

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 (see Attachment A). 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 South Australia, 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 South Australia for the Healthy Workers initiative is \$15.68 million.
10. The maximum possible financial contribution to be provided by the Commonwealth as reward payments to South Australia for the National Partnership is \$11.10 million. Reward payments will be made following the COAG Reform Council's assessment of South Australia's achievement against the seven performance benchmarks specified in the National Partnership. Facilitation and reward payments will be payable in accordance with Table 1 from July 2011 to 2018 in accordance with the National Partnership. All payments are exclusive of GST.

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

Facilitation Payment for Healthy Workers initiative		Due date	Amount
(i)	Facilitation payment	July 2011	\$2.45
(ii)	Facilitation payment	June 2012	\$2.79
(iii)	Facilitation payment	July 2012	\$1.54
(iv)	Facilitation payment	July 2013	\$1.78
(v)	Facilitation payment	July 2014	\$1.78
(vi)	Facilitation payment	July 2015	\$1.78
(vii)	Facilitation payment	July 2016	\$1.78
(viii)	Facilitation payment	July 2017	\$1.78
Reward Payment for the NPAPH		Due date	Amount
(ix)	Reward payment	2016-2017	\$5.55
(x)	Reward payment	2017-2018	\$5.55

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. Table 2: Overall program budget (exclusive of GST) (Commonwealth contribution only)

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	
Expenditure item	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
1. Leadership and change management	.005	.005	.031	.008	.008	.009	.009	.075
2. Organisational and sector development								
2.1 Central support unit (CSU)	.375	.524	.582	.596	.610	.368	.379	3.434
2.2 Sector development officers and phone coaching service	-	1.216	1.540	2.617	2.195	2.050	.400	10.018
2.3 Networks	-	.011	.015	.015	.016	.016	.005	.078
3. Knowledge management	.047	.120	.165	.182	.101	.070	.037	.722
4. Continuous quality improvement	.003	.053	.301	.222	.268	.252	.252	1.351
TOTAL	.430	1.929	2.634	3.640	3.198	2.765	1.082	15.678

Table notes:

Note 1: SA treasury intends to re-cashflow the funding bringing forward the investment of earlier years to achieve greater impact and therefore greater opportunity to achieve the rewards

Note 2: figures are indicative estimates only and may change to accommodate unforeseen implementation requirements

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. Healthy Workers – Healthy Futures

15. Objectives:

- (i) South Australia's proposed strategy for the Healthy Workers – Healthy Futures initiative has been developed by bringing together: change management methodology¹, learning from OHS&W, analysis of the literature and our experience in implementing Health Promotion initiatives in other settings. Objectives include: create supportive workplace cultures through leadership and policy initiatives.
- (ii) raise employers' and employees' awareness, knowledge and understanding about the relationship between lifestyle behaviour, risk factors and chronic disease.
- (iii) increase workers' access to quality health promotion programs and resources that supports the adoption of healthy behaviours in relation to healthy eating, physical activity, smoking cessation and safe alcohol consumption.

¹ Robins S, Millet B, Cacioppe R and Waters-Marsh T, 2001, Organisational Behaviour: Leading and Managing in Australia and New Zealand, 3rd Edition, Prentice Hill, Australia

16. **Healthy Workers – Healthy Futures** is inclusive of the following proposed **Programs**:

- Program 1: Leadership and Change Management
- Program 2: Organisational and Sector Development
- Program 3: Knowledge Management
- Program 4: Continuous Quality Improvement

The majority of effort and funds will be directed to Organisational and Sector Development, a targeted initiative tailored to particular sectors and/or locations. Host industry/regional business associations or unions will lead the effort within particular sectors, and will be identified through an Expression of Interest tender process. The remaining strategies will both support the Healthy Workers Advisers as well as be universally available to any South Australian Workplace in order to have statewide reach. Each activity is related to and builds on the other; the strength of the model coming from the “whole” not the individual parts.

17. The **senior contact officer** for this program is Health Promotion Branch, Public Health and Clinical Systems, SA Health. Phone: Telephone: (618) 8226 6329; Fax: (618) 8226 6133; Level 4 11 Hindmarsh Square, Adelaide 5000

ACTIVITY DETAILS

Program 1: Leadership and Change Management

18. **Overview:**

This program will have two focuses:

- Focus 1: Leadership and Change Management
- Focus 2: Governance

Regular Forums will be held to provide the rationale for workplace health promotion, enable access to the latest evidence and showcase experiences from “early adopters”. Government, healthcare professionals, employers, trade unions and training organisations will be invited to demonstrate their commitment to healthy workers and supportive environment by signing a South Australian **Workplace Charter**.

An internationally acclaimed **best practice speaker** on workplace health promotion will undertake a series of speaking engagements to further build momentum in the fourth year of funding.

A multi-sector **governance** model will create the enabling conditions for systemic change across private, not-for-profit and government workplaces.

19. **Outputs:**

Outputs	Timeframe
Forum held with the business community; to engender initial support and seek feedback on proposed strategy	June – August 2010 <i>(completed)</i>
Healthy Workers - Healthy Futures (HW-HF) Reference Group established	Inaugural meeting December 2011
HW-HF state level “Charter” developed.	Commencing development July 2013. Release July 14
Best practice identified and shared through business forums and	October 2013

Outputs	Timeframe
conference opportunities.	October 2015 October 2016 October 2017
International speaker identified and schedule of presentations arranged	October 2014

20. Outcomes:

Year	Term	Outcome
July 2014	Medium	Increased number of organisations actively participating in and supporting Leadership Forums – <i>40% from baseline, Business Breakfast July 2010</i>
		Number of organisations implementing policies and strategies as a result of actions related to the HW-HF initiative – <i>n = baseline</i>
		Number of signatories to Creation of a shared Healthy Workers - Healthy Futures state level “Charter” amongst partners – <i>n = baseline</i>
		Increased number of organisations where healthy workers goals integrated into business strategy – <i>100% from baseline.</i>
July 2017	Long	Increased number of partners/business leaders actively participating in and supporting Leadership Forums – <i>60% from baseline</i>
		Increased number of organisations implementing policies and strategies as a result of actions related to the HW-HF initiative – <i>40% from baseline</i>
		Increase number of signatories of the Healthy Workers – Healthy Futures Charter – <i>20% increase in Charter signatories from baseline</i>
		Increased number of organisations where healthy workers goals integrated into business strategy – <i>300% from baseline.</i>

21. Rationale:

A survey of Australian employers reported stakeholder collaboration as an important requirement for future in workplace health and that government has a role to bring together business, employees, health agencies and researchers². As a result the *Healthy Workers – Healthy Futures Leadership Forums* will promote “involvement and support from senior management through to middle and line managers across an organisation to ensure equal access, opportunity and support to all workers, regardless of position or job type”³.

Based on the success of Occupation Health Safety & Welfare (OHS&W) in the workplace, the Leadership and Change Management strategy aims to create a culture of wellness which goes beyond funding short term programs. A critical success factor will be to align the Healthy Workers – Healthy Futures initiative with other priorities eg the recently released SA Public Sector Workplace Wellbeing Framework⁴.

² Australian Workplace health Initiatives: A focus on diabetes prevention, 2009, Department of Human Services, Victoria

³ NPAPH Healthy Workers Policy Framework

⁴ <http://www.pswr.sa.gov.au/public-sector-workforce-wellbeing/public-sector-safetystrategies/SA%20Public%20Sector%20Workplace%20Wellbeing%20Framework.pdf>

22. Contribution to performance benchmarks:

The emphasis within Program 1 is to build long term capacity and commitment to healthy workplaces beyond the funding period. As a result, the outcome measures for this strategy are “lead indicators” that will form the foundation of ongoing commitment and cultural change.

By working with employers (including government) and representative bodies the Leadership and Change Management strategy will:

- promote universal understanding of the positive relationship between health and work;
- provide access to the latest evidence and most effective interventions.
- develop a robust model for measuring and reporting on the benefits of employer investment in health and wellbeing; *and*
- provide clear professional leadership⁵.

23. Policy consistency:

This program has been structured to be consistent with Healthy Workers NPAPH policy principles.

24. Target groups:

The target group for this program are leaders with broad reach and or influence including:

- Industry Associations (e.g. Motor Trades Association) targeting those from industries with high level risk factors and or small-medium enterprises;
- Unions;
- Business SA (SA’s Chamber of Commerce);
- SA’s Top 100 Businesses (those with the largest turnover);
- Large employers from:
 - Sectors with high level incidence of the Smoking, Nutrition, Alcohol and Physical Activity (SNAP) risk factors
 - Industries/ with considerable influence or reach (eg food industry)
- Board of: Public Sector Reform Commission, Workcover and Governor’s Leadership Program⁶; *and*
- Training organisations (business management, OHS&W and Industry Skills Board).

25. Stakeholder engagement:

South Australia will engage with a number of key stakeholders through varied communication mediums across all stages of the NPAPH to raise awareness and understanding of the *Healthy Workers – Healthy Futures* initiative and key strategies.

Stakeholders will include; Government Sector bodies, Private Sector Businesses, and Unions. Each will be encouraged to actively contribute to the planning and implementation process.

⁵ Black C, 2008, Working for a healthier tomorrow < <http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf> >

⁶ <http://www.lisa.com.au/asp/home.aspx>

26. Risk identification and management:

Risk	Level	Mitigation Strategy
Sustainability of initiatives is compromised due to wide variations in the flow of Australian Government funding	High	<ul style="list-style-type: none"> • Sustainability is a key criterion in the identification of funding priorities in the Portfolio of Interventions. • Opportunities for joint funding built in from the outset. • Ensure business metrics are built into the evaluation plan so that the business case of healthy workers, work better can be measured through absenteeism, self-reported presenteeism and return to work from injury.
Whilst calling on private industry to promote wellness in the workplace, government is reluctant to “lead by example”.	Medium	<ul style="list-style-type: none"> • Ensure project retains support at the highest level across government. Advise CEs of major milestones, successes, lessons learned, progress & issues • Align with existing government priorities eg OHS&W and/or work/life balance • Build on the SA Health Healthy Food Policy, to promote healthy food options are provided through catering, fundraising, vending machines and canteens.
Business sector stakeholders are reluctant to cooperate and participate in process.	Medium	<ul style="list-style-type: none"> • Establish an Industry Advisory group, building on the existing industry relationships developed through <i>be active @ work</i> initiative co-funded by SA Health and ORS, has an existing reference group including: Safework SA, Workcover, SA Unions, and Business SA. Build on DASSA’s has established relationships with AHA, Restaurants & Catering and hospitality where they have high rates of smoking & alcohol consumption. • Ensure business case and methodology used reflects contemporary business practice. • Implement a comprehensive communications plan
Unions and/or employer groups concerns act as a barrier to participation.	Medium	<ul style="list-style-type: none"> • Ensure minimal/no costs levied on employers for participation • Promote positive productivity gains and improvements in worker health as an incentive to participation. • Ensure high levels of confidentiality to protect worker privacy.
Business Peaks are reluctant to support healthy lifestyles due to the potential risk to businesses supplying unhealthy products.	Low	<ul style="list-style-type: none"> • Consider targeting organisations where the companies mission aligns with the ultimate goals of this project namely, improved health and well being eg <ul style="list-style-type: none"> ○ health ○ community services; ○ education; ○ infrastructure and planning ○ Local government. ○ Retail ○ Catering and food service • Each of these sectors has considerable influence to change obesogenic environments.
Inadequate identification of organisations whose work already does, or has potential to, promote healthy lifestyles to workers	Low	<ul style="list-style-type: none"> • Host agency will be required to have existing networks and high level of goodwill already established with these agencies).
Key stakeholders are reluctant to participate in process due to competing demands from other State priorities.	Medium	<ul style="list-style-type: none"> • Continually engage stakeholders throughout project • Ensure stakeholder issues and concerns are managed in a transparent and timely manner throughout project

27. Evaluation:

NB The overarching evaluation strategy is also addressed in Program 4.

Indicators	Methodology	Timeframe
Number of organisations actively participating in and supporting Leadership Forums	Event registrations Baseline numbers from Business Breakfast July 2010	Annual
Number of organisations implementing policies and strategies as a result of actions related to the HW-HF initiative.	Workplace Survey	Annual
Number of signatories to a <i>Healthy Workers - Healthy Futures</i> state level Charter.	A log of signatories	Annual
Number of organisations where healthy workers goals integrated into business strategy.	Workplace Survey	Annual
Number of organisations where healthy workplace is promoted on their website and other resources (eg Annual Report)	Workplace Survey	Annual

28. Infrastructure:

No hard infrastructure is anticipated as a result of the NPAPH Healthy Workers funding.

29. Implementation schedule:**Table 3: Implementation schedule: Program 1**

Deliverable and milestone	Due date
(i) Leadership Forums	July 2010; May 2012 ; Dec 2012 (launch program and website); Oct 2013 2014 2015 2016 2017
(ii) Forum held with the business community; to engender initial support and seek feedback on proposed strategy	June – August 2010 (<i>completed</i>)
(iii) Healthy Workers - Healthy Futures (HW-HF) Reference Group established	Inaugural meeting December 2011
(iv) HW-HF state level “Charter” developed.	Commencing development July 2013. Release July 2014.
(v) Best practice identified and shared through business forums and conference opportunities.	October 2013 October 2015 October 2016 October 2017
(vi) International speaker identified and schedule of presentations arranged	October 2014

30. Responsible officer and contact details: Health Promotion Branch, Public Health and Clinical Systems, SA Health. Phone: Telephone: (618) 8226 6329; Fax: (618) 8226 6133; Level 4 11 Hindmarsh Square, Adelaide 5000

31. Activity budget: See Table 2, Expenditure line 1. Leadership and change management

Program 2: Organisational and Sector Development

32. Overview:

The focus of this program is to build strong links between workplace health and existing National, State and Local Government initiatives to drive cultural change within the South Australian Government Health network and across the broader health industry. This will be achieved through the provision of direct support to workplaces by implementing a Central Support Unit (CSU) and Sector Development Officers (SDO's). The term Sector Development Officer and "Healthy Workers Advisers" are interchangeable. In addition, The Get Healthy phone coaching service will be added to services available to individual workers as their understanding of, and motivation to reduce, their chronic disease risk factors increases.

33. Outputs:

Outputs	Timeframe
Employment of Central Support Unit (CSU)	All position filled as at March 2012.
Appointment of Host Agencies to employ Healthy Workers Advisers to provide direct support to the relevant sector/industry to promote healthy lifestyles in the workplace.	Three rounds: Dec 2012, July 2014, July 2015
Submission of annual action plans by Host Agencies to CSU (as part of contract management with Host Agencies)	April 2013; Oct 2013; Oct 2014 (ongoing annually for each contract)
Implement Statewide SDO network	Ongoing commencing Dec 2012
Nomination of workplace champions by SDO's	Ongoing from Jan 2013
Implement/Purchase Lifestyle phone coaching service	Ongoing from July 2013

34. Outcomes:

Year	Term	Outcome
July 2014	Medium	Number of organisations exposed to information about Workplace Health Programs and tools. Survey to be conducted by SDOs – <i>n = baseline</i>
		Number of workplaces accessing programs to support healthy lifestyles eg QUIT, Go for 2&5, Phone coaching service. Survey to be conducted by SDOs – <i>n = baseline</i>
		Number of Government, Community, Private Business sector workplaces with supportive policy, culture and physical environments for healthy eating, physical activity, smoking cessation and reduced alcohol consumption. Surveys conducted by External evaluator in conjunction with Sector Development Officers – <i>n = baseline</i>
July 2017	Long	Increased knowledge and motivation of organisations to engage in Workplace Health policies and programs – <i>40% from baseline.</i>
		Increased number of workplaces accessing programs to support healthy lifestyles – <i>40% from baseline.</i>
		Increased number of organisations with supportive policy, culture and physical environments for healthy eating, physical activity, smoking cessation and reduced alcohol consumption – <i>40% from baseline.</i>

35. **Rationale:**

Based on the workplace practice of Occupational Health Safety & Welfare (OHS&W) principles, this program will employ a Central Support Unit (CSU) and Sector Development Officers (SDO's) to educate and provide direct support to workplaces.

A review of Britain's working age population "*Working Towards Wellness*" recommended a "business led health and well-being consultancy service to offer tailored advice and support...especially for smaller organisations".⁷ A model of visiting "consultants" has been effective in OHS&W and is utilised by the wide array of private consulting firms in Australia and internationally that support the development and implementation of OHS&W programs in workplaces⁸.

The OHS&W approach highlighted in the review was agreed by SA Health as being a desired approach to employ to drive the Healthy Workers – Healthy Futures initiative at a state level. Furthermore, SA Health supports the view as reflected in contemporary business management literature and quality assurance models⁹, that leadership needs to go beyond endorsement of programs and involve active participation of senior management.

36. **Contribution to performance benchmarks:**

Consistent with other elements of the *Healthy Workers – Healthy Futures* initiative, Activity two aims to increase capacity for the longer term. The CSU and the SDOs will provide the support infrastructure that is necessary to encourage workplaces to easily adopt, implement and sustain healthy workplace policies and programs. This will involve the development and promotion of new or adaptation of existing tools, resources and building capacity within workplaces through training.

By tailoring information for particular industries/locations, combined with one-on-one support, we hope to gain greater traction than would otherwise be achieved. A key component of this activity will be to maximise uptake of existing fruit and vegetable, physical activity smoking and alcohol related government funded programs eg Quit, Lifestyle phone coaching service, Heart Foundation Walking Groups. No NPAPH funding will be used to purchase short term solutions eg fruit bowls and/or exercise classes. We know from experience that stand alone initiatives do not work, and the funding base for such an approach is not sustainable in the longer term.

By expanding the number of workplaces implementing supportive policies and programs to encourage healthy lifestyles we aim to increase worker knowledge and motivation to change behaviour. By promoting a culture of health at work, as an essential element to improve quality and productivity, we will provide the foundations for behaviour change not just for the short term, but for the longer term goal of improved health and wellbeing and reduced incidence of chronic disease.

37. **Policy consistency**

SDOs will work with employers to create supportive environments; adapting the program to social norms and build social support¹⁰. They will promote good practice by:

⁷ Black C, 2008, Working for a healthier tomorrow < <http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf> >

⁸ Best Practice Guideline , Workplace Health in Australia, The Health and Productivity Institute of Australia: www.hapia.org.au

⁹ Australian Business Excellence Framework <<http://www.businessexcellenceaustralia.com.au>>

¹⁰ World Health Organization / World Economic Forum (2008) Preventing Non-communicable Diseases in the Workplace through Diet and Physical Activity, WHO/World Economic Forum Report of a Joint Event <http://www.who.int/dietphysicalactivity/WHOWEF_report_JAN2008_FINAL.pdf >

- Ensuring employers/leaders/managers are supportive of workplace health promotion;
- Encouraging consultation with employees (eg needs analysis, motivations and readiness for change) and engaged in the planning of activities; *and*
- Supporting multi-component programs to 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 change¹¹.

38. Target group(s):

The target group for this program is the South Australian working population in both metropolitan and regional South Australia. In order to attain population level reach, the activities within Organisational and Sector Development will target industries and locations with the potential to reach large number of businesses and/or workers.

Targeting of the Healthy Workers- Healthy Futures initiative will be informed by population level and workplace setting data. Population level health data indicates that the poorest health outcomes are not distributed evenly across the South Australian population, with the highest burden being experienced in those most disadvantaged areas.

39. Stakeholder engagement:

See Section 25.

40. Risk identification and management:

Risk	Level	Mitigation Strategy
Workplace profile (large number of small workplaces) limits take up.	High	<ul style="list-style-type: none"> • Promote universal access through website materials. • Tailor initiatives to particular industries, locations and business size via Development Officers • Document Case Studies to share learning across like organisations.
Long lead time provides frustration to early adopters.	High	<ul style="list-style-type: none"> • Reprioritise existing capacity in Health Promotion Branch to ensure momentum is maintained. • Identify internal resources that can be utilised to support early adopters including possible broadening of <i>be active @ work</i> Project Officer Position. • Ensure scheduling is completed well in advance and officers prioritise this work within their commitments.
Delays or difficulties in recruitment of a Sector Development Officers	Medium	<ul style="list-style-type: none"> • Ensure sufficient time for recruiting suitable candidates. Advertise the positions widely.
Central WHP Unit does not function effectively in host agency.	Medium	<ul style="list-style-type: none"> • Ensure host agency is clear regarding project deliverables and timeframes which will be set out in an agreed work plan and Memorandum of Understanding.

41. Evaluation:

NB The overarching evaluation strategy is also addressed in Program 4.

Indicator	Methodology	Timeframe
Number of workers reporting increased knowledge and motivation to engage in healthy lifestyle behaviours.	Online Individual Survey	Annually
Number of workplaces implementing workplace health policies and initiatives.	Workplace Survey	Annually
Number of workplaces accessing resources/services to support healthy lifestyles	Log maintained by CSU, SDOs or relevant service	Ongoing
Number of Government, Community and Private Business sector workplaces with supportive policy, culture and physical environments for healthy eating, physical activity, smoking cessation and reduced alcohol consumption	Online Workplace Survey	Annually

42. Infrastructure:

SDOs will have some discretionary expenditure to support local activities subject to the independent Host Agency Master Agreement.

43. Implementation schedule:**Table 4: Implementation schedule – Program 2**

Deliverable and milestone	Due date
(i) Employment of Central Support Unit (CSU) staff	All position filled as at March 2012.
(ii) Appointment of Host Agencies to employ Healthy Workers Advisers to provide direct support to the relevant sector/industry to promote healthy lifestyles in the workplace.	Three rounds: Dec 2012, July 2014, July 2015
(iii) Submission of annual reports by Host Agencies to CSU as part of service agreement requirements	Annually from March 2014
(iv) Establishment of Statewide Healthy Workers Network	From Dec 2012
(v) Nomination of workplace champions by SDO's	Ongoing from Jan 2013
(vi) Implement/Purchase Get Healthy phone coaching service	Ongoing from June 2013

44. Responsible officer and contact details: Health Promotion Branch, Public Health and Clinical Systems, SA Health. Phone: Telephone: (618) 8226 6329; Fax: (618) 8226 6133; Level 4 11 Hindmarsh Square, Adelaide 5000

45. Activity budget: See Table 2, Expenditure Item 2 – Organisational and Sector Development

Program 3: Knowledge Management

46. Overview:

Based on the success of OHS&W in bringing about cultural change, opportunities for incorporating workplace health promotion into existing **training** programs will be pursued. The more people who are aware of the link between chronic disease risk factors and workplace productivity, the greater the impetus to make workplace health promotion a priority. The Knowledge Management program will deliver to workplaces three things:

- Good Practice Tools
- Good Practice Case Studies
- Workplace Training

A website will enable all workplaces to access good practice tools, example policies, communication resources, case studies examples and training opportunities.

47. Outputs:

Outputs	Timeframe
Establishment of Toolkit (with regular reviews)	November 2012
Good practice resource materials identified	Ongoing
HW-HF website developed and maintained	December 2012 and ongoing
Good Practice Case studies documented and disseminated.	Commencing February 2013
Healthy Workers Advisers Training	Dec 2012; July 2014, July 2015
Healthy Workers Networking Forums	Annually in August
Develop and Negotiate integration of workplace health promotion with RTO	Commence 2014, Complete 2016

48. Outcomes:

Year	Term	Outcome
July 2014	Medium	SNAP resources and program implementation resources requested – <i>n = Baseline number of resources distributed/downloaded in 2012</i>
		Development officers have the knowledge and skills to support good practice workplace health promotion in relation to SNAP
		Number of workplaces with established communication mechanisms for promoting SNAP messages in the workplace. Survey to be conducted by SDOs – <i>n = Baseline</i>
		Numbers attending regular Healthy Workers Network Forums between SDOs, Champions network members– <i>n = Baseline</i>
		Case studies of good practice representing diverse organisations, workplace and worker profiles are documented and disseminated.
		Web and print information reflects good practice principles and processes.
		Number of training programs with the potential to integrate workplace health promotion competencies – <i>n = Baseline</i>
July 2017	Long	Increased number of SNAP resources and program implementation resources requested – <i>40% from baseline number of</i>

	<i>distributed/downloaded in 2012</i>
	SDOs adapt and produce materials and resources for their relevant sectors
	Increased numbers of workplaces that have established sustainable communication mechanisms for promoting healthy SNAP messages in the workplace – <i>30% increase from baseline</i>
	Numbers attending regular Healthy Workers Network Forums between SDOs, Champions network members– <i>10% increase from baseline</i>
	Increased number of organisations using case studies/business case template to engender senior management support.
	Number of training programs that incorporate workplace health promotion competencies – <i>20% increase from baseline</i>

49. **Rationale:**

Experience from OHS&W has demonstrated the long term success that can be achieved by building knowledge and understanding into mainstream training programs. Given the flow of Commonwealth funding, it is critical to maximise our critical mass and imbed the knowledge and understanding of *Healthy Workers – Health Futures* into existing roles and processes. This activity will look for opportunities to broaden existing OHS&W, TAFE certificate courses and management training to include an understanding of the links between healthy workers, productivity, injury and return to work as well as workplace policies and programs that support healthy lifestyles. The more people aware of the relationship between risk factors prevalence, productivity rates of injury and/or rates of return to work, the greater the likelihood of workplace health promotion programs being implemented which in turn leads to and long term changes in workplace settings and improved health of the population.

50. **Contribution to performance benchmarks:**

The emphasis of this program is to build long term capacity and commitment to healthy workplaces beyond the funding period.

Resources and training will be aligned with existing priorities within business and government sectors including occupational health and safety and human resource management. Good practice tools will support the uptake of evidence based approaches that have the greatest capacity for long term sustainability. Case studies will provide ongoing examples of best practice approaches across a range of industries and business, non-government and government sectors.

51. **Policy consistency:**

Case study and training activities will be delivered emphasising the importance of considering and indeed successfully addressing relevant local enablers and barriers including different industry and workforce requirements. All training and networking activities will have mechanisms in place for continuous quality improvement and will support the uptake of practice that:

- Actively involves workers and managers and authentically engage employees in finding solutions to identified problems.
- Develop programs based on insights gathered from workers and applies continuous improvement processes to work processes, practices, cultures and management styles.
- Include all levels of management support
- Tailor program design to meet worker needs and to provide flexibility of delivery
- Provide sufficient levels of resources to achieve results
- Make it easy for workers to access programs

- Put into place supportive policies
- Use quality assured service providers
- Measure progress against objectives
- Integrate tracking and monitoring systems with other business monitoring systems.

52. **Target group(s):**

The target groups for the good practice tools, case study exemplars and training are leadership staff and workplace health staff and committees and in-service and pre service training providers including industry training bodies, TAFE SA, and the university sector.

53. **Stakeholder engagement:**

See Section 25.

54. **Risk identification and management:**

Risk	Level	Mitigation Strategy
Fragmented communication approach	Medium	<ul style="list-style-type: none"> • Themes identified in consultation with reference group and aligned to SNAP issues. Support packages provide consistent information to reinforce national and state messages. Communication packages include the how to and where messages aligned with Measure Up, Quit and alcohol go easy messages prior to for six monthly implementation
Sector Development officer's may not have expertise across multiple domains e.g. health promotion, training, breadth of the SNAP content knowledge.	High	<ul style="list-style-type: none"> • Development officers undertake intensive training and induction program to ensure consistency of approach. • Performance management process will be established by central coordination unit to ensure all sector development officers have access to content expertise and resources. • Ongoing professional development activities and networking activities for staff.

55. **Evaluation:**

NB The overarching evaluation strategy is also addressed in Program 4.

Indicator	Methodology	Timeframe
Increase in number of SNAP resources and program implementation resources requested	Distribution log maintained by CSU	Ongoing
Number of website hits and downloads of resources	Website administrator data	Commencing Dec '12.
Number of case studies and other best practice examples	Case studies published on website. Document management a responsibility of the CSU.	Annually
Number of workplaces that have established sustainable communication mechanisms for promoting healthy SNAP messages in the workplace	Survey conducted by SDOs	Annually
Number of good practice tools and resources developed.	Database maintained and document managed by CSU.	Ongoing

Indicator	Methodology	Timeframe
Numbers at regular Healthy Workers networking activities undertaken.	Forum and networking attendance recorded and database maintained by CSU	Annual
Satisfaction with networking activities	Survey of attendees undertaken and results analysed by CSU	Annual
Number of training activities conducted.	Training attendance recorded and database maintained by CSU	Ongoing
Number of participants. Satisfaction with program content and delivery	Survey of attendees undertaken and results analysed by CSU	Ongoing
Number of industry and tertiary training initiatives, web and print materials incorporating good practice workplace health promotion principles and processes	Log of evidence	Ongoing from 2015

56. **Infrastructure:**

No hard infrastructure will be built as a result of this Program.

57. **Implementation schedule:**

Table 5: Implementation schedule – Program 3

Deliverable and milestone	Due date
(i) Establishment of Toolkit (with regular reviews)	Dec 2012
(ii) Website development and maintenance	Dec2012
(iii) Develop case studies (ongoing)	Feb 2013 and ongoing
(iv) Healthy Workers Advisers Training	Dec 2012; July 2014, July 2015
(v) Annual Healthy Workers Forums	Annually from Aug 2013
(vi) Develop and Negotiate integration of workplace health promotion with Registered Training Organisation	Commence 2014, Complete 2016

58. **Responsible officer and contact details:** Health Promotion Branch, Public Health and Clinical Systems, SA Health. Phone: Telephone: (618) 8226 6329; Fax: (618) 8226 6133; Level 4 11 Hindmarsh Square, Adelaide 5000

59. **Activity budget: See Table 2, Expenditure item 3. Knowledge Management**

Program 4: Continuous Quality Improvement

60. Overview:

This program comprises of three activities: the South Australian (SA) healthy workplace recognition scheme (Recognition Scheme), the SA healthy workplace award scheme (Award Scheme) and evaluation.

The **Recognition Scheme** will acknowledge good practice workplaces, promote continuous improvement, complement the other activities in the SA healthy workers portfolio of interventions and provide an incentive for employers and employees to foster and engage in the healthy workers initiative.

The Recognition Scheme will develop standards across smoking cessation, healthy eating, cessation of harmful/hazardous alcohol consumption and physical activity. Workplaces will be encouraged to voluntarily measure their continuous improvement and be recognised for meeting the standards.

The **Award Scheme** will provide opportunities to more publicly acknowledge those who achieve outstanding success. Promoting nominees and winners will provide examples for other workplaces and help in creating momentum for cultural change in workplaces towards being health promoting.

Many organisations have already adopted values that demonstrate their corporate social responsibility and seek to be an ‘Employer of Choice’. Similarly, it is anticipated that pro-active workplaces with adequate capacity will seek to achieve recognition as an employer who supports workplace health and wellbeing.

An evaluation framework will detail the monitoring and evaluation of individual strategies as well as the collective impact on workplaces and their employees of the entire SA healthy workers initiative. An evaluation consultant will be engaged to lead this process and will use a range of methods to collect relevant data. The evaluation consultant will assist in determining the data to be collected by SDO’s for evaluation purposes with progress towards the long term NPAPH targets assessed using SA Health’s Monitoring and Surveillance System.

61. Outputs:

Outputs	Timeframe
Develop and trial recognition scheme	Commence development July 2013
Develop communications strategy	October 2013
Implement recognition scheme Year 1: 40 workplaces participating in and achieving (notional) “bronze” level recognition. Year 2: 60 workplaces participate in and achieve (notional “bronze” level recognition plus 20 “bronze”). Year 3: 10 workplaces participating in and achieving (notional) “gold” level recognition as the result of undertaking an external assessment	Commencing July 2014
SA Healthy Workplace Award	From 2014
Develop Healthy Workers – Healthy Futures evaluation Framework	June 2013

Outputs	Timeframe
Engage an evaluation consultant	December 2013
Final evaluation report	June 2018

62. Outcomes:

Year	Term	Outcome
July 2014	Short	Recognition scheme promoted to workplaces
		State Safework Awards include a new award category " <i>Best Workplace Health and Well being Program</i> " consistent with the national Safety, Rehabilitation & Compensation Commission
July 2014	Medium	Increased number of workplaces requesting information on Recognition Scheme – <i>20% from baseline</i>
		Recognition scheme criteria embedded in existing Health and Community Services Service Excellence Framework (SEF)
		10 workplaces nominated for <i>Best Workplace Health and Well being Program</i> " Award
July 2016	Medium	Reduction in levels of adults smoking – <i>2% reduction from 2007 levels in adult smoking.</i>
		Proportion of adults who are overweight and obese – <i>Increase in unhealthy weight (Overweight and obese) of adult population at < 5% 2009 levels of 'healthy body weight'</i>
		Average serves per day of fruit and vegetables consumed by adults – <i>Average adult population increase of 0.2 serves of fruit and 0.5 serves of vegetables above 2009</i>
		Proportion of adults engaging in 30 minutes of moderate physical activity over 5 or more days per week – <i>5% increase in 2009 levels</i>
		Increased consumption of fruit and vegetables, increased levels of physical activity, decreased levels of alcohol consumption.
July 2017	Long	Increased number of workplaces requesting information on Recognition Scheme – <i>30% from baseline</i>
		Increased number of workplaces completing achieving "bronze" level recognition.
		Number (total and per sector) of workplaces that achieved recognition for Healthy Workplace module within SEF.
		20 workplaces nominated for <i>Best Workplace Health and Well being Program</i> " Award
January 2018	Long	Reduction in levels of adults smoking – <i>3.5% reduction in 2007 levels of adult smoking</i>
		Proportion of adults who are overweight and obese – <i>100% of adult population at 2009 levels of 'healthy body weight'</i>
		Average serves per day of fruit and vegetables consumed by adults – <i>Average adult population increase of 0.6 serves of fruit and 1.5 serves of vegetables above 2009</i>
		Proportion of adults engaging in 30 minutes of moderate physical

		activity over 5 or more days per week – <i>15% increase in 2009 levels</i>
		Decreased proportion of adults who are overweight and obese – <i>100% of adult population at 2009 levels of 'healthy body weight'</i>

63. **Rationale:**

Recognition and Award Schemes are a “bottom up” mechanism to assist workplaces to create the conditions (for example through supportive policies, information, and training and skill development); to encourage and support workers to make and sustain positive lifestyle behavioural changes (healthy eating, physical activity, smoking cessation and safe alcohol consumption).

Voluntary recognition and award schemes highlight organisations with good practices and allow organisations to publicly illustrate their social interest and corporate social responsibility¹². These initiatives are expected to have a positive effect on encouraging other organisations to improve their performance and align with “employer of choice” objectives.

64. **Contribution to performance benchmarks:**

The Recognition and Awards Schemes will contribute to achieving the performance benchmarks by creating incentives and encouraging action to implement the strategies that the evidence shows will assist in health improvement, including :

- Creating supportive workplace cultures through leadership and policy initiatives
- Raising employers’ and employees’ awareness, knowledge and understanding about the relationships between lifestyle behaviour, risk factors, good health and chronic disease.
- Increasing workers’ access to a workplace that supports health and quality health promotion programs and resources that support the adoption of healthy behaviours in relation to healthy eating, physical activity, smoking cessation and safe alcohol consumption.

The evaluation will assess the level of progress towards the behavioural benchmarks in the NPAPH over the life of the initiative.

65. **Policy consistency:**

The Recognition and Award scheme is consistent with the objectives, outputs, evidence and policy principles identified in the Healthy Workers Policy. The Recognition and Award Schemes’ criteria will incorporate demonstration of management involvement and support; integration of workplace health promotion with existing business planning and values; a participatory approach that engages workers; good communication across the workplace; and utilisation of multiple strategies – taking into account the diversity of SA workplaces

While the evaluation will be broad across the entire initiative, it will concentrate efforts on determining effectiveness of the Sector Development approach. It will focus on workers’ changes to modifiable lifestyle risk factors through workplace programs and activities that seek to make sustained change to behaviour and organisational structure. The evaluation will include an audit of policy, culture and infrastructure changes in participating organisations that support healthy lifestyle choices and work-life balance. The evaluation will consider access and equity and will be designed to avoid stigmatisation of obesity or other applicable health conditions or behaviours.

¹² European Agency for Safety and Health and Work
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Ethical clearance will be obtained before the evaluation component begins and this will cover consent, privacy, data use and storage. Consultation and participation will be sought to ensure local relevance and appropriateness of the evaluation activities. The diversity of organisations, employers and employees will be recognised.

The monitoring and evaluation system will be set up to provide evidence of the achievement of program outputs in a timely and accurate manner. The evaluation framework describes an ongoing activity that will contribute to continuous quality improvement and wherever possible be consistent with, and complementary to, national level evaluation.

66. Target groups:

All South Australian workplaces will potentially be eligible to participate in the Recognition and Award schemes.

All the organisations and participating stakeholders will be given an opportunity to contribute to the evaluation. The main target will be workplaces participating via Sector Development initiatives and will include (but not limited to) small to medium employers and employer groups.

67. Stakeholder engagement

See Section 25.

68. Risk identification and management:

Risk	Level	Mitigation Strategy
Initiatives increase the gap between healthier employees and the employees considered high risk who resist taking part in WHP initiatives	High	<ul style="list-style-type: none"> Apply a health equity lens over the various Project Plans developed by the Central Support Unit and the Sector Development Officers.
Lack of uptake of Recognition Scheme by workplaces	Medium	<ul style="list-style-type: none"> The process of development engages the HW-HF Reference Group and SDOs who will have a good understanding of the Schemes and encouraged to promote it. A communications plan will be developed early to guide promotion of the Schemes.
Recognition Scheme too onerous for workplaces	Medium	<ul style="list-style-type: none"> A careful development process that involves piloting and input from SDOs and the HW-HF Reference will minimise this risk.
Demand by workplaces for assistance to work through the process for applying for Recognition outstrips capacity to provide.	Medium	<ul style="list-style-type: none"> Ongoing feedback from SDOs and logging of applications for recognition should help predict this in a timely way. We would be looking then to discuss this with the HW-HF Reference and SDOs and reviewing assistance processes; strategic utilisation of some of the workplace support funding; and if required adjusting the roles of SDOs and the budget to accommodate the demand.
Lack of engagement in the evaluation activity by the employers and employer groups	Medium	<ul style="list-style-type: none"> To minimise this risk, the importance of evaluation will be explained to participants and their views sought on how to collect the required data with the minimum of disruption to productivity.
Lack of availability of data	Medium	<ul style="list-style-type: none"> SDOs will participate in initial training to ensure comprehensive understanding of the program, activities and evaluation. Evaluation and data collection will be a

		component of ongoing training. HW-HF Reference to advise challenges related to data collection.
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69. Evaluation:

The table below includes measures collected a) directly from workplaces engaged in the *Healthy Workers Healthy Futures* initiative and b) at the population level (NPAPH benchmarks).

Indicator	Methodology	Timeframe
Level of support by HW-HF Steering Group and SDOs for Recognition and Award Scheme content and approach. (Feedback from these groups collected by independent evaluator through focus groups and/or written/telephone surveys.)	Stakeholder survey Quality assurance processes	2014 Ongoing
Number of SDOs trained to support workplaces to engage in the Recognition and Award Schemes.	Data base	2014 Ongoing
Number of workplaces requesting information on Recognition and Health and Well Being Award Schemes.	Log maintained by CSU	2014 Annually
Number of workplaces requesting SDO support to undertake process to achieve recognition.	Log of number and nature of requests relating to the Schemes developed by the SDOs and reported to the CSU.	2014 Annually
Number of organisations participating in the Recognition and Health and Well Being Award Schemes.	Log maintained by CSU	2014 Annually
Number of workplaces that achieve Recognition and Awards.	Log maintained by CSU	2014 Annually
Increased knowledge and understanding about how to engage with the business sector, the extent of support and uptake of the initiative and the quality of processes and strategies undertaken	Methodology to be advised by the evaluation consultant	to be determined
Increased knowledge and understanding about how to engage with the organisations to promote health at work.	Methodology to be advised by the evaluation consultant	to be determined
Increased knowledge and understanding about how best to use the workplace as a setting to promote health.	Methodology to be advised by the evaluation consultant	to be determined
Reduction in levels of adults smoking – <i>3.5% reduction in 2007 levels of adult smoking</i>	Representative population survey of SA adults	As per NPAPH agreement
Proportion of adults who are overweight and obese – <i>100% of adult population at 2009 levels of 'healthy body weight'</i>	Representative population survey of SA adults	As per NPAPH agreement

Average serves per day of fruit and vegetables consumed by adults – <i>Average adult population increase of 0.6 serves of fruit and 1.5 serves of vegetables above 2009</i>	Representative population survey of SA adults	As per NPAPH agreement
Proportion of adults engaging in 30 minutes of moderate physical activity over 5 or more days per week – <i>15% increase in 2009 levels</i>	Representative population survey of SA adults	As per NPAPH agreement
Decrease levels of unsafe alcohol consumption.	Representative population survey of SA adults	As per NPAPH agreement

70. Infrastructure:

No hard infrastructure will be built as a result of this program.

71. Implementation schedule:

Table 6: Implementation schedule – Program 4

Deliverable and milestone	Due date
(i) Implement Recognition Scheme	July 2014
(ii) Negotiate with appropriate Awards schemes to include a South Australian Healthy Workplace Award	Commence 2014
(iii) Evaluation consultant engaged	December 2013
(iv) Evaluation report complete	Sept 2018
(v) Develop and trial recognition scheme	Commence development July 2013

72. Responsible officer and contact details: Health Promotion Branch, Public Health and Clinical Systems, SA Health. Phone: Telephone: (618) 8226 6329; Fax: (618) 8226 6133; Level 4 11 Hindmarsh Square, Adelaide 5000

73. Activity budget: See Table 2, Expenditure Line 4. **Continuous Quality Improvement**

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

74. 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

75. 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.
76. 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

77. 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:
- 1) 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.
 - 2) 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.
 - 3) 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 2018.
 - 4) 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.
 - 5) 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.

- 6) 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.
 - 7) 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.
78. 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.
79. The performance reports are due within two months of the end of the relevant period.

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.¹³ Approximately five million (2004-05) Australian employees are overweight or obese (of who 1.3 million are obese). Obesity was associated with an excess 4.25 million days lost from the workplace in 2001.¹⁴ 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.¹⁵ Research indicates that sedentary lifestyles can also lead to more work-related illness and prolonged recovery periods as well as increased morbidity and mortality.¹⁶

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

¹³ 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.

¹⁴ *Overweight and Obesity: Implications for Workplace Health and Safety And Workers' Compensation*, Australian Safety and Compensation Council, August 2008, p 8-9.

¹⁵ 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.

¹⁶ McEachan, Lawton et al. 2008

2.1 Terminology

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

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

- the type of organisation, industry or enterprise and the structural characteristics of the workforce (does the business operate 24 hours per day or involve shift work; are those working in the industry full-time, part time, seasonal or casual; is the workforce or worker geographically isolated or mobile);
- the size of the organisation or enterprise, relative capacity and decision making autonomy to take up and implement programs and make organisational change;
- consideration of the characteristics of workers at both a group and individual level including gender, cultural and linguistic background, Aboriginal and Torres Strait Islanders, people with a disability, physical location and socio-economic status. For example, the workforce of mining operations can be physically isolated, largely male and may be drawn from culturally and linguistically diverse backgrounds. These factors should be considered in program design, delivery and evaluation;
- equity of outcome that considers all the elements above in relation to the outcomes for individuals and organisations (e.g., were there organisations and individuals who experienced better results than others in the same cohort); and
- elements outlined in the Australian Government's *Social Inclusion Toolkit*.¹⁷

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 2006¹⁸ 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

¹⁷ www.socialinclusion.gov.au/Documents/SIToolKit.pdf

¹⁸ National Public Health Partnership (2006); *The Language of Prevention, Melbourne*

- *Secondary prevention* - reduction of progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention.

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

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

2.2 Scope

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

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