

Implementation Plan for the Healthy Workers initiative

NATIONAL PARTNERSHIP AGREEMENT ON PREVENTIVE HEALTH

NOTE: The Australian Government may publish all or components of this jurisdictional implementation plan, following initial consultation with the jurisdiction, without notice in public documents pertaining to the National Partnership Agreement.

PRELIMINARIES

1. This Implementation Plan is created subject to the provisions of the National Partnership Agreement on Preventive Health and should be read in conjunction with that Agreement. The objective in the National Partnership is to address the rising prevalence of lifestyle related chronic diseases, by:
 - 1.1 laying the foundations for healthy behaviours in the daily lives of Australians through social marketing efforts and the national roll out of programs supporting healthy lifestyles; and
 - 1.2 supporting these programs and the subsequent evolution of policy with the enabling infrastructure for evidence-based policy design and coordinated implementation.

The measures funded through this Agreement include provisions for the particular needs of socio-economically disadvantaged Australians, and those, especially young women, who are vulnerable to eating disorders.
2. The Healthy Workers initiative provides funding to support implementation of healthy lifestyle programs in workplaces across Australia.
3. Under the Healthy Workers initiative jurisdictions are responsible for developing programs that may include a range of different activities. Some of these activities may be grouped according to similarities.

TERMS OF THIS IMPLEMENTATION PLAN

4. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Ageing, and the Australian Capital Territory, represented by the Minister for Health (known as the Parties to this Implementation Plan).
5. This Implementation Plan may be varied by written agreement between authorised delegates.
6. This Implementation Plan will cease on completion or termination of the National Partnership, including the acceptance of final performance reporting and processing of final payments against performance benchmarks specified in this Implementation Plan.

7. Either Party may terminate this agreement by providing *30 days* notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to the Territory is limited to payments associated with performance benchmarks achieved by the Territory by the date of effect of termination of this Implementation Plan.
8. The parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the parties' commitment to this Implementation Plan.

FINANCIAL ARRANGEMENTS

9. The maximum possible financial contribution to be provided by the Commonwealth as facilitation payments to the Australian Capital Territory for the Healthy Workers initiative is \$3.67 million.
10. The maximum possible financial contribution to be provided by the Commonwealth as reward payments to the Australian Capital Territory for the National Partnership is \$2.58 million. Reward payments will be made following the COAG Reform Council's assessment of the Australian Capital Territory's achievement against the seven performance benchmarks specified in the National Partnership. Facilitation and reward payments will be payable in accordance with Table 1 from July 2011 to 2018 in accordance with the National Partnership. All payments are exclusive of GST.

Table 1: Facilitation and Reward Payment Schedule (\$ million)

Facilitation Payment for the Healthy Workers initiative	Due date	Amount
Facilitation payment	July 2011	\$0.60
Facilitation payment	June 2012	\$0.65
Facilitation payment	July 2012	\$0.35
Facilitation payment	July 2013	\$0.41
Facilitation payment	July 2014	\$0.41
Facilitation payment	July 2015	\$0.41
Facilitation payment	July 2016	\$0.41
Facilitation payment	July 2017	\$0.41
Reward Payment for the NPAPH	Due date	Amount
Reward payment	2016-2017	\$1.29
Reward payment	2017-2018	\$1.29

11. Any Commonwealth financial contribution payable will be processed by the Commonwealth Treasury and paid to the Territory Treasury in accordance with the payment arrangements set out in Schedule D of the *Intergovernmental Agreement on Federal Financial Relations*.

OVERALL BUDGET

12. The overall program budget (exclusive of GST) is set out in Table 2.

Table 2: Overall program budget

Expenditure item	11-12	12-13	13-14	14-15	15-16	16-17	17-18	Total
(i) Healthy environments	\$1,034,687	\$188,170	\$396,649	\$396,649	\$411,649	\$411,649	\$412,418	\$3,251,870
(ii) Targeted Incentives	\$220,000	\$59,000						\$ 279,000
(iii) Public sector		\$104,000	\$15,000	\$15,000				\$ 134,000
TOTAL	\$1,254,687	\$351,170	\$411,649	\$411,649	\$411,649	\$411,649	\$412,418	\$3,664,870

Notes:

13. Having regard to the estimated costs of program and associated activities specified in the overall program budget, the Territory will not be required to pay a refund to the Commonwealth if the actual cost of the program is less than the agreed estimated cost. Similarly, the Territory bears all risk should the costs of the program and/or a project(s) exceeds the estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the Territory to deliver projects cost-effectively and efficiently.

PROGRAM OVERVIEW AND OBJECTIVE

14. ACT Healthy Workers Program

In addition to National Partnership funding, the ACT Healthy Workers Program received funding from the ACT Government from the 2009-2012 *Healthy Future – Preventative Health Program* to undertake formative work. To provide a full picture of the ACT Healthy Workers Program, ‘Outputs’ under both the National Partnership and the complementary ACT Government funding are detailed under each program activity (at questions 20). All other activity information in this Plan relates specifically to Outputs funded under the National Partnership.

Integral to the successful implementation of this program are the staffing resources within the Health Improvement Branch, ACT Government Health Directorate, allocated to manage and coordinate this program over the life of the NPAPH.

15. The objective of this program is to promote and support healthy lifestyles in and through ACT workplaces as a setting of everyday life, focusing on five modifiable lifestyle risk factors for chronic disease, as follows:

- poor nutrition;
- physical inactivity;
- overweight and obesity;
- smoking; and
- harmful and hazardous alcohol consumption.

Improving the health of ACT workers will also provide major benefits to ACT employers by building a healthier and more productive workforce.

16. The ACT Healthy Workers Program is inclusive of the following activities:

- a) Promotion of healthy environments
- b) Targeted workplace incentives
- c) Public sector health promotion

17. The senior contact officer for this program is:

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ACTIVITY DETAILS

NOTE: This section must be completed for each activity under the program (for example, if five activities comprise the program, then Clauses 18 to 32 must be cut and pasted and completed for each activity). Where there are a large number of activities, consider rolling up some of these activities into sub-groups (for example, if there are five capacity building type activities, they could be reported as one activity under the banner of capacity building).

18. **Activity a):** Promotion of healthy environments
19. **Overview:** This activity will support the Healthy Workers initiative by providing resources and supports for workplaces to increase their readiness and capacity to be health promoting environments, addressing all five modifiable lifestyle risk factors for chronic disease (discussed earlier). The main component of this activity Healthier Work, a workplace health organisational support and facilitation service, will build the capacity of ACT workplaces to develop and implement programs, policies, and practices, that in the long term encourage health promoting workplace environments and sustained employee healthy lifestyle changes, in relation to the key risk factors.

Healthier Work will be responsible for program marketing and communication and supporting resources. These include – tool-kit, website and training – and will provide education and information to assist workplaces in becoming health promoting environments.

The ACT is working with other jurisdictions, such as Tasmania, to build on existing effective resources in this area. Healthier Work will be based in WorkSafe ACT, which will ensure that health and wellbeing activities will compliment workplace safety systems.

Healthier Work and its key strategies will be independently evaluated.

20. **Outputs:**

Table 3A: Outputs funded by the NPAPH

Output	Description	Proposed Timeframe
(i) Healthier Work	<p>A new free government service based in WorkSafe ACT, offering a knowledge brokering and facilitation service accessed via web, telephone and workplace visits.</p> <p>Healthier Work will support organisations to make changes in the workplace that enable behaviour change among workers. This may include: conducting environmental and policy audits; assisting workplaces with consultation and change management processes; providing advice on program development and implementation; and referral to a range of services. It will be organisationally-focused, with information and advice tailored to each workplace.</p> <p>Healthier Work will be available to all ACT workplaces. Special care will be taken to ensure Healthier Work engages with small businesses and hard to reach/high risk industries.</p> <p>Following the completion of the Healthier Work Evaluation in March 2015 the ongoing service model will be reviewed to determine those key strategies that will be maintained over the 2015-2018 period of the Partnership.</p>	<p>Planning and establishment processes: July 2011- May 2012</p> <p>Service operational: 7 May 2012 to 30 June 2018</p>
(ii) Marketing and communication	<p>Healthier Work will be responsible for developing and implementing marketing and communication strategies to promote the Service and related resources. This may include the development of a recognition program for workplaces.</p>	<p>Marketing and communication strategies: delivered during life of Service.</p>
(iii) Toolkit	<p>The ACT Health workplace health and wellbeing toolkit will include:</p> <ul style="list-style-type: none"> ▪ a redeveloped and jointly branded version of the ACT Work Safety Commissioner's <i>A Guide to Promoting Health and Wellbeing in the Workplace</i>; and ▪ an ACT version of the Tasmanian <i>Get Moving at Work</i> 'Audit Tool' and online 'Employee Survey'. <p>The Service will assist workplaces in using these resources to guide development and implementation of programs and to undertake needs assessments respectively.</p>	<p>Resources and toolkit developed: by May 2012</p> <p>Annual cost for printing/distribution.</p>
(iv) Training	<p>Healthier Work will develop and run workplace health and wellbeing training targeting small business. This training will provide participants with an understanding of the principles and elements of effective workplace health programs and with skills to use the toolkit in their workplace. Healthier Work will work in partnership with other jurisdictions, in particular Tasmania, to develop this training.</p>	<p>Service to develop a training package targeting small business: by March 2013</p>
(v) Website	<p>A new ACT workplace health and wellbeing website will be developed to house relevant tools and information, including the online 'Employee Survey'. Healthier Work</p>	<p>Website developed: by 7 May 2012</p> <p>Annual cost for</p>

Output	Description	Proposed Timeframe
	will manage this website once operational.	maintenance and data administration.
(vi) Evaluation	An independent evaluation of the delivery and impact of Healthier Work its training, marketing and communications, toolkit and website (as well as the incentives program to subsidise workplace access to healthy lifestyle services, discussed at Activity (b)).	Procurement process: Dec 2011 to June 2012. Evaluation: June 2012 to March 2015 (2 years, 10 months)

Table 3B: Complementary outputs funded by the ACT Government

Output	Description	Timeframe
(i) ACT Workplace Health Promotion Needs Analysis	ACT Health has contracted PricewaterhouseCoopers to complete a literature review, undertake stakeholder consultations and provide an industry and a health risk profile for the ACT in order to report on best practice approaches for the ACT context.	July to May 2011
(ii) ACT Pilot Workplace Health Promotion Program and evaluation	ACT Health contracted a Consultant to manage, coordinate and report on a 12 month ACT Pilot Workplace Health Promotion Program in five ACT workplaces to trial a range of workplace health promotion strategies. This Pilot will inform many of the activities above, including the approach of the Service, the development of resources and branding for the Program. ACT Health is also contracting a Consultant to undertake process and short term outcome evaluation of this Pilot. This will inform ongoing activities within this Program.	Pilot: Dec 2010 to Sept 2011 Evaluation: Dec 2010 to March 2012
(iii) Resource development	ACT Health will undertake an initial review of the ACT Work Safety Commissioner's <i>A Guide to Promoting Health and Wellbeing in the Workplace</i> and will develop an ACT version of the Tasmanian <i>Get Moving at Work</i> 'Audit Tool' and online 'Employee Survey' for trialling as part of the above Pilot. ACT Health may also develop other specific resources and tools identified as necessary, e.g. for small businesses or high risk industries.	Resources ready for use in pilot: by October 2010 Other targeted resources developed: by 30 November 2011
(iv) Interim website development	To enable the above Pilot, ACT Health will develop an interim ACT Workplace Health website which will host the Employee Survey.	Interim website developed: November/December 2010
(v) Branding for ACT Healthy Workers Program	Following the above Pilot, ACT Health will contract a Consultant to develop branding ideas for the ACT Healthy Workers Program.	Branding finalised by 30 November 2011
(vi) ACT Comorbidity Smokefree Workplace Pilot Project	ACT Health has contracted the Alcohol, Tobacco and Other Drug Association ACT to undertake a pilot to expand The Health Directorate's Smokefree Workplace Policy and supports in six non-government alcohol and other drug, and mental health services. From this project, an assessment tool will be developed to enable other workplaces to review their needs in this area.	Pilot: July 2010 to Dec 2011
(vii) ACT Workplace Health and	ACT Health developed an ACT Workplace Health and Wellbeing e-newsletter to keep stakeholders informed on the development of the ACT Healthy Workplaces Program	First issue: July 2010 Quarterly issues until May

Output	Description	Timeframe
Wellbeing e-newsletter	and to engage workplaces. This e-newsletter will be continued until the Service is operational.	2012.
(viii) Health Directorate Healthy Workplaces Advisory Group	ACT Health established a Healthy Workplaces Advisory Group in February 2010 to inform the development of its Healthy Workers Program and to get buy-in from key stakeholders. This Group meets quarterly. Initially established for 12 months, the term of this Advisory Group was reviewed and will continue until 30 June 2014.	Established: February 2010 Continued until 30 June 2014
(ix) Sponsorship of annual ACT Work Safe 'Best workplace health and wellbeing program' award	ACT Health has sponsored the 2010 ACT Work Safe Award for 'Best workplace health and wellbeing program' and will provide up to \$20,000 in grants to selected entrants. ACT Health will continue to sponsor this award in 2011 to incentivise workplaces to pursue workplace health and wellbeing programs.	October 2010 and 2011
(x) Support to Healthier Work	ACT Health will provide additional financial support to Healthier Work for marketing and communication, production of tools and resources and the promotion of the Get Healthy Information and Coaching Service.	June 2010-11

Notes: TBC = To be confirmed

21. Outcomes:

Table 4: Outcomes

Short Term Outcomes (2011-13)	Medium Term Outcomes (2013-15)	Long Term Outcomes (2015-18 onwards)
Increased employer & worker exposure to information about risk factors for lifestyle-related chronic disease	Increase in the number of, or extent to which, work environments for employees that support healthy living through changes to workplace programs, policy, culture, and physical environments	Significant improvement in the 'working population' levels of healthy lifestyle activities/risk factors <ul style="list-style-type: none"> ▪ Physical activity ▪ Healthy eating ▪ Smoking cessation ▪ Cessation of harmful/hazardous alcohol consumption ▪ Overweight & obesity
Increased employer & worker awareness of risk factors and opportunities for workers to engage in healthy lifestyle-related behaviours		
Increased employer exposure to information on the economic benefits of investing in employee health and wellbeing.	Increased employee access to quality workplace health and wellbeing programs and resources that support healthy lifestyle change	
Increased availability of workplace information, opportunities & services to support change in workers levels of healthy lifestyle behaviour including <ul style="list-style-type: none"> ▪ Organisational support and facilitation service ▪ On-line workplace health website ▪ Get Healthy Information and Coaching Service® ▪ Workplace audit tools ▪ Workplace policies ▪ Employee surveys ▪ Health social marketing campaigns ▪ Workplace programs ▪ Workplace training workshops 		
Increased worker awareness of personal behaviours to address risk factors for lifestyle-related chronic disease	Increased employee engagement in quality workplace health and	

Short Term Outcomes (2011-13)	Medium Term Outcomes (2013-15)	Long Term Outcomes (2015-18 onwards)
Increased worker motivation to engage in healthy lifestyle behaviours, in particular through <ul style="list-style-type: none"> ▪ the Get Healthy Information and Coaching Service® 	wellbeing programs and resources that supports healthy living	

22. **Rationale:** Workplace policies, systems, practices and the physical environment can directly affect the ability of individuals to make healthy choices¹. Comprehensive approaches to workplace health promotion recognise that this is achieved through a combination of improving the work environment and organisation (i.e. the psycho-social environment), promoting active participation, and encouraging personal development.²

Improving the work environment and organisation can be achieved through, for example, establishing formal workplace health and wellbeing policies, healthy catering policies, vending machine policies; including a health and wellness section in staff induction; addressing the psycho-social environment of the workplace, such as leadership, the sense of belonging, and demand and control issues; and providing facilities to enable healthy lifestyles such as showers, changing rooms, bike storage and encouraging the use of stairs.³

The literature identified a range of elements as critical to the success of workplace health promotion programs, including: management involvement and support; integration of workplace health promotion with existing business planning and values; well established project planning and implementation; effective and consistent communication; multi-component programs; and monitoring and evaluation.⁴

Workplaces can use existing infrastructure to pursue and support workplace health promotion, but may need support to leverage this infrastructure, to understand the principles and critical elements of workplace health promotion (as identified above), and to develop/implement effective programs. Workplaces will also need access to a range of high quality and effective programs.

The 'Promotion of healthy environments' activity provides this support in the form of a free or subsidised Service for workplaces to access for face-face, telephone and online advice, practical assistance (including training) and referral to programs. Healthier Work will be complemented by resources, both online and in hard copy, to assist workplaces to undertake their own needs analysis and to guide program development and implementation.

23. **Contribution to performance benchmarks:** This activity will provide resources and supports for workplaces to increase their readiness and capacity to be health promoting environments relevant to all five modifiable lifestyle risk factors for chronic disease (discussed earlier). For example, through this activity workplaces may be assisted to support: healthy eating, such as through development of healthy food policies and provision of healthier food options; more activity in the workplace, such as through communication of stair use prompts and installation of infrastructure that enables physical activity (showers, bike racks, standing stations); smoking

¹ World Health Organization (WHO) (2010), *Workplace Health Promotion: The workplace – a priority setting for health promotion*. Available from www.who.int/occupational_health/topic/workplace/en/ (accessed 13 July 2010)

² Burton (2010), *WHO Healthy Workplaces Framework and Model: Background and supporting Literature and practices*. WHO, Geneva. Available from www.who.int/occupational_health/healthy_workplaces_background_original.pdf (accessed 16 July 2010)

³ European Network of Workplace Health Promotion (2005), *Luxembourg Declaration on Workplace Health Promotion in the European Union*. Available from www.enwhp.org/fileadmin/downloads/press/Luxembourg_Declaration_June2005_final.pdf (accessed 22 April 2010)

⁴ Australian Government Department of Health and Ageing, Healthy Living Branch, (2010) *Review of the evidence for workplace health promotion*

cessation, such as through development of smokefree workplace policies; and a reduction in risky alcohol consumption, such as through development of alcohol consumption policies.

The benchmarks outlined under the NPAPH that relate to this activity therefore include:

- a) Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state/territory by 2016; 0.6 for fruits and 1.5 for vegetables from baseline by 2018;
- b) Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5 per cent from baseline for each state/territory by 2016; 15 per cent from baseline by 2018; and
- c) Reduction in state/territory baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.

24. **Policy consistency:** This activity is consistent with the Healthy Workers policy framework (Attachment A) in the following ways:

- a) the main component of this activity – Healthier Work – provides an organisational wide, enabling and capacity building *healthy living program* (1.3 (i) a) & d)). The Service will work directly with voluntary ACT workplaces of all sizes (2.2.6, 2.2.11, 2.3.5) to support policy enhancement and system change, and referral to other healthy living programs;
- b) to ensure the work of Healthier Work is tailored to the needs of each workplace, this Service will provide support to workplaces in undertaking needs assessments and audits of policies and infrastructure that support healthy lifestyle choices and work-life balance (2.2.7, 2.3.9);
- c) the model of Healthier Work, being based in WorkSafe ACT, demonstrates efficacy within the Occupational Health and Safety sector and has the potential of being sustainable beyond the funding received under this initiative, should the program be effective and there is demonstrated continuing need (2.3.2);
- d) the supporting resources under this activity – the tool-kit, website and training – provide education and information to assist workplaces in becoming health promoting environments (1.3 (i) b));
- e) Healthier Work and supporting resources focus on *primary prevention* by limiting the incidence of disease and disability by measures that eliminate or reduce causes or determinants of departure from good health, control exposures to risk and promote factors that are protective of good health (2.2.4, 2.3.1);
- f) the focus of Healthier Work and supporting resources is the prevention of lifestyle related chronic disease addressing the modifiable lifestyle risk factors of smoking, poor nutrition, physical inactivity and hazardous/harmful alcohol consumption through sustained behaviour and organisational changes in workers in the ACT and their workplaces (2.2.1);
- g) Healthier Work will have protocols in place to protect the privacy of individuals as appropriate, will comply with applicable privacy legislation (2.3.7) and will comply with specified requirements developed under the NPAPH (2.3.8);
- h) Healthier Work and supporting resources will support equity of outcomes for all by increasing opportunities and removing or reducing barriers for participation. Healthier Work's operations will be informed by the local needs analysis and pilot, which will identify high

need groups and common barriers and enablers for workplaces being engaged in and embedding workplace health promotion (2.3.4); and

- i) Healthier Work's reporting requirements, together with the evaluation of this activity, will allow for continuous quality improvement (2.3.14).

25. **Target group(s):** All ACT workplaces will be eligible and encouraged to access Healthier Work and/or utilise the supporting resources. It is anticipated that many workplaces will access the support and information they need simply by accessing the website and online resources. Some workplaces, however, will go on to contact Healthier Work for more in-depth support, e.g. to request a site visit.

Data from the ACT Workplace Health Promotion Needs Analysis May 2011, indicates that there are around 11,000 employers in the ACT, employing 220,500 adults. Of ACT employers:

- 31% are in the Property and Business Sectors;
- 16% are in Retail Trade; and
- 14% are in the Construction Industries.

In relation to employees in the ACT:

- 33% are in Government Administration and Defence;
- 14% are in Property and Business Sectors;
- 9% are in Health and Community Services;
- 8% are in Retail Trade; and
- 8% are in Education.

Recognising that one size does not fit all, Healthier Work will be required to develop specific models/approaches appropriate for engaging and supporting: 1) small businesses; and 2) high risk/hard to reach industries. The specifics of these groups and the appropriate models/approaches will be informed by ongoing stakeholder consultations, as well as the results of ACT Health's funded needs analysis and pilot projects. These projects will identify enablers and barriers for a range of workplaces and workplace types with high risk/need health issues.

The ACT Workplace Health Promotion Needs Analysis May 2011⁵ identified the following points:

- there are 9,674 small employers in the ACT representing 88% of total employer counts, and that 18% of employees work in an organisation of between 1 to 19 employees;
- blue collar workers represent 18% of ACT's workforce. With the exception of waist circumference, the prevalence of all other risk factors is higher than the ACT average or the national average. Most of the differences are statistically significant. Items of note are:
 - smoking – the prevalence is 43%, which is double the overall prevalence rate of 20% in the ACT;

⁵ PricewaterhouseCoopers(2011). ACT Workplace Health Promotion Needs Analysis: Summary report. Prepared on behalf of the ACT Government. Available at <http://health.act.gov.au/health-services/population-health/health-promotion-branch/healthy-workers/>

- nutrition – a higher prevalence of inadequate fruit intake (58%), compared to 48% for ACT. 96% of blue collar workers have inadequate vegetable intake;
- alcohol consumption – the prevalence of harmful levels of alcohol consumption on both single occasion risk and lifetime risk is significantly higher than the ACT overall; and
- more than 8 in 10 blue collar workers (84%) report at least 2 unhealthy behaviours, compared to 70% overall for ACT.

26. **Stakeholder engagement:** Stakeholders for this activity include ACT employee and employer groups, the ACT Work Safety Commissioner, the ACT Public Service Commissioner, the Australian Public Service Commissioner, Comcare and ACT workplaces generally.

ACT Health has undertaken and continues to undertake a range of formative consultation activities to ensure stakeholder engagement and support for ongoing activities, including:

- a) a Stakeholder Workshop in November 2009 to inform the directions of the program;
- b) the establishment of a Healthy Workplaces Advisory Group in February 2010 with members from employee and employer groups, the ACT Work Safety Commissioner, NGOs and a health researcher. This Group will meet quarterly until June 2014 to guide the program;
- c) developing communication avenues between the ACT and Australian Public Service Commissioners on the objectives of this program;
- d) the development of a workplace health and wellbeing e-newsletter – the first issue of which will be distributed to a range of stakeholders until May 2012. This e-newsletter allows for viral distribution to expand stakeholder engagement; and
- e) consultations with service providers, employers and employees as part of the 2010 ACT Workplace Health Promotion Needs Analysis and the 2010-11 ACT Pilot Workplace Health Promotion Program.

Healthier Work will be tasked with undertaking ongoing marketing and communication strategies to engage employers. The website to be developed under this activity is a further strategy for engaging stakeholders.

27. **Risk identification and management:** The risks for this activity have been summarised in the table below. Identified risks will be added to the Health Promotion Risk Register, which is reviewed quarterly.

Table 5: Risk management

Risk	Risk rating	Origin/cause/source of risk and trigger point for deploying strategies	Risk mitigation/control strategies
Establishment of Healthier Work within stated timeframes	Medium	For outsourced elements, delays in developing agreements may impact on the establishment of Healthier Work in stated timeframes.	<ul style="list-style-type: none"> ▪ Understand processes and anticipated timeframes. ▪ Ensure agreement documentation is as thorough as possible and that all approvals and processes are followed to avoid unnecessary hold ups.
Operational date for the commencement Healthier Work may	Medium	Difficulties may arise in the recruitment of suitable staff and in establishing the	<ul style="list-style-type: none"> ▪ Establishment of the Healthier Work Management Group to meet regularly to monitor progress.

Risk	Risk rating	Origin/cause/source of risk and trigger point for deploying strategies	Risk mitigation/control strategies
not be met		operational structures for the service.	
Low take-up by employers of support offered by Healthier Work	Medium	Employers may be hesitant to engage Healthier Work due to perceptions of the costs for the organisation to implement workplace health programs	<ul style="list-style-type: none"> ▪ Healthier Work will be required to develop a risk assessment plan to mitigate against such risks. ▪ Healthier Work will be required to develop a communication and marketing plan to address perceived barriers to employers implementing workplace health programs. ▪ The ACT pilot workplace health promotion program evaluation will provide recommendations on branding and communication strategies for engaging employers. ▪ ACT Health Healthy Workplaces Advisory Group includes representation from the business sector and promotion and support through their membership will be sought. ▪ As evidence is collated which contributes to a business case to support health workplaces this is developed and conveyed to the wider business community by the service.
Low participation by employees in workplace health programs supported by Healthier Work	Medium	Employees may be hesitant to participate in workplace health programs, in particular health assessments due to concerns about confidentiality	<ul style="list-style-type: none"> ▪ Healthier Work will be required to develop a risk assessment plan to mitigate against such risks. ▪ Healthier Work will be required to develop protocols to protect the privacy of individuals as appropriate. ▪ Healthier Work will be required to develop a communication and marketing plan to address perceived barriers to employee participation in workplace health programs.
Evaluation Consultant(s) unable to meet project timeframes/ project objectives.	Low	Any consultants involved may not meet the Evaluation project timeframes/project objectives.	<ul style="list-style-type: none"> ▪ Ensure good communication with Consultant(s) through contract management to monitor progress. ▪ Ensure good communication between Consultant(s) and evaluation team to ensure parties understand likely timeframes. ▪ Review key milestone reports to ensure issues are identified and addressed with Consultant(s) in timely fashion. ▪ Link funding to meeting key

Risk	Risk rating	Origin/cause/source of risk and trigger point for deploying strategies	Risk mitigation/control strategies
			milestones of the project.

28. **Evaluation:** ‘Promotion of healthy environments’ is the core activity under the ACT Healthy Workers Program. Given that the outputs under this activity involve the development of a range of new resources and infrastructure, ACT Health will contract an independent Evaluation Consultant to evaluate the delivery and impact of Healthier Work and to provide appropriate advice on its performance and success. The outcomes will be used to inform the future of programs targeting workplaces.

The objectives of the Healthier Work evaluation are to:

- assess whether Healthier Work and its deliverables are implemented as intended, and to apply the findings to improve its performance;
- measure and improve the delivery of Healthier Work advice, support, communication and social marketing, resources, tools, training and targeted incentives;
- measure the impact of Healthier Work on workplaces and their employees;
- contribute to the evidence of what strategies work; and
- advise whether this is an effective model of service delivery to inform future planning.

Healthier Work will be required to provide monitoring and process evaluation reports to inform this evaluation.

In addition to this specific evaluation, the overarching performance benchmark program evaluation, will also inform the success of Healthy Workers Initiative at the population level.

29. **Infrastructure:** New ACT hard infrastructure integral to this activity is the establishment of Healthier Work, which would operate out of the ACT and provide services to ACT workplaces.

New ACT soft infrastructure needed for this activity includes the development of: protocols, policies and procedures to guide the work of the service; branding, marketing and communication strategies; and workplace health and wellbeing resources, website and training manuals to support the work of Healthier Work. In addition to this, ACT Health will recruit and fund a SOG C from 1 January to 31 December 2011 to oversee the planning and implementation of this activity (administrative infrastructure).

Soft Commonwealth infrastructure, currently being developed, that will support this activity includes the *Healthy Workers National Charter* with peak employer and employee groups, national awards for healthy workplace achievements. Development by the Commonwealth of Healthy Workers National Portal and the National Quality Framework will further support this activity.

30. **Implementation schedule:**

Table 6: Implementation schedule

Deliverable and milestone	Proposed due date
(i) Costing to determine budget and specific model of service delivery for a workplace health organisational support and facilitation service (Healthier Work)	1 July 2011
(ii) Agreement to a Memorandum of Understanding between ACT Health and Justice and Community Safety Directorate to implement Healthier Work	1 Dec 2011

(iii) Website, resources and toolkit developed and printed	7 May 2012
(iv) Healthier Work operational/launch	7 May 2012
(v) Evaluation Consultant contracted	30 June 2012
(vi) Healthier Work's Strategic, Annual , Risk Management and Process Evaluation plans 2012/15 submitted	1 October 2012
(vii) Healthier Work marketing and communication plan submitted	30 November 2012
(viii) Healthier Work Evaluation Framework submitted	31 October 2012
(ix) Healthier Work Quarterly reports commence	31 October 2012
(x) Healthier Work Annual Report 2012/13 and Annual Plan 2013/14 submitted	31 July 2013
(xi) Healthier Work Annual Report 2013/14 and Annual Plan 2014/15 submitted	31 July 2014
(xii) Evaluation Report finalised	31 March 2015
(xiii) Healthier Work Annual Report 2014/15 submitted	31 July 2015
(xiv) Healthier Work's Strategic, Annual, Risk Management and Process Evaluation plans 2015/18 submitted	1 October 2015
(xv) Healthier Work Annual Report 2015/16 and Annual Plan 2016/17 submitted	31 July 2016
(xvi) Healthier Work Annual Report 2016/17 and Annual Plan 2017/18 submitted	31 July 2017
(xvii) Healthier Work Annual Report 2017/18 submitted	30 June 2018

31. **Responsible officer and contact details:**

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32. **Activity budget:**

Table 7: Activity project budget

Expenditure item	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	Total
(i) Healthier Work-operational, staffing and key strategies costs: - marketing and communication; -website development/maintenance incl. secure site and administration for 'Employee Survey'; - toolkit development; and - training development. It is anticipated that 2011-12 funds will be rolled into subsequent years until 2014-15. Funding review in 2015 following the Evaluation Report in March 2015.	\$1,003,900	\$122,611	\$359,187	\$340,457	\$411,649	\$411,649	\$412,418	\$1,240,000
(ii) Evaluation – Consultancy fees	\$30,787	\$65,559	\$37,462	\$56,192				\$190,000
TOTAL	\$1,034,687	\$188,170	\$396,649	\$396,649	\$411,649	\$411,649	\$412,418	\$3,251,870

Notes: All amounts are GST exclusive unless otherwise specified;

33. **Activity b):** Targeted workplace incentives

34. **Overview:** This activity will support the Healthy Workers initiative by providing incentives for workplaces to access healthy living programs that target individual workers, groups of workers or the organisation as a whole (i.e. programs that are of an enabling or capacity building nature). These programs, taken together, will cover the five modifiable lifestyle risk factors for chronic disease (discussed earlier) and may include components on personal mental health and improving workplace psycho-social environments.

One healthy living program to be offered to workplaces under this activity from 2011-13 is a seminar promoting the messages of the National *Measure Up* campaign and providing information on the Get Healthy Information and Coaching Service®. This activity is in line with the ACT Social Marketing Initiative Implementation Plan under the NPAPH. The content and supporting materials for these seminars will be developed and delivered by a Consultant in consultation with the Health Directorate, and forms part of the Social Marketing Initiative Implementation Plan.

35. **Outputs:**

Table 3A: Outputs funded by the NPAPH

Output	Description	Timeframe
(i) Incentives for high need/ hard to reach workplaces to access healthy living programs	<p>These incentives would take the form of subsidies, overseen by Healthier Work discussed at activity (a) for high need and hard to reach workplaces to access approved healthy living programs that address one or more of the five modifiable lifestyle risk factors to chronic disease (discussed earlier), and may include components on personal mental health, workplace psycho-social environments and minor supporting infrastructure.</p> <p>Only workplaces that have demonstrated to Healthier Work their commitment to workplace health promotion will be eligible for these incentives. Healthier Work will be responsible for establishing full eligibility criteria for this incentives program, in consultation with The Health Directorate.</p> <p>The Service will also refer workplaces not eligible for these subsidies to approved healthy living programs, based on identified needs.</p>	<p>Incentives program available from: March 2013 to Dec 2014</p> <p>Incentive program criteria established by 21 February 2013</p>

Table 3B: Complementary outputs funded by the ACT Government

Output	Description	Timeframe
(i) Capacity building grants round for healthy living program providers (NGOs and small for profits)	<p>To ensure the sector has the capacity to meet the needs of ACT workplaces in relation to provision of evidence based and quality healthy living programs, ACT Health will run a one off capacity building grants round for NGOs and small for profit organisations to develop or refine relevant programs for workplaces.</p> <p>This grants round could be aligned with National Partnership accreditation processes if appropriate.</p>	<p>Grants advertised: March 2011</p> <p>Grants awarded: July 2011</p> <p>Grants completed: June 2012</p>
(ii) QUIT facilitator	<p>ACT Health will run three QUIT Facilitator training sessions free of charge to a range of</p>	<p>QUIT facilitator training: March 2010, - 2012</p>

Output	Description	Timeframe
training	workplace representatives and service providers to enable smoking cessation programs to be run in workplaces for employees.	
(iii) Get Healthy Information and Coaching Service® (GHICS)	<p>A free telephone based service aimed at providing information and ongoing behaviour change coaching for adults in relation to healthy eating, physical activity and achieving and maintaining a healthy weight. It provides adults with the ongoing support needed to change lifestyle-based behaviours.</p> <p>GHICS has been implemented in NSW since February 2009 and was launched in the ACT on 1 July 2010. This service will be promoted particularly to small business as a resource for workers to access.</p>	Launched: 1 July 2010 and ongoing.
(iv) Workplace specific GHICS resources TBC	ACT Health understands that NSW Health is considering developing GHICS resources to specifically assist workplaces in incorporating GHICS into workplace health and wellbeing programs. Should this occur, ACT Health will seek to adopt these resources for promotion in ACT.	TBC
(v) Grant to Oz Help Foundation to undertake the 'Tradies Tune Up' program.	<p>Oz Help Foundation is an NGO. 'Tradies Tune Up' is a healthy lifestyle intervention targeting the building and construction industry, aimed at increasing health and wellbeing of workers.</p> <p>This grant is funded by ACT Health - Health Promotion Grants Program.</p>	Grant duration: 1 July 2010 to 30 June 2013

Notes: TBC = To be confirmed

36. Outcomes:

Table 4: Outcomes

Short Term Outcomes (2011-13)	Medium Term Outcomes (2013-15)	Long Term Outcomes (2015 -18 onwards)
In high need and hard to reach workplaces, increased employer & worker exposure to information about risk factors for lifestyle-related chronic disease	In high need or hard to reach workplaces, sustained changes in the number of work place policy, culture & physical environments supporting & promoting healthy lifestyle behaviours	Significant improvement in the 'working population' levels of healthy lifestyle activities/risk factors <ul style="list-style-type: none"> ▪ Physical activity ▪ Healthy eating ▪ Smoking cessation ▪ Cessation of harmful/hazardous alcohol consumption ▪ Overweight & obesity
In high need and hard to reach workplaces, increased worker & employee awareness of risk factors and opportunities for workers to engage in healthy lifestyle-related behaviours		
In high need or hard to reach workplaces, increased number of workplace policy, culture & physical 'environments' in which individuals can engage in healthy lifestyle behaviours	In high need or hard to reach workplaces, sustained changes in the availability of work place programs supporting healthy lifestyle behaviours for workers in high need or hard to reach workplaces	
In high need or hard to reach workplaces, increased availability of workplace programs to support change in workers levels of healthy lifestyle behaviour including, healthy lifestyle programs for individuals, groups or for the organisation as a whole addressing <ul style="list-style-type: none"> ▪ Physical activity ▪ Healthy eating ▪ Smoking cessation ▪ Cessation of harmful/hazardous alcohol consumption ▪ Overweight & obesity 		

	In high need or hard to reach workplaces, ongoing positive changes in worker and employer 'values' & levels of participation in healthy lifestyle activities/risk factors	
In high need or hard to reach workplaces, increased worker awareness of personal behaviours to address risk factors for lifestyle-related chronic disease		
In high need or hard to reach workplaces, increased worker motivation to engage in healthy lifestyle behaviours in particular through the Get Healthy Information and Coaching service	<ul style="list-style-type: none"> ▪ Physical activity ▪ Healthy eating ▪ Smoking cessation ▪ Cessation of harmful/hazardous alcohol consumption ▪ Healthy weight 	
In high need or hard to reach workplaces, increased worker participation in work-related activities supporting change in levels of healthy lifestyle behaviours		
In high need or hard to reach workplaces, increased changes in individual levels of healthy lifestyle behaviours		
An increased understanding of strategies for engaging with hard to need hard to reach workplaces		

37. **Rationale:** Research has shown that chronic disease risk factors, including high body mass index, physical inactivity and low fruit and vegetable consumption, are potentially modifiable and there is growing evidence that behaviour change programs within the workplace setting can be effective.^{6, 7}

Although healthy living programs may be attractive to workplaces in terms of a tangible display of their concern for employee health and wellbeing, the cost of offering these programs may act as a disincentive. During the first years of the development and establishment of Healthier Work, provision of subsidies for high risk and hard to reach workplaces may incentivise workplaces to offer healthy living programs for their employees. Once the Program is established and the business case for workplace health promotion is better recognised by workplaces, such subsidies will be less essential.

As these subsidies will be managed through Healthier Work it will establish a list of preferred providers, drawing on the national accreditation directions for the healthy workers initiative; thereby ensuring that workplaces are accessing evidence based and quality programs, as well as building the capacity and sustainability of appropriate service providers.

The ACT will include subsidies for healthy living programs under this activity that may include components on personal mental health and the workplace psycho-social environment. There are a number of reasons for this approach, including:

- a) workplace factors, such as the psycho-social environment, can be harmful to the mental health of workers; for example, they may increase the likelihood of an occurrence of a mental disorder, make an existing disorder worse or may contribute directly to mental distress. Mental health can be improved “by interventions that combine personal stress management with organizational efforts to increase participation in decision-making and problem-solving,

⁶ Bellew, B. (2008) *Primary prevention of chronic disease in Australia through interventions in the workplace setting: A rapid review*, Evidence Check review brokered by the Sax Institute for the Chronic Disease Prevention Unit, Victorian Government Department of Human Services. Available from http://www.health.vic.gov.au/healthpromotion/downloads/cd_prevention_workplace.pdf (accessed 25 February 2010)

⁷ Burton (2010), *ibid.*

increase social support, and improved organizational communications”⁸; and

- b) physiological functioning can influence health behaviour, such as unhealthy eating, inactivity, smoking and hazardous/harmful alcohol consumption⁹.

38. **Contribution to performance benchmarks:** As this activity will provide workplaces, particularly high need and hard to reach workplaces, with access to a broad range of healthy living programs that will, taken together, address all five modifiable lifestyle risk factors for chronic disease, all benchmarks outlined under the NPAPH Healthy Workers initiative will relate to this activity; this being:

- a) Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state/territory by 2016; proportion of adults at healthy weight returned to baseline level by 2018.
- b) Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state/territory by 2016; 0.6 for fruits and 1.5 for vegetables from baseline by 2018;
- c) Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5 per cent from baseline for each state/territory by 2016; 15 per cent from baseline by 2018; and
- d) Reduction in state/territory baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.

39. **Policy consistency:** This activity is consistent with the Healthy Workers policy framework (Attachment A) in the following ways:

- a) this activity provides high need/hard to reach workplaces with subsidies to access *healthy living program* (1.3 (i) a) & c)), which will be promoted and administered through the Service discussed earlier. These subsidies provide a direct incentive to employers to provide programs (2.2.10);
- b) the infrastructure established to support this activity will also provide the framework for the Service to refer ACT workplaces generally to healthy living programs, based on identified needs (2.2.11). All programs will be implemented in or through workplaces (2.2.6) and will be voluntary in nature (2.3.5);
- c) the focus of the healthy living programs is the prevention of lifestyle related chronic disease addressing the modifiable lifestyle risk factors of smoking, poor nutrition, physical inactivity and hazardous/harmful alcohol consumption through sustained behaviour and organisational changes in working Australians in the ACT and their workplaces (2.2.1);
- d) the healthy living programs will focus on *primary and secondary prevention* by both limiting the incidence of disease and disability by measures that eliminate or reduce causes or determinants of departure from good health, control exposures to risk and promote factors that are protective of good health, and by reducing the progression of disease through early detection and early intervention (2.2.4, 2.3.1). Examples of primary prevention programs are

⁸ Burton (2010), *ibid.* p. 50.

⁹ WHO, (2005) *Promoting mental health: concepts, emerging evidence, practice* : report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. WHO, Geneva. Available from: http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf (accessed 16 July 2010)

workplace nutrition seminars, walking groups and smoking cessation programs. Examples of secondary prevention program are health assessments, diabetes lifestyle modification programs and weight control programs;

- e) the healthy living programs covered by these subsidies will range from existing efficacious workplace programs, new programs that have been found to be efficacious either in other settings or jurisdictions, and new programs that demonstrate significant innovation and promise from initial results (2.3.2);
- f) whilst some healthy living programs covered by these subsidies may include components on personal mental health, mental health will not be the sole focus of these programs (2.2.5);
- g) measures will be in place to ensure that: healthy living programs not further stigmatise obesity and other applicable health conditions or behaviours (2.3.6); the privacy of individuals is protected and programs comply with applicable privacy legislation (2.3.7); and program providers comply with specified requirements developed under the NPAPH (2.3.8);
- h) healthy living programs that have a clinical risk assessment component, such as workplace health assessments, will be required to have identified clear and appropriate referral pathways that include complementary support activities, such as the Get Healthy Information and Coaching Service®, that aim to address and lead to a reduction in identified lifestyle risk factors (2.3.15);
- i) as this incentives program will be available to high need/hard to reach workplaces, this activity will support equity of outcomes for all by increasing opportunities and removing or reducing barriers for participation (2.3.4);
- j) the scope of healthy living programs and the eligibility criteria for subsidies will be informed by the local needs analysis and pilot, which will identify high need workplaces, local enablers and barriers and the range of programs that may be beneficial to workplaces (2.3.9); and
- k) reporting requirements for the Service relating to these subsidies and general referral for workplaces to service providers, together with the evaluation of this activity, will allow for continuous quality improvement (2.3.14).

40. **Target group(s):** The target group for these incentives is high need and hard to reach ACT workplaces. The specifics of these groups will be informed by the results of ACT Health funded ACT Workplace Health Promotion Needs Analysis May 2011 and pilot projects, as these will identify the workplace types with high risk health issues and/or with significant barriers to accessing healthy lifestyle programs.

The ACT Workplace Health Promotion Needs Analysis May 2011¹⁰ identifies blue collar workers as a high need sector in particular:

- blue collar workers represent 18% of the ACT's workforce. With the exception of waist circumference, the prevalence of all other risk factors is higher than the ACT average or the national average. Most of the differences are statistically significant. Items of note are:
 - smoking – the prevalence is 43%, which is double the overall prevalence rate of 20% in the ACT;
 - nutrition – a higher prevalence of inadequate fruit intake (58%), compared to 48% for ACT. 96% of blue collar workers have inadequate vegetable intake;

¹⁰ PricewaterhouseCoopers(2011). ibid
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- alcohol consumption – the prevalence of harmful levels of alcohol consumption on both single occasion risk and lifetime risk is significantly higher than the ACT overall; and
- more than 8 in 10 blue collar workers (84%) report at least 2 unhealthy behaviours, compared to 70% overall for ACT.

41. **Stakeholder engagement:** Stakeholders specific to this activity include healthy living program providers in the ACT, ACT employee and employer groups, and ACT workplaces generally.

Broad stakeholder consultation and engagement strategies were discussed at activity (a). Of these, strategies particularly relevant to this activity include the consultations (such as interviews and focus groups) that occurred with service providers, employers and employees as part of the ACT Workplace Health Promotion Needs Analysis 2011. These strategies will enable the ACT to analyse the needs of ACT workplaces (including of high risk workplaces) in relation to program provision and barriers and enablers for workplaces in accessing such programs; and identification of the capacity building needs of local program providers.

Healthier Work, discussed earlier, will be tasked with undertaking ongoing marketing and communication strategies to engage both employers in accessing health living programs (subsidised or otherwise) and employees in taking up programs made available in their workplace. The Healthier Work website will also provide information on these programs.

42. **Risk identification and management:** The risks for this activity have been summarised in the table below. Identified risks will be added to the Health Promotion Risk Register, which is reviewed quarterly.

Table 5: Risk management

Risk	Risk rating	Origin/cause/source of risk and trigger point for deploying strategies	Risk mitigation/control strategies
Low take-up by high need/ hard to reach employers of support/incentives offered by the Service.	Medium	High need/ hard to reach employers may be hesitant to engage Healthier Work due to perceptions of the costs to implement workplace health programs and the issues associated with high needs groups.	<ul style="list-style-type: none"> ▪ As part of its project planning, Healthier Work will be required to develop a risk assessment plan to mitigate against such risks. ▪ As part of its project planning, Healthier Work will be required to develop a communication and marketing plan to address perceived barriers to employers, in particular high need hard to reach employers, of implementing workplace health programs and to promote the incentives. ▪ Healthier Work will be encouraged to work closely with Ozhelp, who is funded by ACT Health for workplace health in the building industry, and other key industry groups, to promote the service. ▪ Healthier Work, which is based in WorkSafe ACT will be able to utilise existing business and industry networks and Work Safety Inspectors to promote their service.

43. **Evaluation:** The independent evaluation outlined for activity (a) will also cover the incentives program, as it will be administered by Healthier Work. The following process evaluation questions may relate to this incentives program:

- no. of workplaces applying for subsidies;
- no. of workplaces awarded subsidies;
- methods used by workplaces and/or the Service in accessing workplace program needs;
- information on the types of programs identified as needed;
- information on the types of programs accessed;
- no. and range of healthy living programs available to workplaces through subsidies; and
- percentage of employees accessing programs within workplaces.

In addition to this, an independent evaluation of the delivery and impact of Healthier Work will inform the assessment of this incentives program. Any continuation of an incentives program beyond 2014 will be contingent upon the outcomes of this evaluation.

44. **Infrastructure:** New ACT hard infrastructure integral to this activity is the establishment of a workplace health promotion organisational support and facilitation service (the Service), which would operate out of the ACT and oversee this incentives program.

New ACT soft infrastructure needed for this activity includes: the final reporting from needs analysis activities; development of eligibility criteria for workplaces applying for subsidies; identifying service providers; development of online and hard copy information for workplaces promoting the subsidies program; and development of protocols, policies and procedures to guide the work of Healthier Work in overseeing subsidies.

Soft Commonwealth infrastructure, currently being developed, that will support this activity is the finalisation of the nationally agreed standards of workplace based prevention programs, which would guide the ACT development of a list of approved service providers.

45. **Implementation schedule:**

Table 6: Implementation schedule

Deliverable and milestone	Proposed due date
(i) Eligibility criteria, policies and list of approved service providers for incentives program finalised	31 December 2012
(ii) Incentives program available to workplaces through Service	From March 2013 to Dec 2014

Notes:

46. **Responsible officer and contact details:**

Alanna Williamson, Program Manager
Health Promotion, Health Directorate
Ph: (02) 6207 7811, alanna.williamson@act.gov.au

47. **Activity budget:**

Table 7: Activity project budget

Expenditure item	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	Total
(i) Incentives for high need/ hard to reach workplaces to access healthy living programs. It is anticipated that 2011-12 and 2012-13 funds will be rolled into subsequent years until 2014-15.	\$220,000	\$59,000	*	*				\$279,000
TOTAL	\$220,000	\$59,000						\$279,000

Notes: All amounts are GST exclusive unless otherwise specified

* It is anticipated that 2011-12 and 2012-13 funds will be rolled into subsequent years until 2014-15

48. **Activity c):** Public sector health promotion

49. **Overview:** This activity will support the Healthy Workers initiative by providing specific program and policy guidance for ACT Government public sector organisations. The core aspect of this activity is the Health Directorate's experience in developing, implementing and analysing a comprehensive staff health and wellbeing program (funded by the ACT Government over 2010-12) to inform and support the development of workplace health promotion policies and programs within the ACT public sector more broadly.

Specifically, ACT Health will pursue the development of a whole of government 'Workplace Health and Wellbeing' policy through the ACT Chief Minister's and Cabinet Directorate (CMCD) during 2011-12. This policy will then be utilised by Healthier Work, discussed at activity (a), in supporting public sector workplaces more broadly, including Commonwealth public sector agencies as appropriate. To support the implementation of the policy Health and Wellbeing Coordinator training will be offered to ACT Public Sector Directorates.

From 2013-15 there will be additional support for workplace health in the public sector by supporting existing relevant networks and through the development of new partnerships for example the Commonwealth Safety Manager's Forum, the newly formed ACT Chief Minister and Cabinet Directorate – Health and Wellbeing Co-ordinator Network and Comcare. Types of activities may include support for training, workshops, and seminars.

50. **Outputs:****Table 3A: Outputs funded by the NPAPH**

Output	Description	Timeframe
(i) Analysis of ACT Health's experience with staff health and wellbeing	One year of funding for ACT Health in developing, implementing and analysing a comprehensive Health Directorate staff health and wellbeing program (this program being funded by the ACT over 2010-12) to inform the outputs below.	2012-13
(ii) Capacity building in the ACT Public Sector	Health and Wellbeing Coordinator training for ACT Public Sector to support the implementation of the whole of government 'Workplace Health and Wellbeing' policy. An ongoing Coordinator's network will be established by CMCD following training.	2012-13
(iii) Capacity building for workplace health in the Public Sector	Continue to support the public sector to increase their understanding, knowledge and skills of workplace health promotion principles and practice. Continue to build partnerships with existing networks and develop new partnerships to identify the needs of the ACT and ACT based Commonwealth sector and to support activities such as training, workshops, and seminars.	2013-15

Notes: TBC = To be confirmed

Table 3B: Outputs funded by the ACT Government

Output	Description	Timeframe
(i) ACT Health staff health and wellbeing program	<p>From August 2010 the Health Directorate, will commence six to nine months of consultative, consolidation and planning activities to inform recommendations to Executive on the development and implementation of a comprehensive staff health and wellbeing program. The objectives of these initial activities include to:</p> <ul style="list-style-type: none"> ▪ consolidate existing programs, policies and supports under the banner of staff health and wellbeing. ▪ raise the profile of staff health and wellbeing within the Directorate. ▪ engage staff and Directorate areas in staff health and wellbeing initiatives. ▪ create momentum for implementing a comprehensive staff health and wellbeing program. ▪ undertake preliminary work to inform future directions for the program, including a proposed Health Directorate Healthy Food and Drink Choices Policy. <p>At the conclusion of this work, HP will provide recommendations for longer term activities under this program, which will be developed and implemented with ACT funding until 30 June 2012.</p> <p>HP will undertake process and short-term evaluation of this program during this time.</p>	1 August 2010 to 30 June 2012
(ii) ACT Public Sector whole of government policy	ACT Health will work with the ACT Chief Minister and Cabinet Directorate (CMCD) during 2011- 12 to develop a whole of government 'Workplace Health and Wellbeing' policy. Funding will be provided to CMCD to support some whole of ACT public sector initiatives.	1 January 2011 to 30 June 2012
(iii) ACT Safety First Physiotherapy Program	Funding for the 'Safety First Physiotherapy Program', coordinated by ACT Health Injury Prevention and Management (IPM) Unit, for 2010-11. This Program provides a physiotherapist to respond to the needs of ACT Health and intra-agency staff who sustain work related and non-work related injuries. During this year, the IPM Unit will develop a business case to support sustainable funding models for this program.	1 July 2010 to 30 June 2011

51. **Outcomes:**

Table 4: Outcomes

Short Term Outcomes (2011-13)	Medium Term Outcomes (2013-15)	Long Term Outcomes (2015-18 onwards)
In the public sector, increased employer & worker exposure to information about risk factors for lifestyle-related chronic disease	In the public sector, sustained changes in the number of workplace policy, culture & physical environments supporting & promoting healthy lifestyle behaviours	Significant improvement in the 'working population' levels of healthy lifestyle activities/risk factors <ul style="list-style-type: none"> ▪ Physical activity ▪ Healthy eating ▪ Smoking cessation ▪ Cessation of harmful/hazardous alcohol consumption ▪ Overweight & obesity
In the public sector, increased employer & worker awareness of risk factors and opportunities for workers to engage in healthy lifestyle-related behaviours		
In the public sector, increased employer exposure to information on the economic benefits of investing in employee health and wellbeing	In the public sector, sustained changes in the availability of workplace programs supporting healthy lifestyle behaviours for workers in high need or hard to reach workplaces	
In the public sector, increased number of workplace policy, culture & physical 'environments' in which individuals can engage in healthy lifestyle behaviours		
In the public sector, increased availability of workplace programs to support change in workers levels of healthy lifestyle behaviour including <ul style="list-style-type: none"> ▪ Whole of ACT Public Sector (WOG) Workplace Health and Wellbeing Policy ▪ Agency based workplace health and wellbeing programs ▪ Workplace programs ▪ Workplace health seminars 	In the public sector, ongoing positive changes in worker and employer 'values' & levels of participation in healthy lifestyle activities/risk factors <ul style="list-style-type: none"> ▪ Physical activity ▪ Healthy eating ▪ Smoking cessation ▪ Cessation of harmful/hazardous alcohol consumption ▪ Healthy weight 	
In the public sector, increased worker awareness of personal behaviours to address risk factors for lifestyle-related chronic disease		
In the public sector, increased worker motivation to engage in healthy lifestyle behaviours, in particular through the <ul style="list-style-type: none"> ▪ Get Healthy Information and Coaching Service® 	In the public sector, increased worker participation in work-related activities supporting change in levels of healthy lifestyle behaviours	
In the public sector, increased worker participation in work-related activities supporting change in levels of healthy lifestyle behaviours		
In the public sector, increased changes in individual levels of healthy lifestyle behaviours		

52. **Rationale:** As discussed at activity (a), workplace policies, systems, practices and the physical environments can directly affect the ability of individuals to make healthy choices¹¹. Comprehensive approaches to workplace health promotion recognise that this is achieved through a combination of improving the work environment and organisation (i.e. the psycho-social environment), promoting active participation, and encouraging personal development.¹²

¹¹ WHO (2010), *ibid*.
¹² Burton (2010), *ibid*.
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As ACT Health is responsible for driving the current national impetus for workplace health promotion within the ACT, it is imperative it demonstrates its leadership in this area by committing to and delivering a comprehensive and well-integrated staff health and wellbeing program. Further, ACT Health has a role to play in advocating for a whole of ACT government, best practice approach to workplace health promotion and in providing related policy and program support – with support from the ACT Chief Minister and Cabinet Directorate. This public sector leadership role in the area of workplace health is similarly undertaken by departments in other jurisdictions, such as the Tasmanian Department of Premier and Cabinet's 'Healthy@Work' program.

The components of this activity will enable ACT Health to undertake this leadership role by providing:

- a) funding for a detailed analysis of the Health Directorates experience in developing and implementing a comprehensive staff health and wellbeing program to inform and support the development of workplace health promotion policies and programs within the ACT (and Commonwealth where appropriate) public sector more broadly;
- b) resources that allow ACT Health to support the implementation of the ACT Whole of Government Health and Wellbeing Policy by providing Health and Wellbeing Coordinator training to representatives for all Directorate's and key agencies; and
- c) funding to increase the understanding, knowledge and skills of workplace health promotion principles and practices within the ACT and ACT based Commonwealth public sectors.

In this way, this activity will extend activities being initiated presently by ACT Health with ACT Government funding, which concludes on 30 June 2012 (as outlined at Table B, 'Outputs' above).

53. **Contribution to performance benchmarks:** This activity will provide ACT (and Commonwealth where appropriate) public sector workplaces with policy support relating to all five modifiable lifestyle risk factors for chronic disease. The benchmarks outlined under the NPAPH Healthy Workers initiative that will therefore relate to this activity are:

- a) Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state/territory by 2016; proportion of adults at healthy weight returned to baseline level by 2018.
- b) Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state/territory by 2016; 0.6 for fruits and 1.5 for vegetables from baseline by 2018;
- c) Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5 per cent from baseline for each state/territory by 2016; 15 per cent from baseline by 2018; and
- d) Reduction in state/territory baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.

54. **Policy consistency:** This activity is consistent with the Healthy Workers policy framework (Attachment A) in the following ways:

- a) the ongoing evaluation and detailed analysis of ACT Health staff health and wellbeing program will allow for continuous quality improvement (2.3.14);

- b) this activity will support policy enhancement and system change within the ACT (and Commonwealth where appropriate) public sector. In this way, this work provides an organisational wide, enabling and capacity building healthy living program (1.3 (i) a) & d));
- c) policy development and capacity building support will focus on *primary prevention* by limiting the incidence of disease and disability by measures that eliminate or reduce causes or determinants of departure from good health, control exposures to risk and promote factors that are protective of good health (2.2.4, 2.3.1); and
- d) capacity building support will be informed by consultation that identify needs and common barriers and enablers for public sector workplaces being engaged in and embedding workplace health promotion (2.3.4).

Target group(s): The target group for this activity is primarily employees of the ACT public sector, which make up approximately 10% of ACT workers at 20,111¹³. The secondary target group for this activity are employees of Commonwealth public service departments/agencies located in the ACT, which make up approximately 30% of ACT workers at 60,695¹⁴. The primary focus of this activity on ACT public sector employees is due to the influence that the ACT can specifically have on this group given jurisdictional governance issues. Both ACT and Commonwealth public sectors will also, however, be supported in relation to workplace health promotion by Healthier Work discussed at activity (a).

Under this activity, the analysis of the Health Directorate's experience in developing and implementing a comprehensive staff health and wellbeing program will provide a wealth of learnings to inform broader public sector policy development and support in this area. In terms of employee numbers, ACT Health is the second largest ACT public sector employer – employing 26.7% of the ACT public sector workforce (n=5,368). The makeup of ACT Health employees includes medical staff at both The Canberra Hospital and Calvary Hospital, many of whom are shift workers.

55. **Stakeholder engagement:** ACT Health has established an internal Reference Group to inform development and implementation of its staff health and wellbeing program. Members of this Reference Group will include staff from Health Promotion, Staff Development, Organisational Development, Communications and Marketing, Fundraising and Volunteers and Injury Prevention and Management. This Reference Group will assist in the analysis of outcomes of this program.

In relation to broader ACT public sector policy development and support, stakeholders include ACT Chief Minister and Cabinet Directorate responsible for ACT public sector administration, the Australian Public Sector Commissioner (APSC), Comcare, and the Community and Public Sector Union. The Health Directorate's ACT Healthy Workers Advisory Group established in 2010 includes ongoing representation from Comcare and the ACT Chief Minister and Cabinet Directorate.

The 2010 ACT Workplace Health Promotion Needs Analysis included consultations with key ACT and Commonwealth public sector stakeholders.

¹³ Commissioner for Public Administration (2009) *ACT Public Service Workforce Profile 2008-2009*, ACT Chief Minister's Department, Canberra. Available from: http://www.cmd.act.gov.au/__data/assets/pdf_file/0007/116818/wfpo809.pdf (accessed 22 July 2010)

¹⁴ Australian Public Service Commission (2009), *Australian Public Service Statistical Bulletin 2008-09*, Australian Government, Canberra. Available from: www.apsc.gov.au/stateoftheservice/0809/statistics/index.html (accessed 4 August 2010)

56. **Risk identification and management:** The risks for this activity have been summarised in the table below. Identified risks will be added to the Health Promotion Risk Register, which is reviewed quarterly.

Table 5: Risk management

Risk	Risk rating	Origin/cause/source of risk and trigger point for deploying strategies	Risk mitigation/control strategies
Low support for a whole of government workplace health and wellbeing policy	Medium	The ACT CMCD may not agree to the development of a whole of government health and wellbeing policy	<ul style="list-style-type: none"> ▪ The Health Directorate will advocate through existing whole of government committees for a whole of ACT PS health and wellbeing policy. ▪ ACT Health will provide training to ACT PS Health and Wellbeing Coordinators to build their knowledge and capacity to implement programs in their workplaces. ▪ Healthier Work will promote good organisational policy and promote its tools and resources
Low take-up by the public sectors of support offered by Healthier Work	Medium	The public sectors may be hesitant to engage Healthier Work due to perceptions of the costs for the organisation to implement workplace health programs	<ul style="list-style-type: none"> ▪ ACT Health will build partnerships with key public sector groups to build organisational capacity to develop and implement health and wellbeing programs. ▪ As part of its project planning, Healthier Work will be required to develop a risk assessment plan to mitigate against such risks. ▪ As part of its project planning, Healthier Work will be required to develop a communication and marketing plan to address perceived barriers to employers implementing workplace health programs.

57. **Evaluation:** The Health Directorates experience with developing, implementing and analysing a comprehensive staff health and wellbeing program will be informed by process and short outcome evaluation, undertaken internally. Evaluation questions may include:

- employee awareness of program;
- senior management support for program;
- number and range of activities provided;
- uptake of program activities by employees;
- changes in health status of employees – assessed through an employee survey to be conducted in both the first and third year of the program;
- identified enablers and barriers in implementing the program, including partnership analysis; and
- Human Resources indicators of health status, e.g. absentee levels.

Evaluation will also be undertaken of:

- ACT public sector participation and usefulness of Health and Wellbeing Coordinator training;
- attendance and usefulness of any public sector training, workshops and seminars; and
- access by the public sector to Healthier Work, discussed at activity (a).

In addition to this specific evaluation, the overarching program evaluation, outlined at activity (d), will inform the assessment of this activity.

58. **Infrastructure:** ACT Health will fund a position from 1 August 2010 to manage the development and implementation of the Health Directorate's staff health and wellbeing program (administrative infrastructure). This officer will oversee the analysis of program learnings in 2012-13.

New ACT soft infrastructure needed for this activity includes development of: the comprehensive Health Directorate program (funded by ACT Government); and an ACT Whole of Government workplace health and wellbeing policy (funded by ACT Government).

59. **Implementation schedule:**

Table 6: Implementation schedule

Deliverable and milestone	Proposed due date
ACT Whole of Government Workplace Health and Wellbeing Policy launched	30 June 2012
Training delivered to ACT PS Health and Wellbeing Coordinators	30 October 2012
Analysis/evaluation of the Health Directorate's program experiences completed	31 July 2013
ACT Public Sector capacity building training, workshop or seminar run	30 November 2013
ACT Public Sector capacity building training, workshop or seminar run	31 May 2014
ACT Public Sector capacity building training, workshop or seminar run	31 November 2014
ACT Public Sector capacity building training, workshop or seminar run	31 May 2014

Notes:

60. **Responsible officer and contact details:**

Alanna Williamson, Program Manager
Health Promotion, Health Directorate
Ph: (02) 6207 7811, alanna.williamson@act.gov.au

61. **Activity budget:**

Table 7: Activity project budget

Expenditure item	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	Total
(i) One year funding for the development, implementation and analysis of the Health Directorate's staff health and wellbeing		\$84,000						\$84,000

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(ii) Training for ACT PS Health and Wellbeing Co-ordinators		\$20,000						\$20,000
(iii) Public sector workplace health leadership seminar series. 4 seminars			\$15,000	\$15,000				\$30,000
TOTAL		\$104,000	\$15,000	\$15,000				\$134,000

Notes: All amounts are GST exclusive unless otherwise specified

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

62. The Commonwealth is responsible for reviewing the Territory's performance against the program and activity outputs and outcomes specified in this Implementation Plan and providing any consequential financial contribution to the Territory for that performance.

Role of the Territory

63. The Territory is responsible for all aspects of program implementation, including:
- (a) fully funding the program, after accounting for financial contributions from the Commonwealth and any third party;
 - (b) completing the program in a timely and professional manner in accordance with this Implementation Plan; and
 - (c) meeting all conditions of the National Partnership including providing detailed annual report against milestones and timelines contained in this Implementation Plan, performance reports against the National Partnership benchmarks, and a final program report included in the last annual report that captures lessons learnt and summarises the evaluation outcome.
64. The Territory agrees to participate in the Healthies Steering Committee or other national participation requirements convened by the Commonwealth to monitor and oversee the implementation of the initiative, if relevant.

PERFORMANCE REPORTING

65. The Territory will provide performance reports to the Commonwealth to demonstrate its achievement against the following performance benchmarks as appropriate to the initiative at 30 June 2016 and 31 December 2017:
- a) Increase in proportion of children at unhealthy weight held at less than five per cent from baseline for each state/territory by 2016; proportion of children at healthy weight returned to baseline level by 2018.
 - b) Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state/territory by 2016; 0.6 for fruits and 1.5 for vegetables by 2018.
 - c) Increase in proportion of children participating in at least 60 minutes of moderate physical activity every day from baseline for each state/territory by five per cent by 2016; by 15 per cent by 2018.
 - d) Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state/territory by 2016; proportion of adults at healthy weight returned to baseline level by 2018.

- e) Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state/territory by 2016; 0.6 for fruits and 1.5 for vegetables from baseline by 2018.
 - f) Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5 per cent from baseline for each state/territory by 2016; 15 per cent from baseline by 2018.
 - g) Reduction in state/territory baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.
66. The requirements of performance reports will be mutually agreed following confirmation of the specifications for measuring performance benchmarks by the Australian Health Minister's Conference.
67. The performance reports are due within two months of the end of the relevant period.

ATTACHMENT A

National Partnership Agreement on Preventive Health

HEALTHY WORKERS

Scoping Statement and Guiding Policy Principles

PART 1: INTRODUCTION AND OVERVIEW

1.1 Purpose

This document, developed in consultation with states and territories, is designed to provide guidance in developing jurisdictional implementation plans and encourage a consistent approach to the implementation of the Healthy Workers initiative under the National Partnership Agreement on Preventive Health (NPAPH).

1.2 Objectives

The objective of the NPAPH is to reduce the risk of chronic disease by reducing the prevalence of overweight and obesity, improving nutrition and increasing levels of physical activity in adults, children and young people through the implementation of programs in various settings. The NPAPH provides funding for:

- settings based interventions in pre-schools, schools, workplaces and communities to support behavioural changes in the social contexts of everyday lives and focusing on improving poor nutrition, and increasing physical inactivity. For adults also focusing on smoking cessation and reducing harmful and hazardous alcohol consumption;
- social marketing for adults aimed at reducing obesity and tobacco use; and
- the enabling infrastructure to monitor and evaluate progress made by these interventions, including the National Preventive Health Agency and research fund.

1.3 Outputs

To support these objectives the Healthy Workers initiative will fund:

(i) States and territories to facilitate delivery of healthy living programs in workplaces:

- a) focusing on healthy living and covering issues such as physical activity, healthy eating, the harmful/hazardous consumption of alcohol and smoking cessation;
- b) meeting nationally agreed guidelines for addressing these issues, including support for risk assessment and the provision of education and information;

- c) which could include the provision of incentives either directly or indirectly to employers;
- d) including small and medium enterprises, which may require the support of roving teams of program providers; and
- e) with support, where possible, from peak employer groups such as chambers of commerce and industry.

(ii) Commonwealth to develop a national healthy workplace charter with peak employer groups, to conduct voluntary competitive benchmarking, supporting the development of nationally agreed standards of workplace based prevention programs and national awards for healthy workplace achievements. Commonwealth in consultation with the states and territories, may consider taking responsibility for national employers.

1.4 Evidence Base

The workplace is a setting where most adults spend around half of their waking hours, and there is potential through the workplace to reach a substantial proportion of the population who may not otherwise respond to health messages, may not access the primary health care system, or may not have time to make sustained changes to their behaviour, such as participating in more regular exercise.

Nearly 11 million Australian adults are in paid employment, with around 70 per cent in full time employment.¹⁵ Approximately five million (2004-05) Australian employees are overweight or obese (of whom 1.3 million are obese). Obesity was associated with an excess 4.25 million days lost from the workplace in 2001.¹⁶ Obesity rates are highest among mature age workers aged 45-64, who comprise almost a third of the labour force. As obese people age, sick leave increases at twice the rate of those who are not obese.¹⁷ Research indicates that sedentary lifestyles can also lead to more work-related illness and prolonged recovery periods as well as increased morbidity and mortality.¹⁸

Key factors emerging from the international and national literature that can determine the success and sustainability of workplace health promotion programs include:

- *Management involvement and support* from senior management through to middle and line managers across an organisation ensures equal access, opportunity and support to all workers, regardless of position or job type.
- *Integrated workplace health promotion* with existing business planning and values.
- *Well established project planning and implementation* and a participatory approach helps to create employer and worker ownership and longer term success.
- *Effective and consistent communication* of the aims and purpose of the program from employers to workers builds positive engagement.
- *Multi-component programs* can ensure a variety of behavioural risk factors, issues and strategies are addressed to increase participant engagement with different preferences and health needs and ensure lasting change.
- *Monitoring and evaluation* of all program components should be established during program planning and inception.

¹⁵ Workforce statistics from the ABS, cited in: *Overweight and Obesity: Implications for Workplace Health and Safety And Workers' Compensation*, Australian Safety and Compensation Council, August 2008, p 8-9.

¹⁶ *Overweight and Obesity: Implications for Workplace Health and Safety And Workers' Compensation*, Australian Safety and Compensation Council, August 2008, p 8-9.

¹⁷ An American study reported that the profile of obese workers with respect to cardiovascular risk factors as well as work limitations resembled that of workers as much as 20 years older. Also see *Overweight and Obesity: Implications for Workplace Health and Safety And Workers' Compensation*, Australian Safety and Compensation Council, August 2008.

¹⁸ McEachan, Lawton et al. 2008

PART 2: HEALTHY WORKERS

Terminology, Scoping Statement and Guiding Policy Principles

2.1 Terminology

For the purposes of the Healthy Workers initiative, the following terms are defined:

Access and equity is about ensuring that individuals and populations are not further disadvantaged in a health and social sense through the programs and activities delivered as part of the NPAPH. It requires consideration of a range of factors that can impact on access to, reach of and appropriateness of programs for certain populations, removing or reducing barriers to health and access to health-based activities. Programs must support equity of outcomes for all by increasing opportunities and removing or reducing barriers for participation. There are a number of interacting factors at both the organisational and individual level that must be considered in addressing access and equity, for example:

- the type of organisation, industry or enterprise and the structural characteristics of the workforce (does the business operate 24 hours per day or involve shift work; are those working in the industry full-time, part time, seasonal or casual; is the workforce or worker geographically isolated or mobile);
- the size of the organisation or enterprise, relative capacity and decision making autonomy to take up and implement programs and make organisational change;
- consideration of the characteristics of workers at both a group and individual level including gender, cultural and linguistic background, Aboriginal and Torres Strait Islanders, people with a disability, physical location and socio-economic status. For example, the workforce of mining operations can be physically isolated, largely male and may be drawn from culturally and linguistically diverse backgrounds. These factors should be considered in program design, delivery and evaluation;
- equity of outcome that considers all the elements above in relation to the outcomes for individuals and organisations (e.g., were there organisations and individuals who experienced better results than others in the same cohort); and
- elements outlined in the Australian Government's *Social Inclusion Toolkit*.¹⁹

Healthy living programs are those programs that cover physical activity, healthy eating, the harmful/hazardous consumption of alcohol and smoking. The use of the term 'program(s)' is inclusive of activities targeting individual workers, groups of workers and activities that are of an organisational wide, enabling or capacity building nature. It also includes workplace policy enhancement, system change and minor supporting infrastructure improvements directly related to the implementation in the specific setting that are made to facilitate and support the health of workers and associated behavioural changes. The following language will be used to describe the hierarchy of elements of the NPAPH:

1. NPAPH initiatives, such as Healthy Workers;
2. jurisdictional programs (i.e., state and territory programs or activities implemented according to an agreed plan); and
3. activities within jurisdictional programs, local government programs or pilot programs.

Primary and secondary prevention definitions are drawn from *The Language of Prevention*, National Public Health Partnership 2006²⁰ and in the context of Healthy Workers mean:

¹⁹ www.socialinclusion.gov.au/Documents/SIToolKit.pdf
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- *Primary prevention* - limiting the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departure from good health, control exposure to risk and promote factors that are protective of good health; and
- *Secondary prevention* - reduction of progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention.

Quality assurance frameworks, accreditation and standards are currently being developed by the Australian Government under the NPAPH. Programs and program providers (whether this is the employer or a third party on behalf of the employer) will be encouraged to have regard to relevant accreditation processes in order to receive funding under the initiative from jurisdictions. Note that once these processes are fully established consideration will be given to making them a requirement.

Workers, for the purpose of this initiative, are defined as individuals of working age currently in paid employment in Australia. The primary target age range for this initiative is 35 to 55 years. Other age ranges outside of this group in the workplace context can also be considered. It is acknowledged that there are differing arrangements in jurisdictions relating to age for entry into the workforce and that there is no compulsory retirement age.

2.2 Scope

Consistent with the objectives and expected outcomes of the NPAPH, the policy scope for the Healthy Workers initiative is summarised below:

- 2.2.1 The focus of the initiative is the prevention of lifestyle related chronic disease through addressing the modifiable lifestyle risk factors of smoking, poor nutrition, physical inactivity and hazardous and harmful alcohol consumption through sustained behaviour and organisational changes in working Australians and their workplaces.
- 2.2.2 The wider community, children and those who are unemployed or in an unpaid position are not a specific target population under this initiative. However, if a program through a participating worker or workplace, can also reach families, or other members of the community then this is encouraged.
- 2.2.3 The primary target age range for this initiative is people in paid employment aged 35 to 55 years old. Other age ranges outside of this group can also be considered. A lower and upper age limit is not specified under the initiative.
- 2.2.4 Programs should focus on preventive health activities. Programs with a tertiary management focus (i.e. managing existing chronic conditions) are not within the preventive scope of the initiative. However, individuals already participating in tertiary treatment programs are not to be excluded. Note that only preventive programs will attract funding.
- 2.2.5 Mental health is not included as a performance benchmark under the NPAPH. While programs may have a mental health element, this should not be the sole focus of the program.
- 2.2.6 Health promotion programs can be implemented in and through workplaces with workers as the primary target audience. There must be a direct connection with the workplace. For example, policies on food and vending machines in the workplace or a lunchtime walking group organised by workers and undertaken during working hours. A community program that is attended by a worker on the weekend, and does not have the support or endorsement of an employer (e.g., a subsidy) and is otherwise unconnected with employment, would be out of scope.

²⁰ National Public Health Partnership (2006); *The Language of Prevention*, Melbourne

- 2.2.7 Needs assessments can include consideration of the policy environment, workplace culture and infrastructure as they relate to the delivery of a program. An audit of policies and infrastructure that support healthy lifestyle choices and work-life balance to identify areas for development and determine appropriate activities could be implemented as part of a program. For example, in considering the implementation of an active transport to work program, an audit may identify whether supporting infrastructure such as bike racks in the workplace are available.
- 2.2.8 Investment in substantial built environment or hard infrastructure improvements is beyond the scope of the NPAPH. Substantial infrastructure improvements (i.e., change facilities and shower blocks) will need to be funded by the employer. Minor infrastructure (i.e., bike racks) may be permitted following consultation with the Commonwealth.
- 2.2.9 Whilst volunteers are not a specific target population under the initiative, if volunteers are in the workplace they should not be excluded from participating in programs.
- 2.2.10 Funding may be used, among other things, to provide direct incentives to employers to provide programs (e.g. through the provision of subsidies to purchase programs; develop jurisdiction wide programs that can be picked up by employers; or to assist existing providers) or adapt existing programs to suit a wider range of workplaces or to target specific groups.
- 2.2.11 Programs should cover a range of businesses regardless of size. Large business should not be the sole focus of programs and consideration should be given to the needs of small to medium enterprises.

2.3 Policy Principles

General

- 2.3.1 Programs under the initiative should be focused on primary and secondary prevention.
- 2.3.2 Funding for programs should be invested in:
 - significant enhancements or expansions to existing program(s) that have already demonstrated they are efficacious;
 - new programs that have demonstrated efficacy elsewhere that are directly translatable to the initiative setting;
 - programs that can demonstrate significant innovation and/or promise from initial results, but lack formal evidence to demonstrate effectiveness; and
 - programs that have a high likelihood of being sustainable beyond the funding received under this initiative, should the program be effective and there is a demonstrated continuing need.
- 2.3.3 Programs should reflect the requirements of the Australian Government's *Social Inclusion Toolkit*.
- 2.3.4 Access and equity in terms of both access to programs and equity of outcomes as a result of participation in programs must be a key consideration.
- 2.3.5 Participation in NPAPH programs is voluntary. However, the voluntary participation requirement does not override specifications of existing or new workplace legislative requirements or policies (e.g., food supply, no smoking, alcohol management policies, banning of alcohol).

- 2.3.6 Programs and associated evaluations should not further stigmatise obesity and other applicable health conditions or behaviours.
- 2.3.7 Measures must be in place to protect the privacy of individuals as appropriate. Programs must comply with applicable legislation in relation to consent to collect personal and health information and the use, access, storage and disclosure of this information.
- 2.3.8 Program providers may be expected to comply with specified requirements, including quality assurance frameworks, standards or other guidance in existence or currently being developed under the NPAPH.
- 2.3.9 Programs should be developed and implemented in consideration of relevant local enablers and barriers (i.e. appropriate stakeholder consultation and support, infrastructure issues, and different industry and workforce requirements).
- 2.3.10 Funding under the initiative may be used to extend existing programs or create new programs. However, the duplication of funding already allocated at a state and territory level, or by an organisation, should not be permitted.
- 2.3.11 Programs will not be funded if they support, promote or utilise sponsorship of food or beverage products considered to be high in sugar, salt and saturated fat, or of tobacco and/or alcohol or promote sedentary behaviour.
- 2.3.12 Consistency and complementarity with programs already in place should be considered. An assessment of possible efficiencies and effectiveness should be undertaken that recognises activities in other settings (i.e. schools, early childhood settings or other organisations in the community).
- 2.3.13 Programs should have monitoring systems in place to ensure they are capable of reporting in an accurate and timely way on the achievement of program outputs in accordance with performance monitoring and evaluation requirements under the NPAPH.
- 2.3.14 Programs should have mechanisms in place for continuous quality improvement. Monitoring and evaluation arrangements should, where possible, be developed to help facilitate evaluation at a national level.

And in addition for the Healthy Workers initiative

- 2.3.15 Programs that have a clinical risk assessment component should have identified clear and appropriate referral pathways in place that include complementary support activities that aim to address and lead to a reduction in identified lifestyle risk factors.
- 2.3.16 Programs should recognise the diversity of workplaces in Australia and the diversity of Australian workers.
- 2.3.17 Employers should consider the effect of programs across their entire workforce where an employer operates in more than one jurisdiction to ensure that all employees have the opportunity to access programs.
- 2.3.18 Inter-jurisdictional collaboration should be considered when the employer has a workforce operating in a number of jurisdictions or is a national employer.
- 2.3.19 Activities and programs implemented by each jurisdiction will need to be accessible and appropriate for small to medium enterprises, as well as large businesses.