

# 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 Queensland, represented by the Deputy Premier and Minister for Health or authorised delegate (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 of the specified program, including the acceptance of final performance program 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 for the Healthy Workers initiative is \$59.36 million. Payments will be structured as 50 percent facilitation and 50 percent reward. The reward payments are conditional on achievement against performance benchmarks specified in the National Partnership.
10. Facilitation payments will be payable in accordance with Table 1 from July 2011 to 2014 in accordance with the National Partnership. All payments are exclusive of GST.

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

<b>Facilitation Payment</b>		Due date	Amount
(i)	Facilitation payment	July 2011	\$6.88m
(ii)	Facilitation payment	July 2012	\$12.83m
(iii)	Facilitation payment	July 2013	\$6.21m
(iv)	Facilitation payment	July 2014	\$3.76m
<b>Reward Payment *</b>		Due date	Amount
(v)	Reward payment	2013-2014	\$11.87m
(vi)	Reward payment	2014-2015	\$17.81m

\* note the actual amount of reward payment is conditional on assessment of achievement against performance benchmarks as set out in the National Partnership

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	Year 2	Year 3	Year 4	Total
Activity 1: Targeted workplace-based health promotion programs and policies	\$3,346,000	\$6,646,000	\$2,246,000	\$1,411,000	\$13,649,000
Activity 2: Support for best practice workplace wellness programs	\$3,534,000	\$6,184,000	\$3,964,000	\$2,349,000	\$16,031,000
<b>TOTAL</b>	<b>\$6,880,000</b>	<b>\$12,830,000</b>	<b>\$6,210,000</b>	<b>\$3,760,000</b>	<b>\$29,680,000</b>

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

### *Queensland Workplaces for Wellness Program*

14. The objective in this Program is to engage and support Queensland workers to make positive and sustainable behaviour changes that reduce lifestyle-related health risk factors and improve their health. The Program will increase access to health information, awareness of lifestyle risk factors and healthy lifestyle behaviour change by workers, and encourage workplaces to provide policy, cultural and physical environment changes that promote healthy lifestyle behaviours within the workplace. A mix of targeted evidence-based workplace wellness initiatives will be combined with increased support for best practice workplace wellness (i.e. resources, research, marketing and communication) to address workers' modifiable lifestyle risk factors of smoking, poor nutrition, physical inactivity and harmful alcohol consumption.

15. The *Queensland Workplaces for Wellness Program* is inclusive of the following activities:

- a) Activity one: Targeted implementation of workplace-based health promotion programs and policies for identified high-risk industries and hard-to-reach workers to build the capacity of employers to improve workplace wellness and the capacity of workers to make healthy lifestyle choices.
- b) Activity two: Support initiatives for best practice workplace wellness programs, including the – expansion and enhancement of support tools and resources; increasing access to health support services; promoting the uptake of workplace-based health promotion programs and policies, and conducting research and evaluation to inform current and future workplace wellness initiatives.

16. The senior contact officer for this program is Dr Kevin Lambkin, Executive Director, Preventative Health Directorate, Ph (07) 33289831. Email: Kevin\_Lambkin@health.qld.gov.au

## ACTIVITY DETAILS

### 17. **Activity one: Targeted implementation of workplace-based health promotion programs and policies**

#### 18. **Overview:**

The Queensland Government has identified healthy workers as a priority area for reducing the prevalence of preventable chronic disease. A suite of workplace-based health promotion initiatives have been trialled and implemented throughout the state in recent years and are outlined in Attachment A. Building on the success of these best-practice workplace wellness initiatives, this activity will use a targeted approach to adapt, extend, implement and evaluate effective workplace wellness programs in identified high-risk and hard-to-reach workplaces.

Research to date has profiled industries and occupational groups at a higher-risk of smoking, poor nutrition, physical inactivity and/or harmful alcohol consumption. Identified high risk or hard to reach industries and workplaces in Queensland include:

- blue collar occupations (eg. technicians and trades workers, labourers, machinery operators and drivers);
- identified high-risk industries and areas including the transport and storage industry, small construction enterprises, and regional areas of predicted high employment growth;
- sedentary workers including public sector workplaces;
- regional, rural and remote workplaces including rural & remote farms, and regional and rural outdoor workers; and
- large enterprises across a range of industries.

Targeted implementation of workplace wellness initiatives (workplace-based health promotion programs) will include:

- encouragement for settings to implement holistic workplace health promotion to reduce chronic disease lifestyle risk factors facilitated through *Workplaces for Wellness* support workers and matched funding support schemes;
- targeted delivery of evidence-based workplace wellness initiatives such as *Pit Stop Men's Health Program* and the *Sustainable Farm Families Program*;
- facilitated access to workplace specific health support services (eg. *Workplace Quit Smoking Program*); and
- equitable access to workplace-based health promotion support tools and resources (eg. *Workplaces for Wellness* webportal, *Workplaces for Wellness* recognition scheme, *10,000 Steps Workplaces* program and *Get Healthy Information and Coaching Service*).

## 19. **Outputs:**

Activity one (A1) consists of seven targeted workplace-based health promotion programs.

### ***A1/1 Workplace Quit Smoking Program***

The Queensland Health *Quit Smoking...for life!* program is an evidence-based, intensive, structured model that combines the use of smoking cessation behavioural counselling delivered through the Queensland Quitline 13 QUIT (13 7848) telephone service with pharmacotherapy over a 16 week period. The *Workplace Quit Smoking Program* is an extension of the existing smoking cessation program and will utilise current operating infrastructure. The *Workplace Quit Smoking Program* will be targeted at high-risk industry or occupational groups with a high proportion of blue collar workers, including manufacturing, hospitality, agriculture and construction industries.

### ***A1/2 Targeted mix of workplace health promotion strategies for high-risk workplaces***

A matched funding scheme, strategic delivery of workplace wellness programs, and local-level operational support from a *Workplaces for Wellness* workforce to comprehensively address workplace wellness will be offered to high-risk workplaces (including small construction, transport and burgeoning rural employment areas). The strategy mix will be implemented in conjunction with industry organisations and trade unions and include supported implementation of evidence based workplace wellness programs and services to meet identified workplace needs.

### ***A1/3 Whole-of-Queensland Public Sector Worker Health and Wellbeing Program***

A co-ordinated approach for a *Whole-of-Queensland Public Service (QPS) Worker Health and Wellbeing Program* will include a suite of branded, evidence based activities and information products that mobilise the whole of the QPS through provision of consistent and health promotion messages and strategies promoting physical activity, healthy eating, and tobacco smoking cessation. The Program will also establish a standing offer arrangement for agencies to engage with healthy lifestyle service providers, encourage uptake of telephone and web based health support services, and build agency capability to promote healthy lifestyle initiatives and provide healthy work environments.

### ***A1/4 TravelSmart Workplaces Program***

The *TravelSmart Workplaces* program encourages and supports voluntary change in the behaviour of individuals and organisations to increase the use of more sustainable modes of transport, such as walking, cycling and public transport. The *TravelSmart Workplaces* program will be expanded to:

- a) encourage workplace and worker behaviour change on a broader range of chronic disease lifestyle risk factors including regular physical activity beyond active travel, healthy eating and reduced smoking and alcohol consumption; and
- b) trial implementation of the expanded program beyond government, CBD buildings to non-government buildings and regional centres. An online, self-guided, *TravelSmart Workplaces* manual and toolkit offering step-by-step support will also be made available to all Queensland workplaces.

### ***A1/5 Sustainable Farm Families Program***

Victorian Western District Health Service's *Sustainable Farm Families (SFF) Program* aims to improve the health, well being and safety of farm workers through a two or three year program of health education workshops. The *SFF Program* provides an effective strategy for addressing chronic disease risk factors in rural and remote workplaces and will be expanded to an increased number of rural and remote locations throughout Queensland.

### **A1/6 *Pit Stop Men's Health Program***

The *Pit Stop Men's Health Program (Pit Stop Program)*, developed by Western Australia's Gascoyne Public Health Unit, uses a masculine concept [the car], attached to a series of health screening tests. Participants are encouraged to discuss health issues, visit their General Practitioner (GP) and modify their health behaviours if they fail a test. Delivery of the *Pit Stop Program* in Queensland will be implemented through local government in regional and rural areas as a catalyst for workplaces to comprehensively address worker health. *Pit Stop Program* personnel will provide support and advice to participating workplaces regarding workplace wellness planning and implementation, and work collaboratively with existing regional health and GP services to ensure strong referral pathways and follow-up post implementation of the program.

### **A1/7 *Zero Harm @Work Leadership Program competitive matched funding***

The *Zero Harm @ Work Leadership Program (ZH@WLP)* is an existing program which aims to build a positive health and safety culture in Queensland workplaces to help reduce the number and seriousness of workplace health and safety incidents in Queensland. The *ZH@WLP* will provide an effective platform for engaging large business to look beyond workplace safety to address worker chronic disease lifestyle risk factors. Implementation of a competitive matched funding scheme with clear criteria specifying the chronic disease risk factors to be addressed will enable a selection of innovative large businesses to address worker health.

## **20. Outcomes:**

The activity of adapting, implementing and evaluating best-practice workplace-based programs and policies with targeted industries, workplaces and employee groups aims to build the capacity of employers to improve the health and wellbeing of workers and encourage workers to make healthy lifestyle choices.

It is envisaged that short term outcomes will include: engagement with key industry, workplaces and employee groups to increase readiness for sustained commitment to workplace wellness; implementation of best-practice workplace wellness initiatives in a range of hard-to-reach and high-risk workplaces; and increased *Workplaces for Wellness* webportal usage and recognition scheme participation by workplaces. Specific short term outcomes for workers may include: increased understanding and identification of risk factors for lifestyle-related chronic diseases; increased access to health information, support services and evidence-based workplace wellness initiative; and increased awareness of physical activity opportunities within the workplace and community, smoking and harmful alcohol consumption cessation support services, and healthy eating recommendations.

It is envisaged that medium term outcomes will include: an increased number of Queensland workplaces valuing and addressing workplace wellness through supportive policy, cultural and physical environments; enhanced linkages between health services and workplaces; and increased healthy lifestyle awareness, knowledge, skills for Queensland workers within key industries. Outcomes may also include increased positive healthy lifestyle behaviour change by individual workers resulting in reduced smoking prevalence and harmful alcohol consumption, and increased fruit and vegetable consumption and physical activity levels.

It is envisaged that long term outcomes will include: an increase in sustainable individual worker healthy lifestyle behaviours; a reduced risk of workers developing lifestyle-related chronic disease; and workplaces with sustainable investment in evidence-based workplace health promotion programs, strategies and policies.

## 21. **Rationale:**

Reflecting national and international evidence, the Queensland Government has recognised workplaces as a highly effective setting for promoting health and wellbeing and preventing chronic disease and acknowledged the need to collectively progress a coordinated and comprehensive approach to action. Initial investment in healthy workers in Queensland has shaped a strong foundation for building workplace capacity to address worker chronic disease risk factors (Refer to Attachment A).

Best practice health promotion advocates the effectiveness of targeted workplace health promotion initiatives that consider the specific needs, differences and challenges of worker groups. The Queensland Government has also recognised the need to prioritise collective efforts in order to achieve the greatest gains in worker health outcomes and not exceed capacity.

The key process used to determine priority worker groups was assessment of emerging evidence that identifies specific workplace groups with a greater prevalence of chronic disease risk factors, identification of hard-to-reach workers/workplaces, as well as identification of industries and sectors employing large proportions of the workforce. Additional considerations included workplace groups with high proportions of the workforce comprising of broader priority population groups such as those from low socio-economic backgrounds, people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islanders.

Identified high risk or hard to reach industries and workplaces in Queensland include:

- blue collar occupations (eg. technicians and trades workers, labourers, machinery operators and drivers);
- identified high-risk industries and areas including the transport and storage industry, small construction enterprises, and regional areas of predicted high employment growth;
- sedentary workers including public sector workplaces;
- regional, rural and remote workplaces including rural & remote farms, and regional and rural outdoor workers; and
- large enterprises across a range of industries.

The rationale for targeting these priority groups is outlined in Target groups, Section 25.

Five core principles were used to help guide the prioritisation of effort and selection of workplace wellness programs and policies including: evidence of effectiveness; cost-effectiveness; the potential for significant health gain within the short to medium timeframe; conduciveness to a partnership/shared responsibility approach; and non-duplication of existing initiatives. A suite of evidence-based workplace wellness initiatives have been identified for expansion, further development and/or implementation with the selected priority workgroups.

## 22. **Contribution to performance benchmarks:**

This activity contributes to Queensland's commitments under the National Partnership Agreement on Preventive Health (NPAPH) through adapting, implementing and evaluating workplace-based health promotion programs and policies that focus on lifestyle risk factors surrounding unhealthy weight, fruit and vegetable consumption, physical activity and smoking.

Increasing awareness of healthy behaviours and the link between chronic disease and lifestyle risk factors (smoking, poor nutrition, physical inactivity and harmful alcohol consumption) will contribute to individual behaviour change of workers. Supporting workplaces to create a physical, policy and social

work environment that promotes wellness will facilitate and support the health of workers and associated behavioural changes.

### 23. Policy consistency:

The *Queensland Workplaces for Wellness Program* will contribute to the achievement of both national and state policies and priorities of promoting good health and reducing the burden of chronic disease, including Council of Australian Governments' (COAG) Australian Better Health Initiative (ABHI), the National Preventive Health Strategy, National Health and Hospitals Network Agreement and the Queensland Government's *Toward Q2: Tomorrow's Queensland*. Attachment A outlines the alignment of statewide strategic actions for healthy workers with Australian national reform agendas and state priorities.

### 24. Target groups:

The Queensland workforce is comprised of 2 million workers (2,005,528) with 52% male and 48% female. Prioritisation of worker groups is necessary to ensure that effectiveness, quality and capacity of efforts to reducing chronic disease risk factors of Queensland workers is not compromised.

The high risk or hard to reach industries and workplaces targeted in the *Queensland Workplaces for Wellness Program* include:

- **Blue collar workers**

Blue collar industries include: agriculture, forestry and fishing; electricity, gas and water supply; mining; construction; manufacturing; wholesale trade; and transport and storage. Blue collar occupations include: technicians and trade workers; community and personal service workers; machinery operators and drivers; and labourers. Queensland blue collar industries have the highest prevalence of smoking (33.1%), physical inactivity (77.8%), overweight or obese measured (64.6%) and self-reported (63.5%) Body Mass Index (BMI), and alcohol consumption at increased lifetime risk (35.3%) compared with other industry groups, in addition to the second highest prevalence of inadequate fruit and vegetable intake (55.9%). These prevalence estimates of modifiable lifestyle risk factors are also significantly higher than the national employed average.<sup>1</sup>

- **High-risk workplaces**

Delivery of a mix of workplace health promotion strategies (matched funding, strategic delivery of workplace wellness programs, and local-level operational support) will target three categories of identified high-risk workplaces.

- Small construction enterprises

Compared to other industries, workers in the construction industry have the highest levels of smoking (43.5%) and increased lifetime risk of alcohol consumption (44.5%) and second highest level of self-reported overweight or obese BMI (65.1%), in addition to these levels being significantly higher than the national employed average.<sup>2</sup> In Queensland, a recent Construction WorkHealth Initiative pilot (progressed between September 2008 and February 2009) assessed the health status of over 1,000

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<sup>1</sup> Department of Health and Ageing (2010). *Analysis of 2007/08 National Health Survey for the working population*.

<sup>2</sup> *ibid*



Brisbane and Gold Coast construction workers, revealing high levels of obesity, smoking and problem drinking amongst builders.

Australian Bureau of Statistics (ABS) data shows that over 95% of all Queensland workplaces are classified as small businesses (that is, they employ less than 20 people).<sup>3</sup> Small business also accounts for approximately 16% (more than 370 000 individuals) of all employment in Queensland. Some two-thirds of all small business are non-employing owner/operators. The construction industry is a significant area of small business accounting for approximately 17% of Queensland small business.

- Transport and storage industry

In 2007–08 the transport and storage industry in Queensland employed approximately 120,000 people, or 5.5% of all people employed in the State. The transport and storage industry is diverse and includes air, road, rail and sea freight. At a national level, workers in the transport and storage industry have a higher prevalence of smoking, inadequate nutrition, physical inactivity and overweight/obesity than all other industries<sup>4</sup>. These trends are reflected at State level, when compared to workers in other industries in Queensland. Workers in the transport and storage industry have the highest levels of increased or high health risk due to waist circumference (69.5%), second highest level of overweight or obese measured BMI (82.5%), and third highest level of physical inactivity (79.8%)<sup>5</sup>.

- Burgeoning rural employment areas

Large employment growth is anticipated in rural and remote areas of Queensland as a consequence of continued and new resource exploration and mining. At present, the mining industry directly employs approximately 2% of the Queensland workforce<sup>6</sup>. Estimates vary, but with numerous resource projects currently undergoing feasibility studies or awaiting final investment decisions, it is anticipated that up to 18,000 direct and indirect jobs will be created in liquid natural gas and coal seam gas areas alone, including 4,300 jobs in the Darling Downs and South West region<sup>7</sup>.

Prevalence of modifiable lifestyle risk factors for workers outside of the capital city are consistently higher than for workers from Brisbane. Rates of smoking, and lifetime and single occasion risky and high risk alcohol consumption are higher for the mining industry than for national and state averages. Rates of overweight or obese (for BMI measured and self-reported) are above the national and state average while rates of physical activity are higher than the national average, but lower than the Queensland average. Rates of inadequate fruit and vegetable intake are lower than the national and state average and the third lowest of all Queensland industries<sup>8</sup>.

- **Sedentary workers**

In 2008, Queensland Health collected data on sedentary behaviour of Queensland adults and showed that 28% of adults were sedentary for at least seven hours every day of the week<sup>9</sup>. There is emerging evidence suggesting that, irrespective of an individual's level of physical activity, sedentary behaviours

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<sup>3</sup> Australian Bureau of Statistics. *2006-07 Counts of Businesses – Summary Tables* (Cat 8161.0.55.001). Australian Bureau of Statistics: Canberra.

<sup>4</sup> Department of Health and Ageing (2010). *Analysis of 2007/08 National Health Survey for the working population*.

<sup>5</sup> *ibid*

<sup>6</sup> *ibid*

<sup>7</sup> Energy Skills Queensland (2010). <http://www.energyskillsqld.com.au/industry-sectors/coal-seam-gas-liquefied-natural-gas-industry/csglng-in-queensland> Accessed 31 August, 2010.

<sup>8</sup> Department of Health and Ageing (2010). *Analysis of 2007/08 National Survey for the working population*.

<sup>9</sup> Queensland Health. (2008). *The Health of Queenslanders 2008: Prevention of Chronic Disease. Second Report of the Chief Health Officer Queensland*, Queensland Health: Brisbane.

may be an independent risk factor for chronic diseases such as Type 2 diabetes<sup>10 11</sup> and overweight and obesity<sup>12</sup>. Workplace settings that promote sedentary behaviour such as call centres have reported weight gain<sup>13</sup> among workers.

This emerging evidence has implications for workplaces with a large proportion of their workforce sedentary due to computer, telephone and other desk/workstation-based work, particularly professional service industries. Professional services in both capital city and other regions across the state have levels of inadequate fruit and vegetable intake significantly higher than the national employed average (Brisbane: 57.2%; balance of state: 58.7%) and high levels of physical inactivity (Brisbane: 65.2%; balance of state: 77.8%).

- **Regional, rural and remote workers**

In Queensland, prevalence of modifiable lifestyle risk factors for workers outside of the capital city were consistently higher than workers from Brisbane. Workers outside of capital cities have higher levels of smoking (Brisbane: 20.6%; balance of state: 27.9%); physical inactivity (Brisbane: 73.8%; balance of state: 75.9%), overweight or obese measured BMI (Brisbane: 55.5%; balance of state: 60.3%) and alcohol consumption at increased lifetime risk (Brisbane: 23.5%; balance of state: 27.6%) than workers in Brisbane, and similar levels of inadequate fruit and vegetable intake (Brisbane: 51.7%; balance of state: 51.5%). Additionally, workers from outside of capital cities have levels significantly higher than the national employed average in the areas of smoking, physical inactivity and alcohol consumption at increased lifetime risk.<sup>14</sup> Higher levels of almost all risk indicators (obesity, physical activity, smoking, consumption of alcohol, cholesterol) point to higher risk of cardiovascular disease, Type 2 diabetes and chronic kidney disease in rural and remote areas.<sup>15</sup>

- **Large business**

Although estimates vary, large business in Queensland (public and private) employs in the vicinity of 45% of the total Queensland workforce<sup>16</sup> across a broad range of industries, occupations and workplaces. Definition of large business also varies, but is commonly used to refer to businesses employing 100 plus employees. Large businesses have the capacity to address healthy lifestyle issues for a significant audience of workers. There is considerable potential in the large business sector to build on existing programs, to promote the adoption of healthy lifestyle programs, and to foster innovation in workplace wellness initiatives.

## 25. Stakeholder engagement:

Achievement of chronic disease prevention performance benchmarks will require a high degree of collaboration and coordination of effort across the Queensland Government, in partnership with the non-government sector, unions and industry. Hence, a wide range of stakeholders have been consulted during the development of the Queensland Implementation Plan for the Healthy Workers Initiative and will continue to provide strategic direction, advice and support during the implementation of the 'targeted workplace-based health promotion programs and policies' activity.

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<sup>10</sup> Dunstan, D., Salmon, J., Healy, G., Shaw, J., Jolley, D., Zimmet, P. & Owen N. (2007). Association of television viewing with fasting and 2-h postchallenge plasma glucose levels in adults without diagnosed diabetes. *Diabetes Care*, 30 (3): 516 – 22.

<sup>11</sup> Hamilton, M., Hamilton, D., & Zderic, T. (2007). The role of low energy expenditure and sitting on obesity, metabolic syndrome, type 2 diabetes, and cardiovascular disease. *Diabetes*, 56: 2603-09.

<sup>12</sup> Mummery, K., Schofield, G., Steele, R., Eakin, E., & Brown, W. (2005). Occupational Sitting Time and Overweight and Obesity in Australian Workers. *American Journal of Preventive Medicine*, 29(2): 91-97.

<sup>13</sup> Boyce, R., Boone, E., Cioci, B. & Lee, A. (2008). Physical activity, weight gain and occupational health among call centre employees. *Occupational Medicine*, 58(4): 238-244.

<sup>14</sup> Department of Health and Ageing. (2010). *Analysis of 2007/08 National Health Survey for the working population*.

<sup>15</sup> Australian Institute of Health and Welfare. (2009). *Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors*. Cat. no. PHE 118. AIHW: Canberra.

<sup>16</sup> Department of Health and Aging (2010). *Analysis of 2007/08 National Survey for the working population*.

Key stakeholders include: the Queensland Workplace Health Roundtable; Outdoor Worker Health Taskforce; Queensland Health; Office of Fair and Safe Work Queensland, Department of Justice and Attorney-General (JAG); Industry Strategy Groups, including construction, rural, manufacturing and transport; Public Service Commission (PSC), Department of Transport and Main Roads (DTMR) and Local Government Association Queensland (LGAQ). Relevant consultation, engagement and participation with industry organisations, unions and groups and targeted workplaces will also occur.

## 26. Risk identification and management:

**Table 3: Activity one risk identification and management**

Risk	Level	Mitigation strategy	Responsibility
Demand for program delivery to workplaces greater than capacity	Medium	<ul style="list-style-type: none"> <li>Rigorous target group selection criteria, phased delivery, reduction in marketing and/or referral to online resources</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> </ul>
Low demand for program delivery to workplaces	Low	<ul style="list-style-type: none"> <li>Extensive consultation with stakeholders, adaptation of programs to meet identified needs, expanded communication and marketing strategy and/or expansion of target groups</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> </ul>
Failure to meet proposed budget	Medium	<ul style="list-style-type: none"> <li>Service agreements, regular reporting, clear governance structures and/or decreased target audience</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> </ul>
Low program quality	Low	<ul style="list-style-type: none"> <li>Evidence based workplace health promotion programs, comprehensive evaluation and monitoring strategy and adequate training and support for program delivery staff</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> </ul>
Program implementation not deemed as fair and equitable	Low	<ul style="list-style-type: none"> <li>Selected target audience based on workforce data and health outcomes, clear and equitable participant selection criteria, dispute resolution mechanisms and referral to online resources</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> <li><i>Workplaces for Wellness</i> workforce (see Activity two)</li> </ul>
Programs do not indicate improvement in targeted chronic disease risk factors	Low	<ul style="list-style-type: none"> <li>Implementation of evidence based workplace health promotion programs adapted to meet identified needs, engagement with industry/key stakeholders, and clear, ongoing evaluation and monitoring strategies</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> <li><i>Workplaces for Wellness</i> workforce (see Activity two)</li> </ul>

## 27. Evaluation:

Evaluation of the ‘targeted workplace-based health promotion program and policies’ activity will require the development of key process and impact indicators that reflect NPAPH performance benchmarks. These indicators will be consistently measured by integrating common measurement tools

and/or questions into the evaluation strategies of specific workplace health promotion programs. The overall activity evaluation is outlined in Table 8 followed by the evaluation strategies of specific workplace health promotion programs.

**Table 4: Activity one evaluation**

<b>Evaluation type</b>	<b>Measure</b>	<b>Proposed methodology</b>	<b>Timing</b>
Process	<ul style="list-style-type: none"> <li>• Program delivery records</li> <li>• Survey for participating workplaces</li> <li>• Survey for program participants</li> </ul>	<ul style="list-style-type: none"> <li>• Program delivery reports</li> <li>• Quantitative and qualitative data collection</li> </ul>	Immediately following each delivered program
Impact	<ul style="list-style-type: none"> <li>• Follow-up survey for participating workplaces</li> <li>• Follow-up survey for program participants</li> </ul>	<ul style="list-style-type: none"> <li>• Quantitative and qualitative data collection</li> <li>• May include pre and post or follow-up measurement only</li> </ul>	Follow-up of 3-6 months post program implementation
Outcome	<ul style="list-style-type: none"> <li>• Population level indicators</li> </ul>	<ul style="list-style-type: none"> <li>• As specified by NPAPH strategy</li> <li>• State workforce data statistics</li> </ul>	As specified by NPAPH strategy

- ***Workplace Quit Smoking Program***

The Queensland Quitline service evaluation framework includes follow up with all participants at 3 and 12 months. This will be extended to include an additional 6 month follow-up post completion of the *Workplace Quit Smoking Program*.

- ***Whole-of-Queensland Public Sector Worker Health and Wellbeing Program***

A monitoring and evaluation framework for the *Whole-of-QPS Worker Health and Wellbeing Program* will include pre and post data collection through new and existing surveys including the Public Service Commission's annual State of the Service survey, and monitoring through reporting requirements for agency and sector-wide initiatives e.g. the *Safer and Healthier Workplaces 2007 – 2012* framework.

- ***TravelSmart Workplaces***

The *TravelSmart Workplace Program* pre and post data collection measures will be expanded to include other chronic disease risk factors beyond physical activity.

- ***Sustainable Farm Families Program***

*Sustainable Farm Families Program* participants provide health risk data that enables comparison across year 1 and 2 workshops to evaluate program impact.

- ***Pit Stop Men's Health Program***

Delivery of the *Pit Stop Men's Health Program* includes collation of participant's health risk profiles and process and impact evaluation with follow-up telephone interviews or surveys with a selection of participants at 3 months post implementation.

- ***Zero Harm @Work Leadership Program***

In addition to individual workplace evaluation reports provided by successful recipients of the competitive matched funding scheme grants, submission of annual reports by all program members will assess trends in the emphasis placed on workplace wellness by non-recipients.

28. **Infrastructure:**

The *Queensland Workplaces for Wellness Program* aims to build on existing administrative, physical and operational infrastructure wherever possible.

29. **Implementation schedule:**

**Table 5: Activity one implementation schedule**

<b>Deliverable and milestone</b>	<b>Due date</b>
<i>Service agreements finalised</i>	
Engagement strategies with key stakeholders commences	July 2011
Expansion of <i>TravelSmart workplaces Program</i> commences	
<i>Pit Stop Men's Health Program</i> implementation commences	Sept 2011
Implementation of <i>Sustainable Farm Families Program</i> commences	
Planning and delivery of <i>Workplace Quit Smoking Program</i> commences	
Delivery of targeted mix of workplace health promotion strategies for high-risk workplaces commences	Dec 2011
<i>QPS Worker Health and Wellbeing Program</i> implementation commences	Jan 2012
Final evaluation reports of all targeted workplace-based health promotion program and policy strategies received	Sept 2015

30. **Activity budget:**

**Table 6: Activity one budget**

<b>Expenditure item</b>	<b>Year 1 2011-12</b>	<b>Year 2 2012-13</b>	<b>Year 3 2013-14</b>	<b>Year 4 2014-15</b>	<b>Total</b>
Targeted workplace based health promotion programs and policies	\$3,346,000	\$6,646,000	\$2,246,000	\$1,411,000	\$13,649,000
<b>TOTAL</b>	<b>\$3,346,000</b>	<b>\$6,646,000</b>	<b>\$2,246,000</b>	<b>\$1,411,000</b>	<b>\$13,649,000</b>

### 31. **Activity two: Support initiatives for best practice workplace wellness programs**

#### 32. **Overview:**

As a highly effective setting for promoting health and wellbeing and preventing illness, a workplace's ability to plan, implement and evaluate comprehensive workplace wellness programs can significantly and positively impact on worker health. Building workforce capacity to identify and address the health needs of workers is an effective strategy in reducing workers' risk of chronic disease.

This activity focuses on promoting workplace wellness and supporting workplaces to implement best-practice workplace-based health promotion programs and policies. Activity strategies include:

- development and enhancement of workplace wellness support tools and resources;
- expansion of worker health support services (eg. *10,000 Steps Workplaces* and *Get Healthy Information and Coaching Service*);
- marketing of workplace wellness benefits and existing workplace-based programs; and
- a controlled workplace health promotion intervention for sedentary workers to inform implementation of best-practice workplace wellness initiatives.

This activity builds on existing *Workplaces for Wellness* support tools and resources that have been supported by Queensland to date by: building a suite of online, industry-specific (type, size and geographic location) and culturally appropriate Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) workplace wellness resources and tools; providing a webportal telephone support line for workplaces; supporting a recognition scheme to formally acknowledge workplaces that are actively supporting comprehensive and evidence based approaches to improve worker health; facilitating workplaces to implement evidence based programs around key chronic disease priority areas through a matched funding scheme; and engaging a *Workplaces for Wellness* workforce to offer tailored advice and support for targeted workplaces to promote healthy lifestyles through best practice workplace wellness initiatives.

Existing evidence based workplace health initiatives that address chronic disease risk factors such as the *10,000 Steps Workplace* program and telephone and web based *Get Healthy Information and Coaching Service* will be advocated and supported. A marketing and communication strategy will be implemented to promote the *Queensland Workplaces for Wellness Program* and encourage uptake of Queensland's healthy worker activities. A controlled intervention in large and small urban Queensland workplaces will determine the outcomes of specific workplace wellness strategies that support lifestyle risk modification (including information technology) to inform current initiatives.

#### 33. **Outputs:**

Activity two (A2) consists of nine initiatives supporting best practice workplace wellness programs.

##### **A2/1 *Workplaces for Wellness* webportal**

The *Workplaces for Wellness* webportal will act as a state-wide support mechanism for evidence-based workplace health promotion. Through an online registration system, individual workplaces will have access to free, practical, step-by-step information to guide implementation of best practice workplace wellness programs based on international research and workplace health promotion theory, strategies and initiatives. The webportal will build the capacity of workplaces to reduce worker lifestyle chronic disease risk factors through a suite of online tools, resources and links adapted to meet the needs of specific workforce groups (eg. small, medium and large businesses; regional, rural and remote; industry type, CALD and ATSI worker populations), and the establishment of a telephone line to facilitate workplace access to resources and provide tailored workplace information and support.

## **A2/2 Workplaces for Wellness Recognition Scheme**

The *Workplaces for Wellness* recognition scheme aims to provide businesses with a formal mechanism to attain recognition as a 'Queensland Workplace for Wellness' for their efforts to reduce worker chronic disease lifestyle risk factors. The online, three-tiered recognition scheme (bronze, silver and gold categories) will enable workplaces at different phases of development, implementation and maintenance of comprehensive, best practice workplace wellness programs to be considered for recognition. Separate assessment criteria based on workplace size (small 1-29 employees; medium 30-100 employees; and large over 100 employees) will ensure applicability and equitable access for all Queensland workplaces.

## **A2/3 Workplaces for Wellness matched funding scheme**

The *Workplaces for Wellness* matched funding scheme, accessible to all Queensland workplaces through the *Workplaces for Wellness* webportal, aims to provide a proportion of implementation costs as a support mechanism and incentive for workplaces using evidence based workplace wellness strategies and programs to address worker chronic disease lifestyle risk factors.

A number of additional activities within the *Queensland Workplaces for Wellness Program* also incorporate a matched funding scheme component (eg. *Workplace Quit Smoking Program*, Targeted mix of workplace health promotion strategies for high-risk workplaces, *Zero Harm @ Work Leadership Program* competitive matched funding, and *10,000 Steps Workplaces*). The *Workplaces for Wellness* matched funding scheme budget reflects the total of all matched funding allocations within the *Queensland Workplaces for Wellness Program*.

## **A2/4 Workplaces for Wellness workforce**

A workforce to build the capacity of Queensland Government agencies, organisations and operational support staff is necessary to support a culture shift beyond safety toward understanding and acting on the importance of addressing chronic disease risk factors within the workplace. A small *Workplaces for Wellness* coordination workforce will oversee the Queensland program, coordinate the *Workplaces for Wellness* delivery workforce, and engage with the Queensland Local Government to align healthy worker and healthy community chronic disease reduction efforts. A delivery workforce will provide tailored strategic and operational support to targeted workplaces and facilitate workplace access to informational, motivational and financial support to address worker chronic disease risk factors.

## **A2/5 10,000 Steps Workplaces**

10,000 Steps is a multi-strategy initiative that aims to raise awareness and increase participation in physical activity by encouraging the accumulation of 'incidental' physical activity as part of everyday living. Delivery of the *10,000 Steps Workplaces* program will be implemented through a matched funding scheme as a catalyst for workplaces to comprehensively address worker health, and include development of targeted online workplace resources and expansion of information to include other lifestyle related chronic disease risk factors of smoking, unhealthy eating and harmful alcohol consumption.

## **A2/6 Get Healthy Information and Coaching Service**

The *Get Healthy Information and Coaching Service* developed by New South Wales Health is a free telephone and website based service staffed by qualified health coaches aimed at supporting adults at risk of developing chronic disease to make healthy lifestyle changes regarding physical activity, healthy eating and how to reach and maintain a healthy weight. *Get Healthy* will be made available to Queensland workers to provide health information and/or individually tailored telephone coaching sessions (approximately ten calls over a period of six months).

### **A2/7 Controlled *Workplaces for Wellness* intervention to inform effectiveness research targeting sedentary workers**

A controlled workplace wellness intervention will progress an action-based approach to identify the effectiveness of a mix of workplace wellness strategies to support lifestyle behaviour change in working men and women aged 35-55 years. This trial will embed a holistic workplace wellness model within a range of types of workplace in Queensland, including large urban (public and private sector) and small (private sector) workplaces with a particular focus on sedentary behaviours and physical activity.

### **A2/8 Marketing and communication of the *Queensland Workplaces for Wellness Program***

The *Queensland Workplaces for Wellness Program* will be underpinned by a series of targeted marketing and communication strategies to generate a readiness to change by employees and employers including: regular promotion through industry groups; annual seminar series and conference presentations; annual sponsorship of health and safety conferences; and online and electronic distribution of promotional material. Each *Workplaces for Wellness Program* strategy will also have a specific marketing and communication strategy where relevant.

### **A2/9 *Queensland Workplaces for Wellness Program* evaluation**

An overarching evaluation strategy for the *Queensland Workplaces for Wellness Program* (in addition to individual activity evaluation) will provide process and impact effectiveness data for Queensland's coordinated healthy workplace efforts using both quantitative and qualitative methodologies.

## **34. Outcomes:**

The activity of expanding and enhancing workplace wellness support tools and resources, informing wellness initiatives through research and promoting uptake of workplace-based health promotion programs, policies and strategies aims to enable workplaces to support worker's development and maintenance of healthy lifestyle behaviours that reduce their risk of developing lifestyle-related chronic disease.

It is envisaged that short term outcomes will include access to: a comprehensive suite of workplace wellness resources and tools for all workplaces; workplace wellness advice; financial workplace wellness program implementation support; and existing workplace health promotion initiatives.

It is envisaged that medium term outcomes will include: an increased workplace capacity to apply workplace health promotion skills and knowledge in the development, implementation and evaluation of comprehensive workplace wellness programs within their workplace; an increased number of Queensland workers participating in work-related activities that support improvement in healthy lifestyle behaviours; and increased understanding of workplace-based health promotion strategies that work.

It is envisaged that long term outcomes will include: an increase in sustainable individual worker healthy lifestyle behaviours leading to a reduced risk of workers developing lifestyle-related chronic disease; sustained availability of workplace wellness resources, tools and programs; and workplaces with sustainable investment in evidence-based workplace health promotion programs leading to improved worker retention and productivity.



### 35. **Rationale:**

The workplace directly influences the physical, mental, economic and social well being of workers and in turn the health of their families, communities and society. It offers an ideal setting and infrastructure to support the development and maintenance of healthy behaviours that reduce chronic disease.

Rather than a series of projects, workplace health promotion is an ongoing process for improving worker health. Ongoing access to evidence based information, programs and support tools that enhance implementation of workplace health promotion is a crucial mechanism for building workplace capacity for effective and sustainable investment in worker health. The building of workforce capacity to address worker's chronic disease risk factors will include:

- information support (*Workplaces for Wellness* webportal, a controlled intervention to inform workplace wellness initiatives for sedentary workers and marketing of *Workplaces for Wellness* benefits);
- motivational support (*Workplaces for Wellness* recognition scheme);
- financial support (*Workplaces for Wellness* matched funding scheme);
- operational support (*Workplaces for Wellness* workforce); and
- service access support (access to *10,000 Steps Workplace* and *Get Healthy* services).

### 36. **Contribution to performance benchmarks:**

This activity contributes to Queensland's commitments under the NPAPH through adapting, implementing and evaluating workplace-based health promotion programs and policies that focus on lifestyle risk factors surrounding unhealthy weight, fruit and vegetable consumption, physical activity and smoking.

Increasing awareness of healthy behaviours and the link between chronic disease and lifestyle risk factors (smoking, poor nutrition, physical inactivity and harmful alcohol consumption) will contribute to individual behaviour change of workers. Supporting workplaces to create a physical, policy and social work environment that promotes wellness will facilitate and support the health of workers and associated behavioural changes.

### 37. **Policy consistency:**

The *Queensland Workplaces for Wellness Program* aligns with the national and state policy context including ABHI, the national health reform involving the National Preventive Health Strategy and the NPAPH, and the State's *Toward Q2: Tomorrow's Queensland*. Attachment A outlines the alignment of statewide strategic actions for healthy workers with Australian national reform agendas and state priorities.

**38. Target groups:**

The ‘support for best practice workplace wellness programs’ activity targets all Queensland workers with the exception of the *Workplaces for Wellness* intervention trial which will target sedentary workers (as defined in Activity one).

**39. Stakeholder engagement:**

In preparedness for the NPAPH Healthy Worker implementation, a Queensland Workplace Health Roundtable was convened in October 2009 and tasked with identifying opportunities for further collaboration and effort for the prevention of chronic diseases in workplace settings across Queensland. The Roundtable invited eminent stakeholders to explore ways in which the Queensland Government, the corporate sector, and others can work together, as peak employers in Queensland, to help Queenslanders become Australia’s healthiest people. Roundtable strategy suggestions for collaboratively progressing the workplace wellness agenda in Queensland have been incorporated within the ‘support for best practice workplace wellness programs’ activity.

Other stakeholders include: Queensland Health; Office of Fair and Safe Work Queensland, (JAG); NSW Health; Central Queensland University; LGAQ; Industry organisations, unions and groups; and individual workplaces. Where relevant, these stakeholders will continue to provide strategic direction, advice and support during the implementation of the ‘support for best practice workplace wellness programs’ activity.

**40. Risk identification and management:****Table 7: Activity 2 risk identification and management**

<b>Risk</b>	<b>Level</b>	<b>Mitigation strategy</b>	<b>Responsibility</b>
Demand for matched funding scheme greater than capacity	Medium	<ul style="list-style-type: none"> <li>Rigorous scheme selection criteria, reduction in marketing and/or referral to online resources</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> </ul>
Demand for support tools and services greater than capacity	Medium	<ul style="list-style-type: none"> <li>Rigorous selection criteria, reduction in marketing and/or referral to online resources</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> </ul>
Low demand for support tools and services	Medium	<ul style="list-style-type: none"> <li>Extensive consultation with stakeholders, adaptation of support tools to meet identified needs, communication and marketing strategy and strong linkages with existing structures and programs</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> </ul>
Failure to meet proposed budget	Medium	<ul style="list-style-type: none"> <li>Service agreements, regular reporting, clear governance structures and/or decreased target audience</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> </ul>
Matched funding scheme implementation not deemed as fair and equitable	Low	<ul style="list-style-type: none"> <li>Clear and equitable participant selection criteria, dispute resolution mechanisms and referral to online resources</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> </ul>
Activity does not indicate improvement in targeted chronic	Low	<ul style="list-style-type: none"> <li>Support mechanisms based on workplace health promotion theory and evidence, engagement with</li> </ul>	<ul style="list-style-type: none"> <li>Program-specific stakeholders</li> </ul>

Risk	Level	Mitigation strategy	Responsibility
disease risk factors		industry/key stakeholders, and clear, ongoing evaluation and monitoring strategies	<ul style="list-style-type: none"> <li>Workplaces for Wellness workforce</li> </ul>

#### 41. Evaluation:

Evaluation of the ‘support for best practice workplace wellness programs’ activity will include demographic data from participating workplaces, user satisfaction data, self-reported workplace outcomes, and where possible, pre and post worker health knowledge and status data. Evaluation and reporting from workplaces will be a requirement of participating in the recognition and matched funding schemes. *Get Healthy Information and Coaching Service* and *10,000 Steps Workplaces* will implement existing program evaluation frameworks enhanced with common measurement items developed for the overall evaluation of Activity one. Further information on measures and methodologies for evaluation of Activity two is provided in Table 8.

**Table 8: Activity two evaluation**

Evaluation type	Measure	Proposed methodology	Timing
Process	<ul style="list-style-type: none"> <li>Support and program delivery records</li> <li>Webportal usage and user satisfaction survey</li> </ul>	<ul style="list-style-type: none"> <li>Program delivery reports and online registration</li> <li>Webportal usage statistics and randomised user survey</li> </ul>	During support and program delivery
Impact	<ul style="list-style-type: none"> <li>Workplace and worker measurement tools</li> </ul>	<ul style="list-style-type: none"> <li>Quantitative and qualitative data collection</li> </ul>	Pre and post support and program delivery
Outcome	<ul style="list-style-type: none"> <li>Population level indicators</li> </ul>	<ul style="list-style-type: none"> <li>As specified by NPAPH strategy</li> <li>State workforce data statistics</li> </ul>	As specified by NPAPH strategy

#### 42. Infrastructure:

The *Queensland Workplaces for Wellness Program* aims to build on existing administrative, physical and operational infrastructure wherever possible.

43. **Implementation schedule:****Table 9: Activity two implementation schedule**

<b>Deliverable and milestone</b>	<b>Due date</b>
<i>Workplaces for Wellness webportal</i> scheduled go live date	
<i>Workplaces for Wellness recognition scheme</i> scheduled launch	Jan 2011
<i>Get Healthy Information &amp; Coaching Service</i> commences	
Selection & recruitment of <i>Workplaces for Wellness workforce</i> (coordination and support positions) commences	March 2011
<i>Queensland Workplaces for Wellness Program</i> marketing and communication strategy implementation commences	
<i>Service agreements finalised</i>	
<i>Controlled Workplaces for Wellness intervention for sedentary workers</i> commences	July 2011
<i>Workplaces for Wellness matched funding scheme</i> commences	March 2012
Final evaluation reports for all individual <i>Queensland Workplaces for Wellness Program</i> activities	Sept 2015
Final evaluation report for the <i>Queensland Workplaces for Wellness Program</i>	Dec 2015

44. **Activity budget:****Table 10: Activity two budget**

<b>Expenditure item</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
Support for best practice workplace wellness programs	\$3,534,000	\$6,184,000	\$3,964,000	\$2,349,000	\$16,031,000
<b>TOTAL</b>	<b>\$3,534,000</b>	<b>\$6,184,000</b>	<b>\$3,964,000</b>	<b>\$2,349,000</b>	<b>\$16,031,000</b>

## ROLES AND RESPONSIBILITIES

### Role of the Commonwealth

45. 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

46. 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.
47. 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

48. 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 2013 and 31 December 2014:
  - a) Increase in proportion of children at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of children at healthy weight returned to baseline level by 2015.
  - 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 2013; 0.6 for fruits and 1.5 for vegetables by 2015.
  - 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 2013; by 15 per cent by 2015.
  - d) Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of adults at healthy weight returned to baseline level by 2015.
  - 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 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015.

- 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 2013; 15 per cent from baseline by 2015.
  - 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.
49. 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.
50. The performance reports are due within two months of the end of the relevant period.

## ATTACHMENT A

### **Queensland Context: Goals, underlying principles and state policy alignment of the *Queensland Workplaces for Wellness Program***

#### **National Policy Context**

The state and national policy reform agendas for preventive health and chronic disease prevention has evolved rapidly in recent years, with a continued repositioning and refocusing of effort on primary prevention activities known to work and to address barriers and difficulties for implementation that arise from areas of divided responsibility between levels of government.

The National Preventive Health Strategy, released in 2009, prioritises communities, schools and workplaces as important settings for intervention to address unhealthy lifestyle behaviours through shared responsibility and actioning key points of leverage by addressing relevant arms of policy in both health and non-health sectors. The Strategy is consistent with the objectives and outputs of the National Partnership Agreement for Preventive Health (NPAPH), signed by the Council of Australian Governments (COAG) in December 2008, which is also promoting a healthy start to life for children and young people, workplace health programs and community-based programs.

The NPAPH provides for collaborative action and practical funding, infrastructure and implementation support to enable an increased collective 'dose' of primary prevention effort across the country, through scaling up efforts of sufficient intensity scope and duration. The NPAPH also expands and builds on the commitments progressed under COAG's Australian Better Health Initiative (ABHI) to help shift the focus of the Australian health care system towards promoting good health and reducing the burden of chronic disease.

Queensland initiatives under the NPAPH, including those under the social marketing, healthy worker and children's implementation plans and the enabling infrastructure statewide monitoring and surveillance commitments, must be viewed in the context of the broad suite of significant long-term policy commitments and actions by the Queensland Government and key partners in the primary prevention of chronic disease. Collectively these commitments form a comprehensive program to reduce the prevalence of chronic disease in Queensland and associated risk factors.

#### **Queensland Chronic Disease Prevention Commitments**

Early on in the enhancement of Queensland chronic disease reform efforts, the Queensland Government recognised the critical need for workforce capacity to ensure effective delivery of chronic disease prevention commitments. As a consequence, in 2002, Queensland Health supported strategic investment to recruit specialised staff to deliver evidence-based chronic disease prevention activities across the population. To further increase reach and dose of prevention efforts across the state, including for 'at risk' priority population groups, this workforce capacity was further augmented under the *Queensland Chronic Disease Strategy 2005-2015* with \$16 million recurrent incremental investment for further positions. This included positions in rural and remote areas and specific workforce capacity to engage directly with priority communities, such as bi-lingual health workers and Aboriginal and Torres Strait Islander health workers, for delivery of tailored programs for these priority population groups. This workforce included the roll-out of community nutrition positions across the state, which primarily have a clinical role and some secondary prevention activities. These positions work in close consultation with a wide range of stakeholders including key Q2 partners, other government and non-government agencies, local governments and the private sector.

For over a decade, Queensland has advanced a long standing commitment to chronic disease prevention as a priority agenda for the State. This has been operationalised through a strong policy focus on primary prevention in parallel with implementation of a comprehensive suite of strategies to reduce the prevalence of

chronic disease by addressing the key risk factors of tobacco smoking, heavy drinking, overweight/obesity, poor nutrition and physical inactivity.

The policy agenda was further emphasised with the inclusion of priority prevention of chronic disease as a central strategy of the *Queensland Chronic Disease Strategy 2005-2015*, linked to more targeted cross-government integrated programmatic efforts for specific chronic disease risk factors. For example, *Eat Well Be Active – Healthy Kids for Life Action Plan 2005-2008* was the first Queensland Government action plan to promote healthy eating, physical activity and healthy weight among children and young people and their families. Under this framework for action, over 100 cross-agency initiatives were rolled out across Queensland. These commitments to promote healthy weight were additionally leveraged and enhanced by a 2006 Queensland Obesity Summit. The Summit sought advice from academics, non-government organisations and key stakeholders in assessing gaps in efforts and identified further priority commitments for Government, which were progressed and coordinated with oversight from a cross-government Premier's *Eat Well Be Active* taskforce.

More recently in September 2008, *Toward Q2: Tomorrow's Queensland (Q2)*, the 2020 vision for the State, identified 'making Queensland Australia's healthiest people' as a core 'Healthy' vision towards shaping the state's future, including preventive health strategies to improve the health outcomes for Queenslanders by reducing the prevalence of obesity, smoking, heavy drinking and unsafe sun exposure by 2020. With the exception of unsafe sun exposure, this policy context is consistent with the objectives of the NPAPH.

The Q2 Healthy targets recognises the critical need for greater collaboration and coordination of effort within Queensland Government, in partnership with the non-government and private sectors, as well as improved integration across tiers of Government (local, state/territory and nationally). To this end, the Queensland Government established a new CEO level strategic governance, the CEO Committee for Preventive Health (chaired by the Director General Queensland Health), in 2009 to assume overarching strategic coordination responsibility for driving the cross-government delivery of identified commitments under these Q2 Healthy targets. A complementary Q2 Partners process provides for recognition of the range of stakeholders and non-government partners in the effective integration with government to deliver Q2 initiatives. The *Eat Well Be Active* framework and governance was superseded at this time with the new CEO 'Healthy' target governance also subsuming responsibility for actions to cut prevalence of obesity by one-third.

The framework for action to achieve the Q2 Healthy targets includes a settings based approach (which strategically aligns with the NPAPH approach), with four broad priority action areas:

- Creating supportive environments – investing in action to create supportive physical and social environments that encourage healthy behaviour by making the healthy choice the easy choice.
- Supporting community-based programs – investing in appropriate and targeted programs to encourage and support Queenslanders to live healthy lives.
- Influencing social norms and culture – investing in actions which positively influence social norms and culture to support health promoting behaviour choices, including ensuring that messages are based on evidence, personalised to meet the needs of target audiences and supported by information, programs and services.
- Measuring and evaluating activity to identify what works – investing in appropriate monitoring and evaluation data and indicators at the individual, community and population level to inform planning, resource development and service delivery.

With the release of *Q2*, the *Smart State Council*, a high-level external advisory body to the Queensland Government on emerging State issues, was tasked to provide advice to Government on opportunities, challenges and impediments to achieving the Q2 chronic disease target, culminating in a November 2008 report, *Queenslanders tackling chronic disease: becoming Australia's healthiest State* which outlined a broad range of recommendations. These recommendations are being systematically implemented by the Queensland Government through the annual plans of action for the Q2 chronic disease target.

This strategic prioritisation was further reinforced through a Queensland *Parliamentary Inquiry into Chronic Diseases in Queensland* which reported back to Parliament in January 2010 with recommendations to



address identified key gaps in effort and leverage points for action in tackling chronic diseases in Queensland, both at the national and state levels. The Inquiry recommendations included progressing of a settings-based approach (with a focus on schools, workplaces, communities and homes) and cross-cutting actions across five core areas:

- target the entire population and sub-population using a combination of legislation and regulation; social marketing; environmental change; organisational and community development; and research and surveillance;
- concentrate on the major modifiable risk factors for chronic disease including tobacco smoking, obesity and risky alcohol use;
- move efforts across the whole-of-Government, in all jurisdictions, in partnership with the private and non-government sectors as well as the general community;
- move efforts beyond the health system into other sectors such as transport, housing, welfare and education; and
- provide greater focus on 'at risk' groups (including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, lower socio-economic communities and rural and remote communities).

The Parliamentary Inquiry identified both direct and indirect actions for the Queensland Government, including those where the State has an advocacy role for prevention policy reforms under the national health reform agendas. A number of these national policy reform recommendations from the Queensland Parliamentary Inquiry have already been highlighted in previously agreed national strategies such as *Acting on Australia's Weight*, the *National Alcohol Strategy 2006–2009* and the *National Tobacco Strategy 2004–2009*, but are yet to be fully implemented, or have been scoped under the National Preventive Health Strategy.

### **NPAPH Healthy Worker, Healthy Children and Healthy Communities context in Queensland**

The Queensland Health prevention workforce will continue to drive and implement existing statewide programmatic commitments for the primary prevention of chronic disease, primarily in community-based settings, integrated with the new NPAPH initiatives identified in Queensland implementation plans for healthy children and healthy workers. The activities that have been put forward under the Implementation Plan for the Healthy Children initiative have been targeted to meet identified gaps and to expand on previous and current successful initiatives across Queensland, including support for partner organisations to value-add to the multi-faceted components of Queensland's current programmatic response to the promotion of healthy weight, nutrition and physical activity in children and young people.

For example, opportunities to build on previous investment or adapt existing initiatives for different settings will be progressed under the NPAPH funding for the state (both healthy children and healthy workers). Food supply provides a key example of how the Queensland will progress this approach to value-adding. A partnership between Queensland Health and the Department of Education and Training developed and implemented *SmartChoices – Healthy Food and Drink Supply Strategy for Queensland State Schools*, mandatory since January 2007. Through the NPAPH funding, elements of *SmartChoices* and *A Better Choice* strategies will be adapted to improve healthy food and drink choices at canteens/food outlets run by local sport and recreation clubs and associations. The strategies provide a mix of universal and targeted approaches and include strategies to reach disadvantaged, and rural and remote populations.

By contrast, workplaces as a key setting for chronic disease prevention is a relatively new action area for Queensland. To date, the main focus in Queensland has been on delivering effective occupational health and safety services for risk and hazard reduction and injury management and this continues to be a priority. The focus on workplaces as a key setting for preventive health activities in Queensland was initially identified at the 2006 Queensland Obesity Summit and has been further prioritised under the Queensland Government's Q2 Healthy Targets, led by the Office of Fair and Safe Work in the Department of Justice and Attorney General (JAG), in partnership with Queensland Health and a raft of key industry sector and other

stakeholders. In Queensland, approximately two million people are of working age, representing a captive audience for health and wellbeing initiatives to reduce the risk of work-related and lifestyle factors for chronic disease.

Through these newly coordinated efforts in Queensland, a range of workplace-based health promotion initiatives have been trialled and implemented throughout the state in recent years, including the development of the *Safe and Healthier Workplaces Strategy 2007-2012*, which includes a performance criterion for integrated workplace health lifestyle programs by Queensland Government agencies. Some Departments have expanded their commitments to a comprehensive workplace wellness programs for staff.

Under the Q2 Healthy Target, Queensland Health has progressed a number of workplace health promotion strategies for staff that have been expanded to become whole of government workplace policies where the Government is 'leading by example'. For example, in 2007 and 2008, Queensland Health developed and implemented *A Better Choice – Healthy Food and Drink Supply Strategy for Queensland Health Facilities*, a mandatory food supply strategy for staff and visitors in Queensland Health facilities across the state. Two components of the *A Better Choice* strategy, catering guidelines for meetings and functions and a healthy vending machines policy, are being considered for whole-of-government workplace implementation under the Q2 Healthy targets. Similarly, the formalised Queensland Health *Work and Breastfeeding Policy* has now been expanded as a whole of government policy, complementing a broader community-based initiative, supported by Queensland Health, in promoting duration of breastfeeding.

Following a pilot initiative for the construction industry which identified outdoor workers at high risk of chronic diseases, the Premier announced in May a tripartite Outdoor Worker Health Taskforce chaired by JAG with representation from state government, unions and employer associations, to provide recommendations for health promotion initiatives targeting outdoor workers. The Taskforce has since established three ongoing targeted working groups focused on identified high-risk industries and hard-to-reach workers according to geography, workplace type or risk factor (e.g., a rural/remote, construction industry and sun safety working groups). Some of the activities specified in the Queensland Implementation Plan for Healthy Workers initiative have been defined by the Taskforce and its working groups. Health Promotion Queensland has funded a complementary three year applied research project to demonstrate the effectiveness of sun protection measures which influence high risk outdoor workers in Queensland to adopt sun safe behaviour practices.

These state-based commitments have been further augmented following a Queensland Workplaces for Wellness Roundtable in late 2009 which led to consideration of a *Workplaces for Wellness program*, lead by Queensland Health, in preparedness for the NPAPH Healthy Worker implementation commitments for Queensland. The key aim of this initiative is to improve the uptake and commitment to staff wellness by workplaces, including addressing chronic disease risk factors, in workplace settings across Queensland. The program design is an online self-guided program to encourage workplaces to implement a formal workplace wellness program with strategies to improve the health and wellbeing of their staff. To date, Queensland Health has invested over \$1million in 2010-11 in developing, establishing and promoting the program.

The *Workplaces for Wellness program* has been designed to be consistent with best practice workplace health promotion theory and workplace wellness programs both nationally (e.g. Health and Productivity Institute of Australia (HAPIA) best practice guidelines, 2010) and internationally. To recognize good practice efforts by Queensland workplaces, in 2008, Queensland Government supported the *Healthy Queensland Awards* which include a category recognising the healthiest workplace in Queensland. Prize money of \$100,000 is available to be allocated to healthy infrastructure or health promoting policies and programs.

Our state based healthy worker commitments have helped to ensure Queensland's preparedness for this augmented national effort. The national NPAPH healthy worker funding for Queensland is to build on these state commitments to date through increased support for workplaces and implementation of a targeted approach to adapt, extend, implement and evaluate effective workplace wellness programs in identified high-risk industries and hard-to-reach workers according to geography, workplace type or risk factors, which currently includes blue collar occupations; high-risk industries; sedentary workers; rural, remote and regional workplaces; and large enterprises. Some of the strategies are also designed to begin to fill identified gaps in worker health investments in Queensland. As there is not an existing workforce capacity in Queensland Health to deliver healthy workplace initiatives, a small adjunct Queensland delivery workforce has been identified under the Implementation Plan for Healthy Workers initiative for the NPAPH.

The Implementation Plan for Healthy Workers initiative's *Queensland Workplaces for Wellness Program* will build on and value-add to the successes and returns on investment from existing Queensland efforts. Strategies in the implementation plan capture areas where further opportunities have been identified to extend and build on previous investment or adapt existing initiatives for different settings. There are a range of examples where the existing Queensland Government investments that have been identified for further expansion and the ability to leverage off and maximise focus of effort through the NPAPH funding

The objective of the *Queensland Workplaces for Wellness Program* is to engage and support Queensland workers to make positive and sustainable behaviour changes that reduce lifestyle related health risk factors and improve their health. The proposed Implementation Plan provides a mix of *Workplaces for Wellness* programs, policies and support, including the targeted delivery of evidence-based workplace wellness strategies such as *Pit Stop Men's Health Program* and the *Sustainable Farm Families Program*; matched funding schemes and equitable access to workplace wellness support tools and resources (e.g. *Workplaces for Wellness* webportal, *Workplaces for Wellness* recognition scheme, *10,000 Steps Workplaces* program and *Get Healthy Information and Coaching Service*). The *Queensland Workplaces for Wellness Program* will target blue collar and sedentary workers, high-risk and regional, rural and remote workplaces and large businesses.