Package.	<ul style="list-style-type: none"> - Young Parent Support Workers are recruited - Young Parent Support Workers are supported. - Program delivers effective prevention and early intervention services and support for young pregnant women and their partners. 	2009-10 - Contract review of the program, including a literature review and establishment of best practice guidelines. - Contract development and delivery of an orientation and practice support package 2010-11 - Commence recruitment to 7 new positions (goal 2/7). - Delivery and support of the program. 2011-12 - Delivery and support of the program. 2012-13 - Delivery and support of the program. - Continue recruitment to the 7 positions (goal 4/7) 2013-14

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	13	<p>Provide comprehensive, culturally appropriate, antenatal, postnatal and infant care services to Aboriginal and Torres Strait Islander families living in remote, rural and urban environments through the implementation of seven community midwifery teams (seven midwives and seven Indigenous Maternal and Child Health Workers) and an additional 2 Indigenous Maternal and Infant Care Health Workers.</p> <p>This initiative will contribute towards closing the gap in health outcomes between Aboriginal and Torres Strait Islander infants and non Indigenous infants. The first priority population group is young pregnant Aboriginal and Torres Strait Islander women between the ages of 12-19 years, however this initiative is extended to all pregnant Aboriginal and Torres Strait Islander women.</p>	Seven community midwifery teams, each consisting of a midwife and an Indigenous Maternal and Child Health Worker located in areas with a high number of young Indigenous pregnant women younger than 19 years of age.	Recruitment and support of Seven community midwifery teams.	<ul style="list-style-type: none"> - Midwives and Indigenous Maternal and Child Health Workers are recruited - Program delivers effective, culturally appropriate antenatal services that engage young women in the first trimester of pregnancy, postnatal and infant care services to Aboriginal and Torres Strait Islander families. 	<ul style="list-style-type: none"> - Delivery and support of the program. - Continue recruitment to the 7 positions (goal 7/7). <p>2009-10</p> <ul style="list-style-type: none"> - Develop position descriptions - Develop skills and competency passport for the new positions - Recruit 3 new Midwives at the N07 level - Recruit 5 Indigenous Maternal and Infant Care Health Workers at the OO4 level <p>2010-11</p> <ul style="list-style-type: none"> - Recruit 2 new Midwives at the N07 level - Recruit 2 Indigenous Maternal and Infant Care Health Workers at the OO4 level - Conduct an evaluation of the effectiveness of the positions. <p>2011-12</p> <ul style="list-style-type: none"> - Recruit 2 Midwives at the N07 level - Recruit 2 Indigenous Maternal and Infant Care Health Workers at the OO4 level <p>2012-13</p> <ul style="list-style-type: none"> - Program continues <p>2013-14</p> <ul style="list-style-type: none"> - Program continues
Management	1	<p>Manage the implementation of Indigenous youth programs and parenting education for young people in a community setting, commencing with the Core of Life program in 2009-10.</p> <p>Child Health and Safety Unit to:</p> <ul style="list-style-type: none"> - negotiate with owners of the Core of Life program; - network with health workers in Queensland already trained in delivering the program; - analyse current community need and future need; - support coordination of service delivery by Health Districts; and - coordination and collation of reporting. 	Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	Management through existing Health District governance structures and entering contractual agreements as required.	<ul style="list-style-type: none"> - Negotiations with owners of the Core of Life program are successful; - Community need is assessed and locations are identified - Service delivery is coordinated by Health Districts - Reporting is coordinated and collated 	Life of the program

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2	<p>Manage the implementation of a workforce development program through the employment of two Maternity and Child Health Educators.</p> <p>Including: - recruitment of workers; and - coordination and collation of reporting.</p>	<p>Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.</p>	<p>Management through existing Health District governance structures and entering contractual agreements as required</p>	<p>- Workers are recruited and supported and - Reporting is coordinated and collated</p>	<p>Life of the program</p>
3	<p>Manage the implementation of an Aboriginal and Torres Strait Islander Youth Health and Wellbeing program through the employment of Indigenous Youth Health Workers.</p> <p>Child Health and Safety Unit to: - analyse current community need and future need; - recruit workers and a coordinator; - coordinate training for workers; - coordinate and collate reporting.</p> <p>Develop a Strategic Partnership with Education Queensland, Independent Schools Queensland and Catholic Education Queensland.</p>	<p>Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.</p>	<p>Management through existing Health District governance structures and entering contractual agreements as required</p>	<p>- Community need is assessed and locations are identified - Workers are recruited and supported - Workers are trained - Reporting is coordinated and collated</p>	<p>Life of the program</p>
4	<p>Manage the delivery of a social marketing campaign to promote safe sex to Indigenous people in urban and rural and remote areas.</p> <p>Including: - assessment of community need and identification of locations - consultations with relevant Indigenous persons and health workers engaging Indigenous populations to be undertaken to assist in the development of the most appropriate targeted resource; - development of resources - coordination of condom festivals in locations throughout the state; and - coordination and collation of reporting.</p>	<p>Management responsibility sits within Communicable Diseases Branch, Queensland Health</p> <p>- resources will be developed by Queensland Health and media organisations; - assessment of community need and identification of locations will be carried out by Communicable Diseases Branch; - coordination of condom festivals will be carried out by Communicable Diseases Branch; and - reporting will be coordinated by Communicable Diseases Branch.</p>	<p>Management through existing Queensland Health governance structures and entering contractual agreements as required</p>	<p>- Resources are developed - Community need is assessed and locations are identified - Consultations with relevant Indigenous persons and health workers engaging Indigenous populations are undertaken - Delivery of condom festivals is coordinated - Reporting is coordinated and collated</p>	<p>Life of the program</p>
5	<p>Manage the delivery of expanded testing and treatment for sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs) in Aboriginal and Torres Strait Islander people: - across Queensland; and - specifically within youth detention centres and prisons.</p> <p>Including: - recruitment and training of staff - coordination of service delivery in prisons and youth detention centres by workers - coordination and collation of reporting.</p>	<p>Whilst overall management responsibility sits within Communicable Diseases Branch, Queensland Health, management of positions sits with Offender Health Services Branch, Queensland Health</p> <p>- recruitment and / or training of staff will be done by Offender Health Services Branch; - coordination of service delivery will be done by Offender Health</p>	<p>Management through existing Queensland Health governance structures.</p>	<p>- Staff are recruited and / or trained - Service delivery is coordinated - Reporting is coordinated and collated</p>	<p>Life of the program</p>

	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
		Services Branch; and - reporting will be coordinated by Communicable Diseases Branch.			
6	<p>Manage the development and implementation of programs aimed at Aboriginal and Torres Strait Islander young people, particularly those aged 10-14 years, including:</p> <ul style="list-style-type: none"> - a sexual health and positive lifestyle program; and - an information technology communication strategy. <p>Including:</p> <ul style="list-style-type: none"> - development of a sexual health and positive lifestyle program; - implementation of a sexual health and positive lifestyle program; - development of an information technology communication strategy for Indigenous youth; - implementation of an information technology communication strategy for Indigenous youth; and - coordination and collation of reporting. 	<p>Management responsibility sits within Communicable Diseases Branch, Queensland Health</p>	<p>Management through existing Health District governance structures and entering contractual agreements as required</p>	<ul style="list-style-type: none"> - Sexual health and positive lifestyle program is developed. - Sexual health and positive lifestyle program is implemented. - Information technology communication strategy for Indigenous youth is developed. - Information technology communication strategy for Indigenous youth is implemented. - Reporting is coordinated and collated 	Life of the program
7	<p>Manage the delivery of expanded testing and treatment for sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs) in Aboriginal and Torres Strait Islander communities in Cape York and Torres Strait and Northern Peninsula Areas.</p> <p>Including:</p> <ul style="list-style-type: none"> - assessment of community need and identification of locations - coordination of service delivery in districts - coordination and collation of reporting. 	<p>Management responsibility sits within the Tropical Population Health Service, Queensland Health</p> <ul style="list-style-type: none"> - assessment of community need and assessment of locations will be done by the Tropical Population Health Service; - coordination of service delivery will be done by Tropical Population Health; - reporting will be coordinated by Communicable Diseases Branch, Queensland Health (CDB). 	<p>Management through existing Queensland Health governance structures</p>	<ul style="list-style-type: none"> - Community need is assessed and service delivery locations are identified - Staff are recruited and / or trained - Service delivery is coordinated - Reporting is coordinated and collated 	Life of the program
8	<p>Manage the delivery of Women's Health Forums to increase community education about women's reproductive health issues.</p> <p>Including:</p> <ul style="list-style-type: none"> - conduct training for MWHS and HWI staff to deliver the forums; - assessment of community need and identification of locations; - coordination of service delivery in districts by workers; and - coordination and collation of reporting. 	<p>Management responsibility sits within Cancer Screening Services Branch.</p> <p>The Cancer Screening Services, Branch currently coordinates and supports the Mobile Women's Health Service and Healthy Women's Initiative</p>	<p>Management through existing Health District governance structures and entering contractual agreements as required</p>	<ul style="list-style-type: none"> - Training is delivered to Mobile Women's Health Service and Healthy Women's Initiative staff to conduct the forums - Community need is assessed and locations are identified - Service delivery is coordinated - Reporting is coordinated and collated 	Life of the program

	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
9	<p>Manage the expansion of the role of Mobile Women's Health Service and Healthy Women Initiative staff to provide reproductive health information in Queensland Health Districts.</p> <p>Including:</p> <ul style="list-style-type: none"> - conduct training for MWHS and HWI staff; - recruitment to three positions; - coordination and collation of reporting. 	<p>Management responsibility sits within Cancer Screening Services Branch.</p> <p>Cancer Screening Services Branch currently coordinates and supports the Mobile Women's Health Service and Healthy Women's Initiative</p>	<p>Management through existing Health District governance structures and entering contractual agreements as required</p>	<ul style="list-style-type: none"> - Training is delivered to Mobile Women's Health Service and Healthy Women's Initiative staff - Recruitment goals are achieved - Reporting is coordinated and collated 	Life of the program
10	<p>Manage and support the delivery of SmokeCheck Pregnancy program training to the Queensland Health maternal and child health workforce to increase their knowledge, skills, self-efficacy and confidence in the delivery of alcohol, tobacco, other drug brief intervention.</p> <p>Including:</p> <ul style="list-style-type: none"> - develop and pilot testing of an expanded SmokeCheck program which addresses pregnancy and substance use - recruit and up-skill program delivery and training personnel. - deliver the SmokeCheck Pregnancy program training to the Queensland Health maternal and child health workforce. - deliver of on-going support service for the trained workforce. 	<p>Management responsibility sits within Alcohol, Tobacco and Other Drugs Branch, Queensland Health.</p>	<p>Management through existing Health District governance structures and entering contractual agreements as required.</p>	<ul style="list-style-type: none"> - Status of development and implementation of new SmokeCheck Pregnancy program. - Reporting is coordinated and collated. 	Life of the program
11	<p>Manage the establishment and the development of an Indigenous Maternal and Infant Care Health initiative, including nine positions.</p> <p>Including:</p> <ul style="list-style-type: none"> - analysis of current community need and future need; - recruitment of workers and provision of training; - coordination and collation of reporting. 	<p>Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health and Nurse Unit Managers in the relevant Maternity Units.</p>	<p>Management through existing Health District governance structures and entering contractual agreements as required</p>	<ul style="list-style-type: none"> - Population need is assessed and locations are identified - Workers are recruited and trained - Reporting is coordinated and collated 	Life of the program
12	<p>Manage the expansion of the Young Parent Support Worker Program, including seven positions.</p> <p>Including:</p> <ul style="list-style-type: none"> - analysis of current community need and future need; - recruitment of workers and provision of support; - contracting review of the existing program; - contracting development and delivery of an orientation and practice support package; and - coordination and collation of reporting. 	<p>Management responsibility sits within Primary, Community and Extended Care Branch and relevant Health Service Districts.</p>	<p>Management through existing Health District governance structures and entering contractual agreements as required</p>	<ul style="list-style-type: none"> - Current and future community need is analysed; - Workers are recruited and supported; - A review of the program is contracted; - Development and delivery of an orientation and practice support package is contracted; and - Reporting is coordinated and collated 	Life of the program

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
	13	<p>Manage the implementation of seven community midwifery teams and an additional 2 Indigenous Maternal and Infant Care Health Workers.</p> <p>Including:</p> <ul style="list-style-type: none"> - analysis of current community need and future need; - negotiation with Health Districts; - recruitment of workers (and provision of support); and - coordination and collation of reporting. 	<p>Management responsibility sits within Primary, Community and Extended Care Branch and relevant Health Service Districts</p>	<p>Management through existing Health District governance structures and entering contractual agreements as required</p>	<ul style="list-style-type: none"> - Current and future community need is analysed; - Outcomes of negotiations with Health Districts; - Workers are recruited and supported; and - Reporting is coordinated and collated. 	<p>Life of the program</p>
Linkages and Coordination	1	<p>Establish linkages and promote coordination of the Indigenous youth programs and parenting education for young people in a community setting; and network with health workers in Queensland already trained in delivering the program.</p> <p>Potential opportunities for integration and collaboration may include with the:</p> <ul style="list-style-type: none"> - Healthy Women's Initiative; - Indigenous Sexual Health Workforce; and - Elements of the Sexual Health Communications Campaign in Aboriginal and Torres Strait Islander communities in North Queensland and Torres Strait Islanders, funded by Health Promotion Queensland. 	<p>Linkages and coordination will be established at a management level by Primary, Community and Extended Care Branch, Queensland Health.</p> <p>Linkages and coordination at a local level will be fostered at the Health District level and by those delivering the program to consumers and the Youth Coordinators in Department of Communities.</p>	<p>Linkages and coordination at a management level will be developed and enacted through development of the implementation plan.</p> <p>Linkages and coordination at a local level will be encouraged in the execution of the implementation plan.</p>	<ul style="list-style-type: none"> - The contribution of strategic linkages and coordination aspects to the development and delivery of the Indigenous youth programs are considered in their evaluation. 	<p>Life of program</p>
	2	<p>Coordinate and establish linkages for two Maternity and Child Health Educators to provide support to the seven community midwifery teams and Indigenous Health Workers.</p>	<p>Linkages and coordination will be established at a management level by Primary, Community and Extended Care Branch, Queensland Health.</p> <p>Linkages and coordination at a local level will be fostered at the Health District level and by the Maternity and Child Health Educators.</p>	<p>Linkages and coordination at a management level will be developed and enacted through development of the implementation plan.</p> <p>Linkages and coordination at a local level will be a significant goal of the implementation plan.</p>	<ul style="list-style-type: none"> - The Maternity and Child Health Educators successfully link with Health Districts, Community Midwifery Teams and Indigenous Health Worker positions in both Health Service Districts and the non-government sector. 	<p>Life of program</p>
	3	<p>Establish linkages and promote coordination of an Aboriginal and Torres Strait Islander Youth Health and Wellbeing program.</p>	<p>Linkages and coordination will be established at a management level by Primary, Community and Extended Care Branch, Queensland Health, including a Strategic Partnership governed by an MOU with:</p> <ul style="list-style-type: none"> - Education Queensland; - Catholic Education Queensland; and - Independent Schools Association Queensland. <p>Linkages and coordination at a</p>	<p>Linkages and coordination at a management level will be developed and enacted through development of the implementation plan.</p> <p>Linkages and coordination at a local level will be encouraged in the execution of the implementation plan.</p>	<ul style="list-style-type: none"> - Strategic Partnership meetings are conducted and are supported. - The Coordinator position is filled and supports indigenous Youth Health Workers. 	<p>Life of program</p>

	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
		local level will be fostered at the Health District level by Indigenous Youth Health Workers in delivering the program to consumers.			
4	<p>Establish linkages and promote coordination of the social marketing campaign with other initiatives aimed at improving the health of Aboriginal and Torres Strait Islander people.</p> <p>Potential opportunities for integration and collaboration may include with the:</p> <ul style="list-style-type: none"> - Healthy Women's Initiative; - Indigenous Sexual Health Workforce; and - Elements of the Sexual Health Communications Campaign in Aboriginal and Torres Strait Islander communities in North Queensland and Torres Strait Islanders, funded by Health Promotion Queensland and the Condom Social Marketing Program in Far north Queensland 	<p>Linkages and coordination will be established at a management level by Communicable Diseases Branch, Queensland Health</p> <p>Linkages and coordination at a local level will be fostered at the Health District level and by those delivering the campaign to consumers.</p>	<p>Linkages and coordination at a management level will be developed and enacted through development of the implementation plan.</p> <p>Linkages and coordination at a local level will be encouraged in the execution of the implementation plan.</p>	- The contribution of strategic linkages and coordination aspects to the development and delivery of the social marketing campaign are considered in its evaluation.	Life of program
5	<p>Establish linkages and promote coordination of the delivery of expanded testing and treatment for sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs) in Aboriginal and Torres Strait Islander people:</p> <ul style="list-style-type: none"> - across Queensland; and - specifically within youth detention centres and prisons. <p>Potential opportunities for integration and collaboration may include with the:</p> <ul style="list-style-type: none"> - Family Planning Queensland sexual health education and health promotion initiative to offenders, custodial officers and Offender Health Services staff - Other NGOs involved in delivering education and assistance involving STIs and blood borne viruses - Indigenous Sexual Health Workforce initiative delivering an Indigenous Sexual Health Short Course - Healthy Women's Initiative; - Indigenous Sexual Health Workforce 	<p>Linkages and coordination will be established at a management level by Communicable Diseases Branch (Queensland Health) and Offender Health Services Branch (Queensland Health).</p> <p>Linkages and coordination at a local level will be fostered at the custodial facility level and by those delivering the services to consumers.</p>	<p>Linkages and coordination at a management level will be developed and enacted through development of the implementation plan and leveraged off the existing services to be expanded.</p> <p>Linkages and coordination at a local level will be encouraged in the execution of the implementation plan.</p>	- Linkages and coordination enable existing services to be demonstrably expanded.	Life of program
6	<p>Establish linkages and promote coordination of: a sexual health and positive lifestyle program; and an information technology communication strategy for Indigenous youth.</p> <p>Potential opportunities for integration and collaboration may include with:</p> <ul style="list-style-type: none"> - Indigenous Youth Health Workers in primary and secondary schools; 	<p>Linkages and coordination will be established at a management level by Communicable Diseases Branch, Queensland Health</p> <p>Linkages and coordination at a local level will be fostered at the Health District level and by those delivering the programs to</p>	<p>Linkages and coordination at a management level will be developed and enacted through development of the implementation plan.</p> <p>Linkages and coordination at a local level will be encouraged in the execution of the</p>	- The contribution of strategic linkages and coordination aspects to the development and delivery of the program and information technology communication strategy are considered in their evaluation.	Life of program

	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
	<ul style="list-style-type: none"> - Juvenile Justice System; - Child Care Workers; - Health Care Workers; and - Community Development Programs. 	consumers.	implementation plan.		
7	<p>Establish linkages and promote coordination of the delivery of expanded testing and treatment for sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs) in Aboriginal and Torres Strait Islander communities in Cape York, Torres Strait and Northern Peninsula Areas.</p> <p>Opportunities for integration and collaboration include with the:</p> <ul style="list-style-type: none"> - Young Person Check - Healthy Women's Initiative; - Indigenous Sexual Health Workforce; and - Elements of the Sexual Health Communications Campaign in Aboriginal and Torres Strait Islander communities in North Queensland and Torres Strait Islanders, funded by Health Promotion Queensland and condom social marketing program funded by Communicable 	<p>Linkages and coordination will be established by Tropical Public Health Service, Queensland Health and leveraged off the existing services to be expanded.</p> <p>Linkages and coordination at a local level will be fostered at the Health District level and by TPHS (Sexual Health Nursing position) delivering services to consumers.</p>	<p>Linkages and coordination at a management level will be developed and enacted through development of the implementation plan and leveraged off the existing services to be expanded.</p> <p>Linkages and coordination at a local level will be encouraged in the execution of the implementation plan.</p>	- Linkages and coordination enable existing services to be demonstrably expanded.	Life of program
8	<p>Establish linkages and promote coordination of the Women's Health Forums to increase community education about women's reproductive health issues with other initiatives aimed at improving the health of Aboriginal and Torres Strait Islander people.</p> <p>Potential opportunities for integration and collaboration may include with the:</p> <ul style="list-style-type: none"> - Healthy Women's Initiative; and the - Mobile Women's Health Service 	<p>Linkages and coordination will be established at a management level by Cancer Screening Services Branch and will leverage off the Mobile Women's Health Service and Healthy Women's Initiative.</p> <p>Linkages and coordination at a local level will be fostered at the Health District level and by those delivering the campaign to consumers.</p>	<p>Linkages and coordination at a management level will be developed and enacted through development of the implementation plan.</p> <p>Linkages and coordination at a local level will be encouraged in the execution of the implementation plan.</p>	- The contribution of strategic linkages and coordination aspects to the development and delivery of the Women's Health Forums are considered in their evaluation.	Life of program
9	Expand the: Healthy Women's Initiative; and the Mobile Women's Health Service.	Linkages and coordination will leverage off the Mobile Women's Health Service and Healthy Women's Initiative.	Linkages and coordination will be developed and enacted through development of the implementation plan.	- The Healthy Women's Initiative; and the Mobile Women's Health Service are expanded.	Life of program
10	Coordinate and establish linkages for the development, delivery and support of a SmokeCheck Pregnancy program. Alcohol, Tobacco and Other Drugs Branch, Queensland Health will work closely with the Primary, Community and Extended Care Branch to ensure appropriate linkages and coordination and community/stakeholder involvement.	<p>Linkages and coordination will be established at a management level by Alcohol, Tobacco and Other Drugs Branch, Queensland Health.</p> <p>Linkages and coordination at a local level will be fostered at the Health District level and by the Queensland Health maternal and child health workforce.</p>	<p>- Linkages and coordination at a management level will be developed and enacted through development of the implementation plan.</p> <p>- Linkages and coordination at a local level will be encouraged in the execution of the implementation plan.</p>	- The new SmokeCheck Pregnancy program is accepted and utilised.	Life of program

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
	11	Coordinate and establish linkages for the Indigenous Maternal and Infant Care Health initiative in the hospital / antenatal service to ensure acceptance of the workforce.	<p>Linkages and coordination will be established at a management level by Primary, Community and Extended Care Branch, Queensland Health.</p> <p>Linkages and coordination at a local level will be fostered at the Health District level and by the Indigenous Maternal and Infant Care Health initiative.</p>	<p>Linkages and coordination at a management level will be developed and enacted through development of the implementation plan.</p> <p>Linkages and coordination at a local level will be encouraged in the execution of the implementation plan.</p>	- The Indigenous Maternal and Infant Care Health initiative is accepted and utilised.	Life of program
	12	Establish linkages and promote coordination in the expansion of the Young Parent Support Worker program.	<p>Linkages and coordination will be established at a management level by Primary, Community and Extended Care Branch, Queensland Health and will leverage off the existing program.</p> <p>Linkages and coordination at a local level will be fostered at the Health District level and by the Young Parent Support Workforce.</p>	<p>Linkages and coordination at a management level will be developed and enacted through development of the implementation plan and will leverage off the existing program.</p> <p>Linkages and coordination at a local level will be encouraged in the execution of the implementation plan.</p>	- The Young Parent Support Worker program is successfully expanded.	Life of program
	13	Establish linkages and promote coordination in the implementation of seven community midwifery teams and an additional 2 Indigenous Maternal and Infant Care Health Workers.	<p>Linkages and coordination will be established at a management level by Primary, Community and Extended Care Branch, Queensland Health and the initiative will be implemented in collaboration with existing medical, maternity, paediatric and child and family health services.</p> <p>Linkages and coordination at a local level will be fostered at the Health District level and by the community midwifery teams.</p>	<p>Linkages and coordination at a management level will be developed and enacted through development of the implementation plan.</p> <p>Linkages and coordination at a local level will be encouraged in the execution of the implementation plan.</p>	- The initiative is successfully implemented in collaboration with existing medical, maternity, paediatric and child and family health services.	Life of program
Community Involvement	1	Engage with Indigenous young people, through youth programs and parenting education.	<p>Community involvement will be promoted at a management level by Primary, Community and Extended Care Branch, Queensland Health</p> <p>Community involvement at a local level will be coordinated at the Health District level and sought by those delivering the programs to consumers.</p>	<p>Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan.</p> <p>Community involvement at a local level will be the primary aim of delivery of the program to consumers.</p>	<p>- Evaluation is conducted to ensure programs are culturally appropriate.</p> <p>- Attendance at programs is measured and analysed.</p>	Life of program

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
2		Deliver an effective and culturally appropriate workforce development program through the employment of two Maternity and Child Health Educators targeting support to Queensland Health funded Indigenous Health Worker positions in both Health Service Districts and the non-government sector.	Community involvement will be promoted at a management level by Primary, Community and Extended Care Branch, Queensland Health Community involvement at a local level will be coordinated at the Health District level and sought by the Maternity and Child Health Educators.	Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan. Community involvement at a local level will be the primary aim of delivery of the program to workers.	- Positions are recruited and provide culturally appropriate workforce development.	Life of program
3		Engage with Indigenous young people through Indigenous Youth Health Workers.	Community involvement will be promoted at a management level by Primary, Community and Extended Care Branch, Queensland Health Community involvement at a local level will be coordinated at the Health District level by Indigenous Youth Health Workers in delivering the program to consumers.	Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan. Community involvement at a local level will be the primary aim of delivery of the program to consumers.	- Positions are recruited and supported. - Annual plans are developed and delivered.	Life of program
4		Engage with Indigenous people in urban, rural and remote areas through a social marketing campaign aiming for: - acceptance of resources; and - attendance at events.	Community involvement will be promoted at a management level by Communicable Diseases Branch, Queensland Health. Community involvement at a local level will be coordinated at the Health District level and sought by those delivering the campaign to consumers.	Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan. Community involvement at a local level will be the primary aim of delivery of the campaign to consumers.	- Focus groups are conducted in the development of culturally appropriate resources. - Attendance at events is measured and analysed.	Life of program
5		Engage with Aboriginal and Torres Strait Islander people in the delivery of expanded testing and treatment for sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs) in Aboriginal and Torres Strait Islander people: - across Queensland; and - specifically within youth detention centres and prisons.	Community involvement will be promoted by Offender Health Services Branch, Queensland Health. Community involvement at a local level will be coordinated at the custodial facility level and sought by those delivering the service to consumers.	Community involvement will be promoted at a health service level and leveraged off the existing services to be expanded.	- Expanded services are accessed by / provided to Aboriginal and Torres Strait Islander people, resulting in increased testing and treatment for STIs and BBVs	Life of program
6		Engage with Aboriginal and Torres Strait Islander young people and communities in the development and implementation of: a positive lifestyle program; and an information technology communication strategy.	Community involvement will be promoted at a management level by Communicable Diseases Branch, Queensland Health. Community involvement at a local level will be coordinated at	Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan.	- There is community involvement in the development of the programs. - Attendance / use of the programs is measured.	Life of program

	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
		the Health District level and sought by those delivering the campaign to consumers.	Community involvement at a local level will be the primary aim of delivery of the campaign to consumers.		
7	Engage with Aboriginal and Torres Strait Islander people in the delivery of expanded testing and treatment for sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs) in Aboriginal and Torres Strait Islander communities in Cape York, Torres Strait and Northern Peninsula Areas.	Community involvement will be promoted at a management level by TPHS, Queensland Health and leveraged off existing services to be expanded. Community involvement at a local level will be coordinated at the Health District level and by TPHS (Sexual Health Nursing position) delivering the service to consumers.	Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan and leveraged off the existing services to be expanded. Community involvement at a local level will be the primary aim of delivery of the service to consumers.	- Expanded services are accessed by / provided to young Aboriginal and Torres Strait Islander people, resulting in increased testing and treatment for STIs and BBVs	Life of program
8	Work in consultation with local communities, health staff and agencies to conduct Community Women's Health Forums aiming for attendance at events.	Community involvement will be promoted at a management level by Cancer Screening Services Branch, Queensland Health. Community involvement at a local level will be coordinated at the Health District level and sought by those delivering the Women's Health Forums to consumers.	Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan. Community involvement at a local level will be the primary aim of delivery of the Women's Health Forums to consumers.	- Attendance at Forums is measured and analysed.	Life of program
9	Work in consultation with local communities, health staff and agencies to expand the role of women's health staff to increase access to reproductive health information through training and recruitment of additional positions.	Community involvement at a local level will be coordinated by Healthy Women's Initiative Workers and Mobile Women's Health Service Workers delivering the services to consumers.	Community involvement at a local level will be the primary aim of delivery of expanded services from Healthy Women's Initiative Workers and Mobile Women's Health Service Workers to consumers.	- Service capacity is increased - Recruitment goals are achieved	Life of program
10	Ensure the development, delivery and support of a culturally appropriate SmokeCheck Pregnancy program that is accepted by Aboriginal and Torres Strait Islander communities.	Community involvement will be promoted at a management level by Alcohol, Tobacco and Other Drugs Branch, Queensland Health. Community involvement at a local level will be coordinated at the Health District level and by the Queensland Health maternal and child health workforce.	- A reference group will be established and include, at minimum, representation from Queensland Health, community groups and community controlled agencies. - Aboriginal and Torres Strait Islander Queenslanders will be formally involved in the reference group to assist in design, monitoring and evaluation at the local level - Community involvement at a local level will be the primary	- Consultation is completed in the development of a culturally appropriate SmokeCheck Pregnancy program. - The program is accepted by Aboriginal and Torres Strait Islander communities.	Life of program

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
				aim of delivery of the program to consumers.		
	11	Meet the needs of pregnant Aboriginal and Torres Strait Islander women and their families attending major maternity units through consultation with relevant stakeholders where positions are located.	Community involvement will be promoted at a management level by Primary, Community and Extended Care Branch, Queensland Health. Community involvement at a local level will be coordinated at the Health District level and by the Indigenous Maternal and Infant Care Health initiative and Maternity and Child Health Educators	Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan. Community involvement at a local level will be the primary aim of delivery of the program to consumers.	- Consultation is completed as per the implementation plan. - Positions are recruited and culturally appropriate services delivered.	Life of program
	12	Deliver effective and culturally appropriate prevention and early intervention services and support for young pregnant women and their partners in communities where there are a high number of young Indigenous women who are pregnant or parenting.	Community involvement will be promoted at a management level by Primary, Community and Extended Care Branch, Queensland Health, in review of the program and development and delivery of an orientation and practice support package. Community involvement at a local level will be coordinated at the Health District level and by the Young Parent Support Workforce.	Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan. Community involvement at a local level will be the primary aim of delivery of the program to consumers.	- There is community involvement in review of the program the development of the orientation and practice support package. - Positions are recruited and culturally appropriate services delivered within communities.	Life of program
	13	Deliver comprehensive, culturally appropriate, antenatal, postnatal and infant care services to Aboriginal and Torres Strait Islander families living in remote, rural and urban environments.	Community involvement will be promoted at a management level by Primary, Community and Extended Care Branch, Queensland Health. Community involvement at a local level will be coordinated at the Health District level and by the community midwifery teams.	Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan. Community involvement at a local level will be the primary aim of delivery of the program to consumers.	- Positions are recruited and culturally appropriate services delivered within communities.	Life of program
Data and Reporting	1	Obtain data to measure the effectiveness of Indigenous youth programs and parenting education for young people in a community setting.	Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	- Evaluate the success of the program including cultural appropriateness and suitability for future funding. - Count the number of programs conducted, including attendance.	- Qualitative evaluation of Core of Life program to assess its suitability for continued funding. - Number of <i>Core of Life programs</i> conducted per year, including attendance.	Life of the program and as per timeframes agreed under the National Partnership.

	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
2	Obtain data to measure the effectiveness of the Maternity and Child Health Educators located in positions in supporting the continued clinical training and development of Community Midwifery Teams and Indigenous Health Workers.	Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	<ul style="list-style-type: none"> - Record the number of Maternity and Child Health Educators recruited. - Record the quantity and type of activities delivered by the Maternity and Child Health Educators and their evaluation where appropriate. 	<ul style="list-style-type: none"> - Number of Maternity and Child Health Educators recruited. - Quantity and type of activities delivered by the Maternity and Child Health Educators and their evaluation where appropriate. 	Life of the program and as per timeframes agreed under the National Partnership.
3	Obtain data to measure the effectiveness of the Aboriginal and Torres Strait Islander Youth Health and Wellbeing program delivered through the employment of Indigenous Youth Health Workers.	Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	<ul style="list-style-type: none"> - Count the number of worker positions recruited and the coordinator position recruited. - Each worker to develop and deliver on annual plans. - Count enrolments in relevant training and attendance at orientation. - Monitor outcomes of the Strategic Partnership. 	<ul style="list-style-type: none"> - Positions are recruited. - Annual plans are developed. Annual plans are delivered. - Participation in orientation. Number of workers enrolled in a Cert III or Cert IV. - Strategic Partnership meetings are supported and conducted. 	Life of the program and as per timeframes agreed under the National Partnership.
4	Obtain data to measure the effectiveness of a social marketing campaign to promote safe sex to Indigenous people in urban and rural and remote areas and a targeted resource to assist health workers engaging Indigenous populations in the area of basic reproductive anatomy.	Management responsibility sits within Communicable Diseases Branch, Queensland Health	<p>Evaluate the success of the social marketing campaign including:</p> <ul style="list-style-type: none"> - Seek feedback during the development phase as to the cultural appropriateness of the social marketing materials developed by using focus groups. - Conduct a pre and post campaign survey regarding knowledge of safe sex - Count the number of print resources produced. - Obtain the number of print resources distributed. - Count the number of radio resources developed. - Obtain the number of radio broadcasts and the size of broadcast audience - Count the number of condom festivals conducted, including approximate attendance - Utilise available data from Annual PCR/NATT reports, Sexual Health Services databases and the Perinatal Data Collection (regarding the rate of early teenage pregnancy). 	<ul style="list-style-type: none"> - Feedback on resources during the development phase. - Results of a pre and post campaign survey. - Number of print resources produced and number distributed in each Health District / Community; - Number of radio resources developed and number of broadcasts. - Number of condom festivals conducted per year, including approximate attendance. 	Life of the program and as per timeframes agreed under the National Partnership.

	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
5	Obtain data to measure effectiveness in delivering expanded testing and treatment for sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs) in Aboriginal and Torres Strait Islander people: - across Queensland; and - specifically within youth detention centres and prisons.	Management responsibility sits within Communicable Diseases Branch, Queensland Health	Evaluate the success of the expanded services including: - Count the number of positions recruited and delivering services. - Count the number of Indigenous people in custody receiving testing and treatment for STIs - Count the number of tests for BBVs among Indigenous people - Count the number of Indigenous people receiving referral for treatment for Hepatitis C - Measure the incidence of chlamydia and gonorrhoea among Indigenous people	- Number of positions recruited and delivering services. - Number of Indigenous people in custody receiving testing and treatment for STIs - Number of tests for BBVs among Indigenous people - Number of Indigenous people receiving referral for treatment for Hepatitis C - Incidence of chlamydia and gonorrhoea among Indigenous people	Life of the program and as per timeframes agreed under the National Partnership.
6	Obtain data to measure the effectiveness of: a sexual health and positive lifestyle program; and an information technology communication strategy for Indigenous youth.	Management responsibility sits within Communicable Diseases Branch, Queensland Health	Evaluate the success of the: sexual health and positive lifestyle program; and information technology communication strategy including: - Seek feedback during the development phase as to the cultural appropriateness of the programs developed; - Count the number of positive lifestyle programs conducted and approximate attendance. - Conduct a pre and post campaign survey regarding knowledge of protective behaviours and knowledge and skills for healthy choices regarding sexual health and relationships. - Obtain data from the Perinatal Data Collection regarding the rate of early teenage pregnancy.	- Feedback on the programs during the development phase. - Number of programs conducted and approximate attendance recorded. - Results of a pre and post campaign survey.	Life of the program and as per timeframes agreed under the National Partnership.
7	Obtain data to measure effectiveness in delivering expanded testing and treatment for sexually transmissible infections (STIs) and Blood-Borne Viruses (BBVs) in Aboriginal and Torres Strait Islander communities in Cape York, Torres Strait and Northern Peninsula Areas.	Management responsibility sits within CDB. Data is reported to CDB from TPHS.	Evaluate the success of the expanded services including: - Position recruited and delivering services. - Count the number of Indigenous young people receiving testing and treatment	- Position is recruited and delivering services. - Number of tests for STIs among Indigenous people - Number of tests for BBVs among Indigenous people - Number of young Indigenous	Life of the program and as per timeframes agreed under the National Partnership.

	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
			<ul style="list-style-type: none"> for STIs - Count the number of Indigenous young people receiving testing and treatment for BBVs - Measure the incidence of STIs and BBVs among Indigenous young people in the Cape York, Torres Strait and Northern Peninsula Areas. 	<ul style="list-style-type: none"> people receiving treatment for STIs and BBVs - Incidence of STIs and BBVs among Indigenous people in the Cape York, Torres Strait and Northern Peninsula Areas. 	
8	Obtain data to measure the effectiveness of Women's Health Forums to increase community knowledge about women's reproductive health issues.	Management responsibility sits within Cancer Screening Services Branch, Queensland Health.	<ul style="list-style-type: none"> Evaluate the success of the Women's Health Forums including: - Complete three monthly Project Status Reports; - Complete six monthly Activity Reports; - Record the number Mobile Women's Health Serive and Healthy Women's Initiative staff trained to conduct the forums; - Evaluate each forum conducted; - Count the number of forums conducted; - Record content and locations of workshops; and - Collect demographic information of attendees. 	<ul style="list-style-type: none"> - Number of Mobile Women's Health Serive and Healthy Women's Initiative staff trained to conduct the forums. - Outcomes of three monthly Project Status Reports and six monthly Activity Reports. - Record the number of Mobile Women's Health Serive and Healthy Women's Initiative staff trained to conduct the forums; - Evaluate each forum conducted; - Number of Women's Health Forums conducted. - Content and locations of workshops demographic of attendees. 	Life of the program and as per timeframes agreed under the National Partnership.
9	Obtain data to measure the effectiveness of expanding the role of women's health staff to increase access to reproductive health information through training and recruitment of additional positions.	Management responsibility sits within Cancer Screening Services Branch, Queensland Health.	<ul style="list-style-type: none"> - Complete three monthly Project Status Reports; - Complete six monthly Activity Reports; - Record the number of training sessions held, attendance and content delivered; - Record the number of additional Women's Health Worker positions recruited. 	<ul style="list-style-type: none"> - Outcomes of three monthly Project Status Reports and six monthly Activity Reports (Number and location of workshops and clinical consultations conducted with target population). - Number of training sessions, attendance, content delivered. - Number of additional Women's Health Worker positions recruited. 	Life of the program and as per timeframes agreed under the National Partnership.
10	Obtain data to measure the effectiveness of the SmokeCheck Pregnancy program.	Management responsibility sits within Alcohol, Tobacco and Other Drugs Branch, Queensland Health.	<ul style="list-style-type: none"> - Implement a program evaluation. - Measure the number and proportion of Queensland Health maternity and child health staff trained in the new SmokeCheck Pregnancy program. 	<ul style="list-style-type: none"> - Development status of a new SmokeCheck Pregnancy program. - Number and proportion of Queensland Health maternity and child health staff trained in the new SmokeCheck Pregnancy program. 	Life of the program and as per timeframes agreed under the National Partnership.

	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
			<ul style="list-style-type: none"> - Measure the number and proportion of Queensland Health maternity and child health staff delivering the SmokeCheck Pregnancy intervention to Indigenous clients. - Measure the extent of positive client behaviour change concerning pregnancy and substance use. 	<ul style="list-style-type: none"> - Number and proportion of Queensland Health maternity and child health staff delivering the SmokeCheck Pregnancy intervention to Indigenous clients. - Extent of positive client behaviour change concerning pregnancy and substance use. 	
11	Obtain data to measure the effectiveness of the establishment and development of an Indigenous Maternal and Infant Care Health initiative.	Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	<ul style="list-style-type: none"> - Conduct an evaluation in the third year of the program. - Record the number of Indigenous Maternal and Infant Care Health Workers recruited. - Record details of training provided to workers. - Access data on standard indicators for Indigenous Maternal and Infant wellbeing. 	<ul style="list-style-type: none"> - Number of Indigenous Maternal and Infant Care Health Workers recruited and provided training opportunities. - Evaluation indicates the initiative is delivering an effective service. <p>Standard indicators show improvement:</p> <ul style="list-style-type: none"> - Increased proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy in each year. - Proportion of preterm and low birth weight births decreases. - Reduced mortality rate of Indigenous infants each year. - Reduced proportion of Indigenous women who use substances (tobacco, alcohol, illicit drugs) during pregnancy each year. - *Maternal tobacco use [Measure may become available]. 	Life of the program and as per timeframes agreed under the National Partnership.
12	Obtain data to measure the effectiveness of the Young Parent Support Worker Program to provide prevention and early intervention services and support for young pregnant women and their partners.	Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	<ul style="list-style-type: none"> - Record the number of Young Parent Support Workers recruited. - Fund delivery of the Orientation and Practice Support Package. - Fund a program review. - Each worker to develop and deliver on annual plans including stakeholder 	<ul style="list-style-type: none"> - Number of Young Parent Support Workers recruited. - Orientation and Practice Support Package is developed. - Program is reviewed. - Annual plans are developed. - Annual plans are delivered. - Number of young pregnant women supported. 	Life of the program and as per timeframes agreed under the National Partnership.

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
				engagement.	- Number of young pregnant women supported. - Number of stakeholder groups informed of the program.	
	13	Obtain data to measure the effectiveness of the implementation of seven community midwifery teams and an additional 2 Indigenous Maternal and Infant Care Health Workers to provide comprehensive, culturally appropriate, antenatal, postnatal and infant care services to Aboriginal and Torres Strait Islander families living in remote, rural and urban environments.	Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	- Conduct an evaluation in the third year of the program. - Record the number of Midwives and Indigenous Maternal and Child Health Workers recruited. - Record the number of pregnant women supported. - Access indicators for the target population from the Midwives Data Collection into the state Perinatal Data Set.	- Evaluation indicates the teams are delivering an effective service. - Number of Midwives and Indigenous Maternal and Infant Health Workers recruited. - Number of pregnant women supported.	Life of the program and as per timeframes agreed under the National Partnership.
Risk Management	1	- Reduce the risk of not implementing Indigenous youth programs and parenting education for young people in a community setting. - Reduce the risk of the programs being delivered and not having the desired outcomes.	Coordination of risk management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health including.	Management through existing Health District governance structures and entering contractual agreements as required.	- Data and reporting indicate that the Indigenous youth programs and parenting education are delivered. - Evaluation indicates that the programs are achieving the desired outcomes or enable them to be refocussed or changed to achieve the outcomes.	Monitored throughout the life of the program
	2	- Reduce the risk of not being able to recruit Maternity and Child Health Educators. - Reduce the risk of the positions being recruited and not being effective in supporting the continued clinical training and development of Community Midwifery Teams and Indigenous Health Workers.	Coordination of risk management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	Management through existing Health District governance structures and entering contractual agreements as required.	- Data and reporting indicate that positions have been recruited. - Reporting indicates the positions are effective in supporting the continued clinical training and development of Community Midwifery Teams and Indigenous Health Workers.	Monitored throughout the life of the program
	3	- Reduce the risk of not implementing the Aboriginal and Torres Strait Islander Youth Health and Wellbeing program - Reduce the risk of implementing the Aboriginal and Torres Strait Islander Youth Health and Wellbeing program and not having the desired outcomes.	Coordination of risk management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	Management through existing Health District governance structures and entering contractual agreements as required.	- Data and reporting indicate that the Aboriginal and Torres Strait Islander Youth Health and Wellbeing program is implemented, including recruitment. - Annual plans are developed and delivered, indicating that the Aboriginal and Torres Strait Islander Youth Health and Wellbeing program is	Monitored throughout the life of the program

	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
				achieving the desired outcomes.	
4	<ul style="list-style-type: none"> - Reduce the risk of not delivering the elements of the social marketing campaign. - Reduce the risk of the campaign being delivered and not having the desired outcomes 	Coordination of risk management responsibility sits within Communicable Diseases Branch, Queensland Health	Management through existing Queensland Health governance structures and entering contractual agreements as required	<ul style="list-style-type: none"> - Data and reporting indicate that the elements of the social marketing campaign are delivered and is achieving the desired outcomes - Monitoring and evaluation processes 	Monitored throughout the life of the program
5	- Reduce the risk of not delivering expanded testing and treatment for STIs and BBVs.	Coordination of risk management responsibility sits within Communicable Diseases Branch and Offender Health Services Branch, Queensland Health	Management through existing Queensland Health governance structures and entering contractual agreements as required	<ul style="list-style-type: none"> - Data and reporting indicate that testing and treatment for STIs and BBVs are delivered - Data and reporting indicate that the campaign is improving the measures 	Monitored throughout the life of the program
6	<p>Reduce the risk of not delivering: a sexual health and positive lifestyle program; and an information technology communication strategy for Indigenous youth.</p> <p>Reduce the risk of delivering: a sexual health and positive lifestyle program; and an information technology communication strategy for Indigenous youth; and not achieving the desired outcomes.</p>	Coordination of risk management responsibility sits within Communicable Diseases Branch, Queensland Health	Management through existing Health District governance structures and entering contractual agreements as required	<ul style="list-style-type: none"> - Data and reporting indicate that: a sexual health and positive lifestyle program; and an information technology communication strategy for Indigenous youth; are delivered. - Data and reporting indicate that: a sexual health and positive lifestyle program; and an information technology communication strategy for Indigenous youth; achieved the desired outcomes. 	Monitored throughout the life of the program
7	- Reduce the risk of not delivering expanded testing and treatment for STIs and BBVs.	Coordination of risk management responsibility sits with both CDB and TPHS.	Management through existing Queensland Health governance structures	<ul style="list-style-type: none"> - Data and reporting indicate that testing and treatment for STIs and BBVs are delivered - Data and reporting indicate that the campaign is improving the measures 	Monitored throughout the life of the program.
8	<ul style="list-style-type: none"> - Reduce the risk of not delivering the Women's Health Forums. - Reduce the risk of delivering the Women's Health Forums and not having the desired outcomes 	Coordination of risk management responsibility sits within Cancer Screening Services Branch, Queensland Health.	Management through existing Health District governance structures and entering contractual agreements as required	<ul style="list-style-type: none"> - Data and reporting indicate that the Women's Health Forums are delivered - Data and reporting indicate that the Women's Health Forums are achieving the desired outcomes 	Monitored throughout the life of the program

	What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
9	<ul style="list-style-type: none"> - Reduce the risk of not delivering training to expand the role of women's health staff. - Reduce the risk of being unable to recruit three additional Women's Health Worker positions. - Reduce the risk of delivering training and recruiting staff and not having the desired outcomes 	Coordination of risk management responsibility sits within Cancer Screening Services Branch, Queensland Health.	Management through existing Health District governance structures and entering contractual agreements as required	<ul style="list-style-type: none"> - Data and reporting indicate that training has been delivered to expand the role of women's health staff. - Data indicate three additional Women's Health Worker positions have been recruited. - Data and reporting that the training and recruitment are achieving the desired outcomes 	Monitored throughout the life of the program
10	<ul style="list-style-type: none"> - Reduce the risk of not being able to develop, deliver and support a SmokeCheck Pregnancy program. - Reduce the risk of delivering the SmokeCheck Pregnancy program and not achieving the desired outcome. 	Coordination of risk management responsibility sits within Alcohol, Tobacco and Other Drugs Branch, Queensland Health.	Management through existing Health Service District governance structures and entering contractual agreements as required.	<ul style="list-style-type: none"> - Data and reporting indicate that the program has been developed, delivered and supported. - Indicators suggest the program is achieving the desired outcome. 	Monitored throughout the life of the program
11	<ul style="list-style-type: none"> - Reduce the risk of not being able to recruit Indigenous Maternal and Infant Care Health workers. - Reduce the risk of the Indigenous Maternal and Infant Care Health initiative not being accepted and utilised. 	Coordination of risk management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	Management through existing Health District governance structures and entering contractual agreements as required.	<ul style="list-style-type: none"> - Data and reporting indicate that positions have been recruited. - Reporting by Maternity and Child Health Educators indicate that they have supported and promoted acceptance of the Indigenous Maternal and Infant Care Health initiative. 	Monitored throughout the life of the program
12	<ul style="list-style-type: none"> - Reduce the risk of not being able to recruit Young Parent Support workers. - Reduce the risk of the program being delivered and not delivering effective prevention and early intervention services and support for young pregnant women and their partners. 	Coordination of risk management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	Management through existing Health District governance structures and entering contractual agreements as required.	<ul style="list-style-type: none"> - Data and reporting indicate that positions have been recruited. - Development and delivery of the orientation and support package and review of the program indicates that the program is effective in supporting young pregnant women and their partners. 	Monitored throughout the life of the program
13	<ul style="list-style-type: none"> - Reduce the risk of not being able to recruit Midwives and Indigenous Maternal and Child Health Workers. - Reduce the risk of the services being delivered and not delivering comprehensive, culturally appropriate, antenatal, postnatal and infant care services to Aboriginal and Torres Strait Islander families. 	Coordination of risk management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	Management through existing Health District governance structures and entering contractual agreements as required.	<ul style="list-style-type: none"> - Data and reporting indicate that positions have been recruited. - Improvement in indicators in the Midwives Data Collection into the state Perinatal Data Set suggest the services are effective. 	Monitored throughout the life of the program