

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 State of New South Wales, 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 State is limited to payments associated with performance benchmarks achieved by the State 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 New South Wales for the Healthy Workers initiative is \$69.99 million.
10. The maximum possible financial contribution to be provided by the Commonwealth as reward payments to New South Wales for the National Partnership is \$49.78 million. Reward payments will be made following the COAG Reform Council's assessment of New South Wales' 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 Healthy Workers Initiative	Due date	Amount
Facilitation Payment	July 2011	10.68
Facilitation Payment	June 2012	12.52
Facilitation Payment	July 2012	6.86
Facilitation Payment	July 2013	7.98
Facilitation Payment	July 2014	7.98
Facilitation Payment	July 2015	7.98
Facilitation Payment	July 2016	7.98
Facilitation Payment	July 2017	8.00
Reward Payment for NPAPH	Due date	Amount
Reward Payment	2016-2017	24.89
Reward Payment	2017-2018	24.89

Note: Discrepancies in the table between totals and sums of components reflect rounding.

11. Any Commonwealth financial contribution payable will be processed by the Commonwealth Treasury and paid to the State 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 (\$ million)

Expenditure item	Year 1 2011/12	Year 2 2012/13	Year 3 2013/14	Year 4 2014/15	Year 5 2015/16	Year 6 2016/17	Year 7 2017/18	Total
NSW Healthy Workplace Service	0.06	1.04	5.00	12.14	12.14	12.14	12.14	54.66
NSW Healthy Workers Marketing Activities	0.19	1.08	3.45	2.04	1.87	0.60	0.60	9.83
NSW Healthy Workers Equity Analysis and Strategy	0.00	0.50	1.00	1.00	1.00	1.00	1.00	5.50
Total	0.25	2.62	9.45	15.18	15.01	13.74	13.74	69.99

Note: Discrepancies in the table between totals and sums of components reflect rounding. The manner in which these funds are spread over the 7 years assumes that roll-over will be possible within NSW Health. Within each intervention the allocation of funds reflects the state of readiness of proposed interventions and the manner in which they will be phased in over the 7 years given the need for formative research and development work across a number of National Partnership Agreement on Preventive Health interventions.

13. Having regard to the estimated costs of program and associated activities specified in the overall program budget, the State 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 State 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 State to deliver projects cost-effectively and efficiently.

PROGRAM OVERVIEW AND OBJECTIVE

14. NSW Healthy Workers Initiative

15. The aim of the NSW Healthy Workers Initiative is to prevent lifestyle-related chronic diseases in people in paid employment by addressing modifiable lifestyle risk factors of:
- Healthy eating;
 - Physical activity;
 - Weight;
 - Smoking; and
 - Harmful alcohol consumption.
16. This will be done through the implementation of the **NSW Healthy Workers Initiative** which will be led by NSW Health in partnership with WorkCover NSW and includes the following activities:
- 1) NSW Healthy Workplace Service
 - 2) NSW Healthy Workers Marketing Activities
 - 3) NSW Healthy Workers Equity Analysis and Strategy

Governance for the NSW Healthy Workers Initiative will link with the NSW Healthy Children's governance structure.

17. Policy consistency:

17.1 National policy context

The NSW Healthy Workers Initiative is consistent with the NPAPH Healthy Workers Scoping Statement and Guiding Policy Principles (Attachment A) as it will:

- Ensure information, advice and support is tailored to: various industry types; small, medium and large businesses; taking into consideration the type and structure of the workforce;
- Ensure its information, advice and support addresses: physical activity, healthy eating, weight, the harmful/hazardous consumption of alcohol and smoking across workplace environmental change, organisational policy and cultural change and individual behaviour change;
- Primarily focus on primary prevention, but also secondary prevention;
- Focus on engaging with people in paid employment, regardless of their age, but will ensure specific focus of those age 35-55;
- Not further stigmatise obesity and other applicable health conditions or behaviours;
- Identify and reduce barriers to access and/or increase opportunities to access and participate in interventions;
- Not fund substantial built environment or hard infrastructure of any kind within workplaces or communities.

17.2 NSW policy context

The intended outcomes of the NSW Healthy Workers Initiative are consistent with a number of priorities identified in the NSW Government's State Plan (NSW 2021) and the NSW State Health Plan namely:

- Reduce smoking rates;
- Reduce total risk drinking;
- Prevent further increases in the prevalence of adult obesity;
- Improve health in the community;
- Reduce potentially preventable hospital admissions;
- Increase walking and cycling;
- Increase the number of people using parks; and
- Increase the number of people participating in sporting activities.

18. The senior contact officer for this program is:

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ACTIVITY DETAILS

Activity ONE:

NSW Healthy Workplace Service

19. Overview:

The NSW Healthy Workplace Service¹ will have two components:

1. A Health Check Service for identifying risk of type 2 Diabetes and cardiovascular disease; and
2. A Workplace Support Service to improve the workplace environment and support individual behaviour change.

Health Check Service

The Health Check Service will provide information and advice to inform workers of their risk of type 2 diabetes and/or cardiovascular disease (CVD).

Key features of the Health Check Service to be delivered by health professionals will include:

- a brief questionnaire based on the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) relating to lifestyle, personal medical history and family history of chronic disease;
- an assessment of the worker's risk of type 2 diabetes CVD and smoking status, based on a waist circumference measurement and the questionnaire responses;
- provision of general health information, including a booklet which includes a record of their results, provides explanations of the lifestyle risk factors and brief advice;
- brief intervention on a selected lifestyle risk factor (either smoking, nutrition or physical activity) as applicable;
- where the worker is identified at medium to high risk of type 2 diabetes and /or increased risk of CVD, they will be encouraged to consent to being contacted by the NSW Get Healthy Information and Coaching Service[®] for further lifestyle information and coaching;
- where the worker is identified at medium to high risk of type 2 diabetes, a referral letter will be provided to their general practitioner (GP) for medical follow-up. Workers will be offered assistance in locating a GP where they do not already have one; and
- where the worker is ready to quit smoking a referral will be made to a number of services including the NSW Quitline and the icanquit website.

Employers with more than 50 workers participating in health checks will have the option of receiving a Workplace Profile Report on the health of their workforce.

All NSW workplaces will have access to the Healthy Workplace Service. However, a phased process of implementation targeting particular groups of workers with a higher risk of developing lifestyle related chronic disease is proposed.

¹This is a working title. The official title will be developed through extensive formative research and concept testing.

Workplace Support Service

The Workplace Support Service will guide workplaces to support their workers in the reduction of lifestyle related risk factors for chronic disease. The Service will review the workplace environment and practices to identify areas of improvement and innovation. A tailored action plan will be developed focusing on the reduction of smoking and alcohol and improvements in nutrition and physical exercise. Workplaces will be supported to implement this plan based on evidence based practices and will be linked with local non-government organisations and programs to provide guidance and advice.

A NSW Healthy Workers Initiative website will be developed to provide information on the Health Check Service and a mechanism to invite the Health Check Service to a workplace. The website will also provide information on the Workplace Support Service, including practical, comprehensive, easy-to-use information and tools aimed at assisting workplaces to identify needs and facilitate improvement in worker health and wellbeing. This website will link to the national Healthy Workers Portal. Dedicated parts of the website, including resources, will target small, medium and large organisations, employers and workers separately.

Specifically, the website will provide employers and their representatives with information, advice and practical, easy-to-use tools that:

- Support the development of a business case for workplace health promotion and for gaining organisational commitment;
- Support the implementation of effective workplace health promotion activities;
- Identify evidence based activities that address multiple risk factors through change in the workplace's physical environment, culture, policies and practices as well as encourage personal development; and
- Support the workplace seeking further assistance from other agencies if required.

Information and advice will be tailored to meet the differential needs of workplaces and their workers.

20. Outputs:

The NSW Healthy Workplace Service incorporates the following outputs.

Table 32: Outputs of NSW Healthy Workplace Service

Description	Quantity*	Timeframe
Formative research on the NSW Healthy Workplace Service including the delivery mechanism, information, and support.	Two rounds of formative research on the Service including the delivery mechanism and style of information, support and advice.	January 2013 to June 2013
	Continuous consultations.	
Development and piloting of the Service tools and resources.	Two rounds of piloting of the tools and resources.	January 2013 to June 2013
	One pilot evaluation report.	
Development of the Service infrastructure which will include the Health Check Service, Workplace Support Service and a Healthy Workers Initiative website.	One Website. Health Check Service. Workplace Support Service.	January 2013 to January 2014
Development and printing of the necessary components of the Health Check Service, Workplace Support Service and website, which may include information, tools, case studies and resources.	Quantity to be determined by formative research.	January 2013 to January 2014

Delivery and evaluation of the NSW Healthy Workplace Service.	10,000 Health Checks conducted per year.	Commencing July 2013 to June 2018
Evaluation Framework and Evaluation Tools for Healthy Workers Initiative.		

*Note: The quantity of outputs will be reviewed and refined once new information from formative research emerges.

Where appropriate and feasible, the differential needs of workers and workplaces will be explored at all stages of development (formative research, concept testing, resource and case study development, service development, service delivery, monitoring and evaluation).

Working groups with responsibility for addressing specific target population needs may be established to ensure input and values are incorporated into activities.

21. Outcomes:

20.1. Workplace Change

Table 4 describes the intended workplace change outcomes of the NSW Healthy Workplace Service.

Table3: Outcomes of the NSW Healthy Workplace Service

Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Increased proportion of employers and their representatives contact the NSW Healthy Workplace Service.	All employers and their representatives who contact the NSW Healthy Workplace Service receive information regarding the Health Check Service and Workplace Support Service.	Increased proportion of employers and their representatives using the Health Check Service and Workplace Support Service to support employees in key health behaviours related to the Commonwealth performance benchmarks.
	Employers and their representatives use the Health Check Service and the Workplace Support Service to implement best practice workplace health promotion programs within their workplace.	
	Workers receive Health Checks and appropriate referrals in relation to type 2 diabetes, CVD and smoking.	Increased proportion of employees with access to Health Checks and activities, programs, policies or environments in their workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.
		Increased proportion of employees who participate in Health Checks and in activities and/or use facilities in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.

22. Rationale:

The National Preventative Health Strategy¹ supports the World Health Organisation in recognising the workplace as a priority setting for health promotion². They provide good reach at a population level, with about 63% of the NSW adult population engaged in some form of employment³, and enable access to parts of the population with a disproportionately larger burden of modifiable risk factors⁴. Workplace health programs can address both behavioural and organisational (including environmental) factors that impact on health.

Nearly one in four adults over the age of 25 years has either diabetes or a condition known as pre-diabetes, where blood glucose levels are higher than normal but not high enough to be diagnosed as type 2 diabetes⁵. NSW adult smoking prevalence for people aged 35 to 44 years (16.1%) and 45 to 54 years (18.6%) are above the state average (14.8%)⁶. Evidence shows that programs involving health risk assessment and follow up are effective for addressing tobacco use, alcohol use, dietary fat intake as well as for overweight and obesity and provide a good return on investment⁷. Importantly workers in NSW generally support workplace health programs, particularly health assessments⁸.

Evidence shows that a healthy workplace can increase productivity, reduce sick leave and absenteeism, improve staff morale and motivation and improve workplace relationships⁹. Workplace health promotion involves “enabling employees, employers and society to improve the health and wellbeing of people at work”¹⁰. To achieve this, employers require support in the modification of the work environment and the organisation’s policies and practices, and in encouraging the personal development of employees¹¹.

23. Contribution to performance benchmarks:

The purpose of the NSW Healthy Workers Initiative is to prevent lifestyle-related chronic diseases in people in paid employment by addressing modifiable lifestyle risk factors of poor nutrition, physical inactivity, overweight and obesity, smoking, and harmful alcohol consumption; in and through workplaces. The contribution of the NSW Healthy Workplace Service to such performance benchmarks is noted in Table 5.

Table 4: Contribution to performance benchmarks

NSW Healthy Workplace Service	Performance Benchmark
Increased proportion of employers and their representatives using the Health Check Service and Workplace Support Service to support employees in key health behaviours related to the Commonwealth performance benchmarks.	Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2016; proportion of adults at healthy weight returned to baseline level by 2018.
Increased proportion of employees with access to Health Checks and activities, programs, policies or environments in their workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.	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 by 2016; 0.6 for fruits and 1.5 for vegetables from baseline by 2018.
Increased proportion of employees who participate in Health Checks and in activities and/or use facilities in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.	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% from baseline for each state by 2016; 15 per cent from baseline by 2018.
	Reduction in state 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. Target group(s):

The NSW Healthy Workplace Service will target all size workplaces, and will primarily focus on industries with significant numbers of employees with greater risk of chronic diseases including those which have:

- High rates of overweight or obesity;
- Low levels of fruit intake;
- Low levels of vegetable intake;
- Low levels of physical activity;
- High rates of smoking; and
- Harmful alcohol consumption.

This focus provides a major opportunity to make population level inroads into reducing chronic disease risk factors.

There will be four avenues in which workplaces will be targeted:

- Peak Industry Associations;
- Peak Employer Bodies such as Chambers of Commerce;
- Peak associations focused on meeting the needs of specific populations within the business sector such as the Aboriginal business community; and
- Employers directly.

Within those organisations the Service will target people such as Human Resource and Occupational Health and Safety Officers or others (executives, managers, employee), who may be able to take a leadership role in their organisation to construct a healthy workplace.

In addition to receiving employer requests for site visits and information and support, the Service will proactively target the following workplaces / industries / occupations that:

- Have employees with significantly greater risk of chronic diseases;
- Have been identified through further scoping and research activities where there are significant numbers of Aboriginal and Torres Strait Islanders employees;
- Have significant numbers of employees from culturally and linguistically diverse backgrounds; and
- Are in rural and remote areas.

25. Stakeholder engagement:

NSW Health has undertaken developmental activities, research and extensive consultation with a range of stakeholders for the purposes of:

- Facilitating commentary on the appropriateness, efficacy and relevance of strategies detailed in this Implementation Plan;
- Harnessing support for those strategies and activities which require implementation across a range of stakeholders;
- Ensuring appropriate engagement and support generally for the strategies and activities of the NSW Healthy Workers Initiative; and
- Ensuring target populations' perspectives and values are incorporated.

Consultation has included stakeholders internal to NSW Health, other NSW Government Departments, non-Government Organisations and academic institutions.

Further, NSW Health has conducted a consultation specifically with the business sector including: employers, peak employer bodies, peak industry bodies, unions, and small, medium and large organisational representatives and employees.

NSW Health will continue to consult and work in collaboration with key partners as the NSW Healthy Workers Initiative is further developed and then implemented. A stakeholder engagement strategy is shown in Table 6.

Table 5: Stakeholder engagement strategy

Stakeholder	Strategy
Workplaces and Employers Peak Industry Associations Peak Employer Bodies such as Chambers of Commerce Peak associations focused on meeting the needs of identified populations within the business sector such as the Aboriginal business community	Further consultation will be undertaken with peak industry associations, employer bodies, and organisations representing the needs of identified population groups such as Aboriginal people to ensure that the strategy development is acceptable, relevant and salient.

26. Risk identification and management:

Table 7 below presents the potential risk of this intervention and proposed management strategies.

Table 6: Risk identification and management

Risk	Management Strategy
Interventions across the National Partnership Agreement on Preventive Health are siloed and fragmented.	NSW Health has implemented a comprehensive governance structure for the National Partnership Agreement on Preventive Health and put into place practical strategies e.g. working groups to encourage cross-intervention communications and identify synergies and linkages across the National Partnership Agreement on Preventive Health interventions particularly in relation to the Social Marketing Initiative and the NSW Healthy Children's Initiative.
Workplaces are not aware of NSW Healthy Workplace Service.	The NSW Healthy Workers Initiative will be underpinned by a marketing framework aimed at generating awareness and uptake of the Healthy Workplace Service. It will also assist in ongoing engagement and communication with workplaces and workers to further the objectives of the NSW Healthy Workplace Service.
Stakeholder concerns act as a barrier to participation, privacy and role in initiative.	<p>Consultations and formative research with relevant agencies has begun and will continue to ensure support for the delivery of the intervention across the state.</p> <p>Such agencies include the business sector including: employers, peak employer bodies, peak industry bodies, unions, and small, medium and large organisational representatives and employees as well as NSW Local Health Districts, NSW Government Departments such as WorkCover NSW, non-Government Organisations and academic institutions.</p>

Workplaces choose not to participate in the intervention.	<p>The NSW Healthy Workers Initiative will ensure minimal to no costs levied on employers, ensuring that ‘red tape’ does not act as a barrier for small business. It will also ensure high levels of confidentiality to protect worker privacy. Implementation of interventions will also be cognisant of activities impacting on the business community such as end of financial year. The involvement of stakeholders such as the NSW Business Chamber will assist in minimising this risk.</p> <p>This consultation and engagement with key stakeholders will continue throughout the interventions development and delivery. Further stakeholders will be identified in this process.</p>
Workplaces do not implement the key messages and activities provided by The Service.	<p>The intervention, its delivery mechanism, information, support and advice will be designed through extensive formative research and concept testing in collaboration with the business sector and workplaces. This is to ensure that the strategy development is acceptable, relevant and salient.</p> <p>The provision of tools and resource will assist in the practical implementation of activities in and through workplaces.</p>
The intervention is not completed within the proposed time frame or within available resources	<p>An extensive Project Management Framework has been established for the NSW Healthy Workers Initiative. Detailed project plans including a schedule of prioritised tasks and deliverables are being developed. The initiative will be segmented into stages with internal resources identified. Governance systems have been established. Mechanisms for monitoring implementation progress as well as methods of identifying and responding to implementation issues in a timely manner are being developed.</p> <p>NSW Health will provide information and consult regularly with delegates (Deputy Director-General, Director-General, Minister for Health, Department of Premier and Cabinet, Treasury, and Commonwealth).</p>

27. Evaluation:

27.1 NSW Healthy Workers Initiative Evaluation Framework

NSW Health, in collaboration with experts in the field of evaluation and intervention research, is currently developing the evaluation framework for the NSW Healthy Workers Initiative. The evaluation of the NSW Healthy Workplace Service will occur within the context of this comprehensive evaluation framework.

27.2 NSW Healthy Workplace Service

As detailed above, a specific evaluation plan for the NSW Healthy Workplace Service is under development. It is anticipated that an independent evaluation of the Healthy Workplace Service will occur. This will include quality assurance measures as well as process and impact evaluation, and an analysis of the costs involved in delivering the intervention against the results achieved.

- **Process:** will include measuring the adoption of the Service and the extent to which it has been delivered as intended. NSW Health will evaluate the implementation of the service from user and service delivery perspectives. It is anticipated that a minimum data set will be used to gather process data as well as support total quality improvement.
- **Impact:** will include measuring changes in policy and practice at the organisational level; evaluate the effectiveness of the Service on users in terms of business and organisational benefits and participation of employees and impact on health indicators.

- **Costing:** will assess the costs and cost-effectiveness of delivering the NSW Healthy Workplace Service.

Other supporting evaluation tools include:

- **Employer Survey:** NSW Health in collaboration with experts in the field of evaluation will develop a survey of NSW Employers. It is likely that the survey will address: current engagement in workplace health promotion activity, how programs are structured and managed within different types of businesses; how comprehensive programs are in terms of the type of activities they include and the risk factors they address; and track awareness of the benefits of health promotion, barriers to implementation of programs, beliefs, attitudes and intentions.

28. Infrastructure:

28.1 Australian Government Infrastructure

Under the National Partnership Agreement on Preventive Health, the Australian Government is responsible for the following components relevant to the NSW Healthy Workers Initiative:

- Joint Statement of Commitment: Promoting Good Health at Work with peak employer groups and unions;
- Voluntary Healthy Workers Quality Framework for providers and programs;
- National Healthy Workers Portal and toolkit; and
- National Preventive Health awards for workplaces.

28.2 NSW Health Infrastructure

The NSW Healthy Workers Initiative will be underpinned by the development of new infrastructure in NSW. It envisages that this will include the establishment of a free state-wide website and on site workplace Service that facilitates Health Checks and the provision of information and advice to support employers implement workplace health promotion activities including environmental and policy changes.

29. Implementation schedule:

Table 7: Implementation schedule

Deliverables and Milestones	Due date
Formative research on the NSW Healthy Workplace Service including the delivery mechanism, information, support and advice.	June 2013
Piloting of the Service tools, resources and case studies.	June 2013
Development of infrastructure website and on site workplace service.	June 2013
Development and printing of the website and on site workplace service information, tools, case studies and resources.	June 2013
Delivery of the Service commences	July 2013
Review operation of Service and implement recommendations.	June 2014
Review operation of Service and implement recommendations.	June 2015
Review operation of Service and implement recommendations.	June 2016
Review operation of Service and implement recommendations.	June 2017
Review of Service.	June 2018

30. Activity budget:

Table 8: Activity budget (\$ million)

Expenditure item	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
Formative research on the NSW Healthy Workplace Service including delivery mechanism, information and support	0.00	0.20	0.25	0.50	0.1	0.1	0.1	1.25
Piloting of the Service tools, resources and case studies	0.00	0.20	0.25	0.50	0.1	0.1	0.1	1.25
Development and management of Service infrastructure	0.06	0.24	2.00	2.00	2.00	2.00	2.00	10.3
Development and printing of the Service information, tools, case studies and resources	0.00	0.20	0.25	0.40	0.40	0.40	0.40	2.05
Delivery & evaluation of the NSW Healthy Workplace Service	0.00	0.20	2.25	8.74	9.54	9.54	9.54	39.81
Total	0.06	1.04	5.00	12.14	12.14	12.14	12.14	54.66

Note: Discrepancies in the table between totals and sums of components reflect rounding. It is anticipated that less than 10% of delivery funding may be used to fund activity coordinators.

ACTIVITY DETAILS

Activity TWO:

NSW Healthy Workers Marketing Activities

31. Overview:

The NSW Healthy Workers Initiative will be underpinned by marketing activities aimed at generating awareness and usage of components of the Initiative. Importantly it will also assist in ongoing engagement and communication with workplaces and workers to further the objectives of the NSW Healthy Workplace Service.

The key elements of the activities will be the Get Healthy Workplace Strategy and the Business Engagement and Communications Strategy.

Current marketing and promotional strategies of the NSW Get Healthy Information and Coaching Service[®] have not fully tapped into workplace settings. Leveraging the considerable investment NSW Health has made in the establishment and ongoing provision of the Service which will continue independent of the NSW Healthy Workers Initiative, this specific activity will target both workplaces and workers.

The purpose of the Get Healthy Workplace Strategy is to provide support for workplaces to both promote and facilitate employees' use of the NSW Get Healthy Information and Coaching Service[®] in and through workplaces. This Strategy will include:

- The development and delivery of an Engagement Pack for workplaces that can be used to gain organisational support, promote and facilitate the use of the NSW Get Healthy Information and Coaching Service[®] within and through workplaces;
- Approaching key industry, employer and employee bodies to encourage them to use this pack within their own organisations and promote the use of the pack to their members; and
- Directly marketing the availability of the pack to targeted employers.

The purpose of the Business Engagement and Communications Strategy will generate awareness and usage of the components of the NSW Healthy Workers Initiative, and more specifically the NSW Healthy Workplace Service.

In relation to workplaces, the aim is to:

- Raise awareness of workplace health promotion generally;
- Promote the benefits to workplaces (including benefits such as workplace cohesion, reduced costs such as costs of absenteeism, classification of employer of choice) of adopting healthy workplace policies and practices;
- Promote the benefits to employees of adopting healthy behaviours to prevent ill-health and chronic disease;
- Promote the message that workplaces can play a key role in improving people's health;
- Promote awareness and use of the NSW Healthy Workplace Service; and
- Recruit "champions" to participate in the NSW Healthy Workplace Service and utilise these champions as part of the ongoing engagement and promotion of the Service.

In relation to employees, the aim is to:

- Raise awareness of workplace health promotion generally;

- Promote the benefits of adopting healthy behaviours within the workplace to prevent ill-health and chronic disease;
- Encourage them to take action to improve their health;
- Promote awareness and use of the NSW Healthy Workplace Service, especially the Health Check Service; and
- Promote awareness and use of the NSW Get Healthy Information and Coaching Service[®].

The phases of the Business Engagement and Communications Strategy, its messages, delivery channels and supporting activities will be determined through extensive formative research with a range of stakeholders such as employers, peak industry bodies, employees, unions and peak professional bodies.

32. Outputs:

The NSW Healthy Workers Marketing Activities incorporates the following outputs.

Table 10: Outputs of NSW Healthy Workers Marketing Activities

Description	Quantity*	Timeframe
Get Healthy Workplace Strategy		
Formative research on Engagement Pack resources.	Two rounds of formative research on resources.	February 2012 to October 2012
Development and printing of Engagement Pack	5,000 Engagement Packs.	July 2012 to June 2013
Delivery of Engagement Packs	1,000 Engagement Packs delivered to small workplaces across NSW per annum.	July 2013
	2,000 Engagement Packages delivered to medium workplaces across NSW per annum.	July 2013
	2,000 Engagement Packs delivered to large workplaces across NSW per annum.	July 2013
Business Engagement and Communications Strategy		
Development of a business engagement and communications strategy targeting workplaces.	One comprehensive strategy developed.	January 2013 – June 2013
Development of a business engagement and communications framework & strategy targeting workers.	One comprehensive strategy developed.	June 2013 – August 2013
Concept testing and research undertaken with target audience to select relevant creative.	Concept testing undertaken with relevant proportion of the target audience.	October 2013
Creative executions finalised and developed for appropriate execution and placement.	Executions finalised.	March 2014

*Note: The quantity of outputs will be reviewed and refined once new information from formative research emerges.

Where appropriate and feasible, the differential needs of workers and workplaces will be explored at all stages of development (formative research, resource and case study development, service development, service delivery, monitoring and evaluation).

33. Outcomes:

Table 9: Outcomes of NSW Healthy Workers Marketing Activities

Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
<p>Increased proportion of employers and their representatives are aware of the Engagement Pack for the NSW Get Healthy Information and Coaching Service® and relevant campaign messages and the availability of the NSW Healthy Workplace Service.</p> <p>Increased proportion of employees that are aware of the engagement package for the NSW Get Healthy Information and Coaching Service® and the relevant campaign messages and the availability of the NSW Healthy Workplace Service and the NSW Get Healthy Information and Coaching Service®.</p>	<p>Increased proportion of employers and their representatives who use the Engagement Pack to promote the Get Healthy Information and Coaching Service® to their employees and improve their knowledge, beliefs, attitudes and intentions in relation to the key messages and services of the NSW Healthy Workplace Service.</p> <p>Increased proportion of employees who improve their knowledge, beliefs, attitudes and intentions in relation to these key messages and services of the Get Healthy Information and Coaching Service® and the NSW Healthy Workplace Service.</p>	<p>Increased proportion of employers and their representatives contact and use the NSW Healthy Workplace Service.</p> <p>Increased proportion of employees contact the NSW Get Healthy Information and Coaching Service®.</p>

34. Rationale:

NSW Get Healthy Workplace Strategy

The NSW Get Healthy Information and Coaching Service® provides information and ongoing behaviour change support for NSW adults in relation to healthy eating, physical activity and achieving and maintaining a healthy weight.

The Service is ideally placed to be a significant activity for the NSW Healthy Workers Initiative for the following reasons as:

- The Service has not yet been promoted in workplaces. This is a free NSW Government Service. The fact that the Service is free appeals to employers and employees, particularly those with fewer resources.
- The Service is individually focused and ongoing. The Service refers people with specific needs regarding smoking and alcohol to appropriate services.
- Complementary strategies of organisational and individual change.
- Positive reactions from peak associations, employers and employees regarding promoting the Service in the workplace.

Workplaces as a health promotion setting

Employees’ health is influenced not only by their choices and action, but also by opportunities to make healthier choices; clearly these opportunities can be both limited by and offered in the workplace.

Promoting health in the workplace, and the Healthy Workplace Service, is about “enabling employees, employers and society to improve the health and wellbeing of people at work”¹². This can be achieved through a combination of improving the work environment, organisation and encouraging personal development¹³.

Business Engagement and Communications Strategy

With the development of these programmatic and service delivery arms of the NSW Healthy Workers Initiative, a detailed and comprehensive Business Engagement and Communications Strategy is required to generate awareness and usage of components of the Initiative.

A well designed communications campaign has the ability to be effective at:

- Influencing awareness, knowledge, beliefs and attitudes (priming steps of behaviour change)^{14 15};
- Positively influencing behaviours themselves^{16 17 18}, particularly at a population level¹⁹;
- Promoting awareness and use of services and programs^{20 21 22 23 24}; and
- Challenging attitudes and social norms and social expectations^{25 26 27}.

The communications approach proposed to underpin the NSW Healthy Workers Initiative will be informed by comprehensive stakeholder consultation and formative research to ensure the messages, and the manner in which they are delivered, are relevant to workplaces and workers and across a range of key target groups. Supporting creative materials and activities undertaken by key partners will be responsive to local contexts and meet needs of specific workplaces and workers. The inclusion of supportive strategies is an important and necessary component of any well designed and successful social marketing campaign.

35. Contribution to performance benchmarks:

Table 10: Contribution to performance benchmarks

NSW Healthy Workers Marketing Activities	Performance Benchmarks
Increased proportion of employers and their representatives use the NSW Healthy Workplace Service and accordingly make changes that support employees in key health behaviours related to the Commonwealth performance benchmarks.	Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2016; proportion of adults at healthy weight returned to baseline level by 2018.
Increased proportion of employees use the Health Check Service and/or contact the NSW Get Healthy Information and Coaching Service [®] and accordingly take positive actions to lose weight and/or decrease their waist circumference.	
Increased proportion of employers and their representatives use the NSW Healthy Workplace Service and accordingly make changes that support employees in key health behaviours related to the Commonwealth performance benchmarks.	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 by 2016; 0.6 for fruits and 1.5 for vegetables from baseline by 2018.
Increased proportion of employees use the Health Check Service and / or contact the NSW Get Healthy Information and Coaching Service [®] and accordingly take positive actions to increase their fruit and vegetable consumption and undertake other healthy eating behaviours.	

Increased proportion of employers and their representatives use the NSW Healthy Workplace Service and accordingly make changes that support employees in key health behaviours related to the Commonwealth performance benchmarks.

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% from baseline for each state by 2016; 15 per cent from baseline by 2018.

Increase in the proportion of workplaces and therefore workers in paid employment who receive information about health promotion in the workplace.

Increased proportion of employees use the Health Check Service and/or contact the NSW Get Healthy Information and Coaching Service[®] and accordingly take positive actions to increase their moderate and vigorous intensity of physical activity and daily walking.

Increased proportion of employers and their representatives use the NSW Healthy Workplace Service and accordingly make changes that support employees in key health behaviours related to the Commonwealth performance benchmarks.

Reduction in state 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.

Increased proportion of employees use the Health Check Service and accordingly take positive actions toward quitting smoking.

36. Target group(s):

The target group for the Marketing and Communications activities includes all size workplaces and industries with:

- Particularly high rates of overweight or obesity;
- Low levels of fruit intake;
- Low levels of vegetable intake;
- Low levels of physical activity;
- High rates of smoking; and
- Harmful alcohol consumption.

37. Stakeholder engagement:

The NSW Healthy Workers Initiative has been developed through a thorough consultation and stakeholder engagement process, facilitated through the provision of commentary by key stakeholders on the NSW Healthy Workers Initiative Discussion paper, for the purposes of:

- Facilitating commentary on the appropriateness, efficacy and relevance of activities detailed in this Implementation Plan;
- Harnessing support for those activities which require implementation across a range of stakeholders; and
- Ensuring appropriate engagement and support generally for the activities of the National Partnership Agreement on Preventive Health.

Further, NSW Health has conducted a consultation specifically with the business sector and associated stakeholders including: employers, peak employer bodies, peak industry bodies, unions, and small, medium and large organisational representatives and employees. The results of the research support the purpose and parameters of this project, in particular it was noted that:

- There is an opportunity for the workplace to play a central role in encouraging better health related behaviours;
- Communication with employers needs to be evidence-based and illustrate the practical benefits of understanding health workplace initiatives;
- Communication with employees should highlight personal benefits; and
- Communication should take advantage of existing stakeholder relationships with employers and employees.

NSW Health will continue to consult and work in collaboration with key partners as the NSW Healthy Workers Initiative is further developed and then implemented.

38. Risk identification and management:

Table 11: Risk identification and management

Risk	Management Strategy
Key messages and methods of delivery are not relevant to the target audience	NSW Health has already begun formative research to ensure that key messages and their delivery are appropriate to and resonate with the target population. This will be an ongoing process throughout the Partnership Agreement and messages will be altered to respond to increased awareness, knowledge and/or intent to change.
The process required to obtain NSW Government & NSW Ministry of Health approval for advertising, marketing and resource development requires appropriate lead time often in the vicinity of three months	This will be minimised by seeking such approval as soon as the Commonwealth has approved this implementation plan.

39. Evaluation:

The evaluation of this component of the NSW Healthy Workers Initiative will occur within the context of a comprehensive evaluation framework for the Initiative, which is currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

It is envisaged that this will include process and impact evaluation, as well as an analysis of the costs involved in delivering the intervention against the results achieved.

- **Process evaluation** will measure the extent to which marketing activities have been delivered as intended as well their reach into the setting and to the target populations.
- **Impact evaluation** will measure changes in organisational and individual change in relation to the key messages of campaign activities and track awareness of the benefits of health promotion, barriers to implementation of programs, beliefs, attitudes and intentions.
- **Economic evaluation** will assess the costs of delivering a marketing intervention.

NSW Health will establish a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NSW Healthy Workers Initiative.

40. Infrastructure:

No additional infrastructure is required for this intervention.

NSW Health will commission the development of appropriate marketing activities which includes the development of appropriate creative and appropriate modes of message delivery. The implementation of campaign strategies will be managed internally.

NSW Health will use existing infrastructure within the Local Health Districts as well as non-government organisations to develop and deliver appropriate support systems to underpin the ongoing success of this intervention.

41. Implementation schedule:

Table 12: Implementation schedule

Deliverable and milestone	Due date
Development and printing of Engagement Pack	June 2013
Delivery of Engagement Packs	July 2013
Development of Business Engagement and Communications Strategy	August 2013
Placement and advertising	April 2014 and ongoing
Evaluation	March 2014 and ongoing
Assessment of Engagement Pack and Business and Communications Strategy and development of potential changes	June 2014
Assessment of Engagement Pack and Business and Communications Strategy and development of potential changes	June 2015
Assessment of Engagement Pack and Business and Communications Strategy and development of potential changes	June 2016
Assessment of Engagement Pack and Business and Communications Strategy and development of potential changes	June 2017
Assessment of Engagement Pack and Business and Communications Strategy	June 2018

42. Activity budget:

Table 13: Activity budget

Expenditure item	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
Get Healthy Service Workplace Strategy								
Formative research and development of 'Engagement Pack' resources and dissemination plan	0.15	0.05	0	0	0	0	0	0.2
Design and printing of 'Engagement Pack'	0	0.25	0.1	0.1	0.1	0.1	0.1	0.75
Delivery and evaluation of 'Engagement Pack'	0	0.62	0.62	0.15	0.15	0.15	0.15	1.84
Total	0.15	0.92	0.72	0.25	0.25	0.25	0.25	2.79
Business Engagement and Communications Strategy								
Communication Strategy	0.00	0.10	0.02	0.02	0.02	0.02	0.02	0.20
Agency Fees	0.00	0.00	0.10	0.10	0.10	0.10	0.10	0.50
Creative Development & Production	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.1
Formative Research - workplaces	0.02	0.03	0.00	0.00	0.00	0.00	0.00	0.05
Formative Research - workers	0.02	0.05 0.03	0.00	0.00	0.00	0.00	0.00	0.05
Initiative champions	0.00	0.00	0.25	0.25	0.25	0.00	0.00	0.75
Media placement	0.00	0.00	2.11	1.27	1.1	0.18	0.18	4.84
Evaluation & Campaign tracking surveys	0.00	0.00	0.15	0.15	0.15	0.05	0.05	0.55
Total	0.04	0.16	2.73	1.79	1.62	0.35	0.35	7.04
Grand Total	0.19	1.08	3.45	2.04	1.87	0.6	0.6	9.83

Note: Discrepancies in the table between totals and sums of components reflect rounding. It is anticipated that less than 10% of delivery funding may be used to fund activity coordinators.

ACTIVITY DETAILS

Activity THREE:

NSW Healthy Workers Equity Analysis and Strategy

43. Overview:

The focus of the NSW Healthy Workers Equity Analysis and Strategy will be on ensuring that equity issues including the barriers, enablers and needs of Aboriginal employees as well as other identified vulnerable population groups are identified and appropriately addressed across the NSW Healthy Workers Initiative. This includes ensuring that the manner in which activities are designed and delivered are appropriate and relevant to those specific populations identified.

Integral to this activity will be consultations with expert advisors to guide best practice processes of identifying and addressing issues of access and equity for specific populations through the NSW Healthy Workers Initiative. NSW Health through the guidance of expert equity advisors will:

- Identify populations for which equity will be an issue as part of the NSW Healthy Workers Initiative;
- Identify the barriers and enablers experienced by these populations in achieving equitable access to and participation in the NSW Healthy Workers Initiative;
- Map existing activities for the populations identified;
- Identify and implement meaningful consultation and participation processes for the target population in the development and delivery of activities;
- Where appropriate, modify activities in an appropriate and relevant manner so that the needs of the identified populations, the enablers for these populations are built upon and the barriers to participation are appropriately addressed;
- Where appropriate, develop and deliver additional activities to meet the needs of target populations identified; and
- Establish ongoing monitoring and evaluation of the NSW Healthy Workers Initiative in relation to the health outcomes of target populations identified.

The Equity Analysis and Strategy will allow NSW Health to strategically identify, consider and address the needs of people in paid employment from a range of population groups such as Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse communities, people living with a disability, people living in rural/remote areas and people who are experiencing social disadvantage.

44. Outputs:

The NSW Healthy Workers Equity Analysis and Strategy incorporates the following outputs.

Table 14: Outputs of the Equity Analysis and Strategy

Description	Quantity*	Timeframe
Engage a consultant to develop the Equity Analysis and Strategy	One consultant selected	May 2013
Identification of target populations and sub-populations with equity issues	One Equity report	August 2013

Identification of barriers and enablers experienced by these populations in accessing and participating in workplace health promotion activities	One report on barriers and enablers	August 2013
Consultations with equity experts	One report on stakeholder consultations	August 2013
Final report from consultant	One final report	October 2013
Existing interventions modified as appropriate and new interventions designed and developed	To be determined through Governance processes	December 2013 – June 2018
Additional interventions to meet needs of specific groups identified, developed, delivered and evaluated	To be determined through Committee processes	January 2014 – June 2018
Evaluation activities	One Evaluation Report	June 2018

*Note: The quantity of outputs will be reviewed and refined once new information from formative research emerges.

Where appropriate and feasible, the differential needs of workers and workplaces will be explored at all stages of development (formative research, resource and case study development, service development, service delivery, monitoring and evaluation).

This may include, but is not limited to the needs of workplaces / industries / occupations that have been identified through further scoping and research activities where there are:

- Significant numbers of employees with greater risk of chronic diseases;
- Significant numbers of Aboriginal and Torres Strait Islanders;
- Significant numbers of people from culturally and linguistically diverse backgrounds; and
- Workplaces in rural and remote areas.

Where appropriate and feasible, working groups with responsibility of addressing specific target populations needs may be established to ensure input and values are incorporated into activities.

45. Outcomes:

Table 15: Outcomes of the Equity Analysis and Strategy

Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
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Increased proportion of employers and their representatives from targeted population groups contact the NSW Healthy Workplace Service.	Increased proportion of employers or their representatives from selected business or industry groups who receive information regarding the Health Check Service and on workplace health promotion programs or specific activities that best suit the target populations.	Increased proportion of employers from targeted populations' report they are using the Health Check Service and have implemented appropriately-tailored health promoting activities, programs, policies or environmental changes that are appropriate for or specifically target key groups of employees.
	Increased proportion of employees from targeted population groups that receive a Health Check.	Increased proportion of employees from targeted populations who participate in the Health Check Service and follow-up on their referral and participate in activities and programs in the workplace that support the adoption and maintenance of health behaviours related to the commonwealth performance benchmarks.

46. Rationale:

While health promotion workers are committed to addressing issues of access and equity when delivering interventions, in reality achieving this can be difficult²⁸. While health promotion efforts intend to improve health in disadvantaged populations, often the activities improve the health of more advantaged populations and consequently increase the gap in health status between the most advantaged and least advantaged populations within the community²⁹. Experts suggest that there is a need to develop and implement strategies to ensure that universal interventions meet the needs of priority populations in a salient manner³⁰. They suggest that equity be a key consideration at all stages of a health promotion program from design and development through to implementation and evaluation³¹. Further, equity considerations should extend beyond equity of access and include equity of opportunity and measuring the equity of impacts and outcomes for the various sub-populations facing health inequalities³².

A number of best-practice principles have been identified for addressing the needs of specific population groups when designing, delivering and evaluating health promotion interventions. These include:

- Working across settings with consideration to dimensions relevant to equity that are appropriate to the setting and well as the target population (embedding equity approaches);
- Targeting specific communities as the population (i.e. geographical areas or cultural groups);
- Targeting areas and communities or populations where there is the greatest need;
- Taking a partnership approach to the design, delivery and evaluation of interventions; and
- Developing and delivering interventions that address the needs of specific groups and/or lifespan stages³³.

Consistent and strong feedback was received from stakeholders in response to the NSW Healthy Workers Discussion paper regarding the need to strengthen equity approaches. While there was support for embedding equity approaches across all activities, stakeholders recommended that NSW Health engage in much greater consultation with key stakeholders to support the appropriate development of interventions and resources.

A number of best-practice solutions were suggested to better identify and address equity issues as part of the

National Partnership Agreement on Preventive Health including:

- Scoping and analysing the reach of universal mainstream programs and developing specific programs where gaps and/or needs are identified for particular groups and/or in specific settings;
- Identify existing interventions effectively meeting the needs of target population groups and delivering these more broadly when feasible and appropriate;
- Allowing sufficient flexibility for interventions to engage with target populations and meet their needs in an appropriate and sustainable manner;
- Increase the focus on Aboriginal people and consult with relevant Aboriginal organisations and communities in a comprehensive manner through the National Partnership Agreement on Preventive Health; and
- Ensure that evaluations take account of target population groups and measures impacts in these groups.

The Equity Analysis and Strategy will support NSW Health to apply best-practice principles to address issues of access and equity across the National Partnership Agreement on Preventive Health. It will also promote collaborative action to address the needs of specific populations and sub-groups across the NSW community. In doing so NSW will appropriately identify and meet the needs of less advantaged workers in a relevant, salient and sustainable manner and contribute to improved health outcomes for all populations.

47. Contribution to performance benchmarks:

Table 16: Contribution to the performance benchmarks

Equity Analysis and Strategy	Performance benchmark
<p>Increased proportion of employers from targeted populations report they have used the Health Check Service and implemented appropriately-tailored health promoting activities, programs, policies or environmental changes that are appropriate for or specifically target key groups of employees which promote healthy weight and hence lose weight and/or decrease their waist circumference.</p>	<p>Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2016; proportion of adults at healthy weight returned to baseline level by 2018.</p>
<p>Increased proportion of employees from targeted populations who participate in Health Check Service and activities and programs in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.</p>	
<p>Increased proportion of employers from targeted populations report they use the Health Check Service and have implemented appropriately-tailored health promoting activities, programs, policies or environmental changes that are appropriate for or specifically target key groups of employees which promote fruit and vegetable consumption and hence increase their fruit and vegetables consumption and undertake other healthy eating behaviours.</p>	<p>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 by 2016; 0.6 for fruits and 1.5 for vegetables from baseline by 2018.</p>
<p>Increased proportion of employees from targeted populations who use the Health Check Service and participate in activities and programs in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.</p>	
<p>Increased proportion of employers from targeted populations</p>	<p>Increase in proportion of adults</p>

report they use the Health Check Service and have implemented appropriately-tailored health promoting activities, programs, policies or environmental changes that are appropriate for or specifically target key groups of employees which promote physical activity and hence increase their physical activity.

participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5% from baseline for each state by 2016; 15 per cent from baseline by 2018.

Increased proportion of employees from targeted populations who use the Health Check Service and participate in activities and programs in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.

Increased proportion of employers from targeted populations report they have used the Health Check Service and implemented appropriately-tailored health promoting activities, programs, policies or environmental changes that are appropriate for or specifically target key groups of employees which reduce smoking and hence reduce or quite smoking.

Reduction in state 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.

Increased proportion of employees from targeted populations who use the Health Check Service and participate in activities and programs in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.

48. Target group(s):

The needs of workers from a range of population groups will be identified, prioritised and addressed through the Equity Analysis and Strategy as part of the NSW Healthy Workers Initiative.

The primary target groups for the Equity Analysis and Strategy include, but will not necessarily be limited to:

- Workplaces / industries / occupations that have employees with significantly greater risk of chronic diseases;
- Workplaces / industries / occupations that have been identified through further scoping and research activities where there are significant numbers of Aboriginal and Torres Strait Islanders;
- Workplaces / industries / occupations where there are significant numbers of people from culturally and linguistically diverse backgrounds; and
- Workplaces in rural and remote areas.

It will also seek to include people who are living with a disability, other impairment or people who are experiencing social disadvantage. To further enhance equitable access to the Initiative, the Initiative will also target those businesses which are unlikely to have the financial capability to provide their own healthy workplace programs.

49. Stakeholder engagement:

NSW Health has undertaken developmental activities, research and extensive consultation with a range of stakeholders for the purposes of:

- Facilitating commentary on the appropriateness, efficacy and relevance of activities detailed in this Implementation Plan;

- Harnessing support for those activities which require implementation across a range of stakeholders; and
- Ensuring appropriate engagement and support generally for the activities of the National Partnership Agreement on Preventive Health.

Consultation has included stakeholders internal to NSW Health, other NSW Government Departments, non-Government Organisations and academic institutions. NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the National Partnership Agreement on Preventive Health. Such key stakeholders have identified the need to ensure that the Healthy Workers Initiative is inclusive and stakeholder engagement and collaboration will underpin the successful integration of the equity strategies across the NSW Healthy Workers activities. Feedback received from NSW Health’s ongoing consultations to date have indicated a very high level of support for this approach, with many groups identifying the need for a formal mechanism to address issues of equity and social inclusion as part of the NSW Healthy Workers Initiative.

50. Risk identification and management:

Table 17: Risk identification and management

Risk	Management Strategy
Interventions across the National Partnership Agreement on Preventive Health are siloed and fragmented	NSW Health has established a comprehensive governance structure for the National Partnership Agreement on Preventive Health and has put into place practical strategies e.g. working groups to encourage cross-intervention communications and identify synergies and linkages across the National Partnership Agreement on Preventive Health interventions particularly in relation to the Social Marketing Initiative and the NSW Healthy Children’s Initiatives.
Stakeholders concerns act as a barrier to participation, privacy and roll in initiative	Consultations and formative research with relevant agencies has begun and will continue to ensure support for the delivery of the intervention across the state.
Workplaces choose not to participate in the intervention	<p>Such agencies include the business sector including: employers, peak employer bodies, peak industry bodies, unions, and small, medium and large organisational representatives and employees as well as NSW Local Health Districts, NSW Government Departments, such as WorkCover NSW, non-Government Organisations and academic institutions.</p> <p>The NSW Healthy Workers Initiative will ensure minimal to no costs levied on employers, ensuring that ‘red tape’ does not act as a barrier for small business. It will also ensure high levels of confidentiality to protect worker privacy. Implementation of interventions will also be cognisant of activities impacting on the business community such as end of financial year.</p> <p>This consultation and engagement with key stakeholders will continue throughout the interventions development and delivery. Further stakeholders will be identified in this process.</p>

The intervention is not completed within the proposed time frame or within available resources	<p>An extensive Project Management Framework has been established for the NSW Healthy Workers Initiative.</p> <p>Detailed project plans including a schedule of prioritised tasks and key deliverables are being developed. The initiative will be segmented into stages with internal resources that can be utilised identified. Governance systems have been established. Mechanisms for monitoring implementation progress as well as methods of identifying and responding to implementation issues in a timely manner are being developed.</p> <p>NSW Health will provide information and consult regularly with delegates (Deputy Director-General, Director-General, Minister for Health, Department of Premier and Cabinet, Treasury, and Commonwealth).</p>
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51. Evaluation:

55.1 NSW Healthy Workers Initiative Evaluation Framework

The evaluation of the Equity Analysis and Strategy will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research. This framework will include quality assurance measures as well as process and impact evaluation, and an analysis of the costs involved in delivering the intervention against the results achieved.

- **Process:** will include measuring the access to, reach and uptake of NSW Healthy Workers Initiative activities in population groups specifically targeted as part of the Equity Analysis and Strategy.
- **Impact:** will include measuring changes in policy and practice at the organisational level; evaluate the effectiveness of the Service on users in terms of business and organisational benefits and participation of employees and impact on health indicators.
- **Economic evaluation:** will assess the costs of modifying and/or delivering separate interventions as part of the Equity Analysis and Strategy.

Other supporting evaluation tools include:

- **Employer Survey:** NSW Health in collaboration with experts in the field of evaluation will develop a survey of NSW Employers. It is likely that the survey will address: current engagement in workplace health promotion activity, how programs are structured and managed within different types of businesses; how comprehensive programs are in terms of the type of activities they include and the risk factors they address; and track awareness of the benefits of health promotion, barriers to implementation of programs, beliefs, attitudes and intentions.

52. Infrastructure:

Not applicable

53. Implementation schedule

Table 18: Implementation schedule

Deliverable and Milestone	Due date
Engage a consultant to develop the Equity Analysis and Strategy	May 2013
Identification of target populations and sub-populations with equity issues	August 2013
Identification of barriers and enablers experienced by these populations in accessing and participating in workplace health promotion activities	August 2013
Consultations with equity experts	August 2013

Final Report	October 2013
Existing interventions modified as appropriate and new interventions designed and developed	December 2013 – June 2018
Existing interventions modified and delivered to specific populations as per the Equity Advisory and Strategy Plan	December 2013 – June 2018
Additional interventions to meet needs of specific groups identified, developed, delivered and evaluated	January 2014 – June 2018
Evaluation of activities	January 2014 – June 2018

54. Responsible officer and contact details:

Nicola Ingold
 Manager Healthy Workers Initiative
 NSW Office of Preventive Health
 Phone: +61 2 9424 5801
 Email: ningo@doh.health.nsw.gov.au

55. Activity budget:

Table 19: Activity budget

Expenditure item	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
Engage and maintain equity experts	0.00	0.25	0.05	0.05	0.05	0.05	0.05	0.50
Conduct identification process	0.00	0.25	0.45	0.00	0.00	0.00	0.00	0.70
Delivery of interventions and evaluation	0.00	0.00	0.5	0.95	0.95	0.95	0.95	4.3
Total	0.00	0.50	1.00	1.00	1.00	1.00	1.00	5.50

Note: Discrepancies in the table between totals and sums of components reflect rounding. It is anticipated that less than 10% of delivery funding may be used to fund activity coordinators.

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

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

Role of the State

57. The State 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.
58. The State 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

59. The State 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 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 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 by five per cent by 2016; by 15 per cent by 18
 - d) Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state 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 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 by 2016; 15 per cent from baseline by 2018.
 - g) Reduction in state 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.

60. 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.
61. 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.² 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 2001.³ 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.⁴ Research indicates that sedentary lifestyles can also lead to more work-related illness and prolonged recovery periods as well as increased morbidity and mortality.⁵

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.

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

² 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.

³ *Overweight and Obesity: Implications for Workplace Health and Safety And Workers' Compensation*, Australian Safety and Compensation Council, August 2008, p 8-9.

⁴ 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.

⁵ McEachan, Lawton et al. 2008

- 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*.⁶

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 2006⁷ and in the context of Healthy Workers mean:

- *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

⁶ www.socialinclusion.gov.au/Documents/SIToolKit.pdf

⁷ National Public Health Partnership (2006); *The Language of Prevention*, Melbourne

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.
- 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.

APPENDIX 1: SERVICE MODEL

The NSW Healthy@Work Organisational Support Service will provide information, advice and organisational support to organisations and organisational champions to facilitate workplaces in supporting and effecting behaviour change among paid employees in relation to: healthy eating, physical activity, achieving or maintaining a healthy weight, reducing smoking, and reducing harmful alcohol consumption..

It is envisaged that the Service will include the establishment of a free state-wide telephone, website and on site face to face visits. The information support and advice provided via telephone support would reflect that provided on the website and provided during face to face visits and will include:

- Principles of good workplace health promotion
- Why good health is good for business?
- How to get a healthy workplace?
- What to do to get a healthy workplace through:
 - Workplace environment change
 - Organisational culture, practices and policy change, and
 - Developing personal skills.
- Who can help to get a healthy workplace?

Telephone

Telephone support will be available to support organisations through change. Telephone advisers will be on hand to provide advice to all organisations; public, private or voluntary sector, regardless of size, on workplace health promotion.

Callers and the telephone advisor will work together to identify information and support appropriate to the organisation's needs. The telephone facilitator would offer to call the customer back to take part in a more extensive support service.

The Service, will also initiate calls, proactively targeting workplaces / industries / occupations:

- Have employees with significantly greater risk of chronic diseases;
- Have been identified through further scoping and research activities where there have significant numbers of people working in blue collar occupations;
- Have been identified through further scoping and research activities where there are significant numbers of Aboriginal and Torres Strait Islanders;
- Have significant numbers of people from culturally and linguistically diverse backgrounds; and
- Are in rural and remote areas.

Website

The website will provide practical, easy-to-use tools aimed at assisting organisations to facilitate change for a healthier workplace. Customers who register on the website will be able to obtain more detailed information, practical tools and supports based on the latest evidence.

It is anticipated that site users will also be able to interact via online chat with website advisors to support organisations through change.

Onsite Workplace Visit Service

Telephone advisors will suggest whether an onsite workplace visit is appropriate. Onsite visits will be offered to organisations requiring extra support and will include an onsite assessment

An onsite adviser will assist with preparing the company to conduct a needs assessment or implementing a workplace health promotion activity. After the visit the customer would receive, via the post or email a personalised report on their findings. The report will outline areas where the business could action. The adviser would arrange a follow-up phone call to talk through the report, giving practical advice on how to action recommendations.

APPENDIX 2: WORKPLACE HEALTH PROMOTION: EVIDENCE SUMMARY

Much evidence in this field comes from the United States; more Australian studies are necessary to help test and implement effective activities relevant to Australia³⁴.

Also, evidence of effectiveness is complicated by the self-selection of motivated individuals in many of the studies.

Figure 1: Evidence on workplace activities across the individual - environment continuum

<p>Physical activity</p> <p>Prompting stair use (NSW Department of Health 2004; Bellew 2008).</p> <p>Access to places and opportunities to be active (Bellew 2008).</p> <p>Education, employee and peer support (Bellew 2008).</p> <p>Multi-components combining physical activity and nutrition activities (Bellew 2008).</p>	<p>Nutrition</p> <p>Food labelling, point of purchase promotions and access to and availability of nutritious food, particularly from vending machines (WHO 2010; Bellew 2008).</p> <p>Multi-components combining physical activity and nutrition activities such as education, dietary prescription, behavioural skills development and training to control adult overweight/obesity (Bellew 2008).</p>
<p>Physical activity, nutrition and weight</p> <p>Tackling physical activity and nutrition together is effective for increasing physical activity, promoting healthy eating and preventing conditions like obesity (WHO 2010). There is insufficient evidence for single component interventions tackling nutrition and physical activity alone (Bellew 2008).</p> <p>There is strong evidence supporting the efficacy of telephone interventions aimed at promoting lifestyle behaviour change in relation to nutrition and physical activity for a range of populations (Eakin et al. 2007) and there is also evidence for the short to medium-term effectiveness of computer-tailored and expert system, nutrition information and to a lesser extent physical activity education (Kroeze et al. 2006; Norman et al. 2007; Vandelanotte et al. 2007; Van den Berg 2007).</p>	
<p>Smoking</p> <p>Workplace interventions directed towards individual smokers include advice from health professionals, individual and group counselling, and pharmacological treatment to overcome nicotine addiction. These interventions are effective whether offered in the workplace or elsewhere.</p> <p>Tobacco policy and bans decrease use during work hours.</p> <p>However, incentives and competition do not appear to enhance long-term smoking cessation rates, with early success tending to dissipate when the rewards are no longer offered (Bellew 2008).</p>	
<p>Alcohol</p> <p>There is indicative evidence only that the following are effective:</p> <ul style="list-style-type: none"> • embedding a low-intensity alcohol program with a broader workplace health promotion program • cardiovascular disease risk reduction programs as access for alcohol behaviour change • employee assistance programs • face-to-face individualised strategies (Bellew 2008). 	

APPENDIX 3: NSW GET HEALTHY INFORMATION AND COACHING SERVICE[®]

The NSW Get Healthy Information and Coaching Service[®] is an existing free and confidential telephone-based Service that provides information and ongoing support to NSW adults who would like to eat healthier, be more active or achieve and maintain a healthy weight.

By visiting the NSW Get Healthy Information and Coaching Service[®] website www.gethealthynsw.com.au or by calling the Service on 1300 806 258 (Monday - Friday 8am - 8pm), NSW residents can be sent a detailed information kit or elect to take part in a six month coaching program (approximately ten calls over six months). The coaching program is individualised, offers participants' access to their own University qualified health coach to assist them set healthy lifestyle goals, overcome barriers and setbacks, maintain motivation and achieve long term lifestyle changes.

Differential outcomes are expected for workers according to their level of participation in the NSW Get Healthy Information and Coaching Service[®]. The following outcomes (Table A1) are in respect of those in paid employment who enrol in the information component of the NSW Get Healthy Information and Coaching Service[®].

Table A1: Outcomes for NSW Get Healthy Information and Coaching Service[®] – Information participants

Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
<p>Increase in the proportion of adults in paid employment who receive information from the Get Healthy Service who:</p> <ul style="list-style-type: none"> * Lose weight and/or decrease their waist circumference; * Increase their fruit and vegetables consumption and undertake other healthy eating behaviours; and * Increase their moderate intensity physical activity, their vigorous intensity physical activity and their daily walking. <p>TIME FRAME: Baseline & 12 weeks</p>	<p>Increase in the proportion of adults in paid employment who receive information from the Get Healthy Service who:</p> <ul style="list-style-type: none"> * Lose weight and/or decrease their waist circumference; * Increase their fruit and vegetables consumption and undertake other healthy eating behaviours; and * Increase their moderate intensity physical activity, their vigorous intensity physical activity and their daily walking. <p>TIME FRAME: 26 weeks</p>	<p>Increase in the proportion of adults in paid employment who receive information from the Get Healthy Service who:</p> <ul style="list-style-type: none"> * Lose weight and/or decrease their waist circumference; * Increase their fruit and vegetables consumption and undertake other healthy eating behaviours; and * Increase their moderate intensity physical activity, their vigorous intensity physical activity and their daily walking. <p>TIME FRAME: 52 weeks</p>

The following (Table A2) specific behavioural target outcomes relate to adults in paid employment who not only receive the information kit from the Get Healthy Service but also enrol and complete the 6 month coaching component of the NSW Get Healthy Information and Coaching Service[®].

TableA2: Outcomes for Get Healthy Information and Coaching Service[®] – Coaching Participants

Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
<p>Increase in the proportion of adults in paid employment who enrol in the Get Healthy Coaching Service who:</p> <ul style="list-style-type: none"> * Lose weight and/or decrease their waist circumference; * Increase their fruit and vegetables 	<p>Increase in the proportion of adults in paid employment who enrol in the Get Healthy Coaching Service who:</p> <ul style="list-style-type: none"> * Lose weight and/or decrease their waist circumference; * Increase their fruit and vegetables 	<p>Increase in the proportion of adults in paid employment who enrol in the Get Healthy Coaching Service who:</p> <ul style="list-style-type: none"> * Lose weight and/or decrease their waist circumference; * Increase their fruit and

consumption and undertake other healthy eating behaviours; and * Increase their moderate intensity physical activity, their vigorous intensity physical activity and their daily walking.	consumption and undertake other healthy eating behaviours; and * Increase their moderate intensity physical activity, their vigorous intensity physical activity and their daily walking.	vegetables consumption and undertake other healthy eating behaviours; and * Increase their moderate intensity physical activity, their vigorous intensity physical activity and their daily walking.
TIME FRAME: Baseline & 12 weeks	TIME FRAME: 26 weeks	TIME FRAME: 52 weeks
20% of coaching participants lose weight and/or decrease their waist circumference.	40% of coaching participants lose weight and/or decrease their waist circumference.	40% of coaching participants lose weight and/or decrease their waist circumference ⁸ .
TIME FRAME –12 weeks	TIME FRAME –26 weeks	TIME FRAME –52 weeks
10% of coaching participants increase their fruit and/or vegetables consumption and/or undertake other healthy eating behaviours.	20% of coaching participants increase their fruit and/or increase vegetables consumption and/or undertake other healthy eating behaviours.	20% of coaching participants increase their fruit and/or increase vegetables consumption and/or undertake other healthy eating behaviours.
TIME FRAME –12 weeks	TIME FRAME –26 weeks	TIME FRAME –52 weeks
10% of coaching participants increase their moderate intensity physical activity, their vigorous intensity physical activity and their daily walking.	20% of coaching participants increase their moderate intensity physical activity, their vigorous intensity physical activity and their daily walking.	20% of coaching participants increase their moderate intensity physical activity, their vigorous intensity physical activity and their daily walking.
TIME FRAME –12 weeks	TIME FRAME –26 weeks	TIME FRAME –52 weeks

⁸ Note, coaching participants can set their own individual goals. Not all participants will set weight lose as a goal.

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