

# Implementation Plan for the Social Marketing 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 (IP) is created subject to the provisions of the National Partnership Agreement on Preventive Health (NPAPH) and should be read in conjunction with that Agreement. The objective in the NPAPH 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 NPAPH include provisions for the particular needs of socio-economically disadvantaged Australians, and those, especially young women, who are vulnerable to eating disorders.

2. The *Measure Up* initiative provides funding to support implementation of healthy lifestyle programs to complement the national social marketing campaign by providing reinforcing local level activities that support the campaign messages.
3. Under the *Measure Up* 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 IP will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Ageing, and the Australian Capital Territory (ACT), represented by the Minister for Health (known as the Parties to this Implementation Plan).
5. This IP may be varied by written agreement between authorised delegates.

6. This IP 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 IP.
7. The parties to this IP do not intend any of the provisions to be legally enforceable. However, that does not lessen the parties' commitment to this IP.

## FINANCIAL ARRANGEMENTS

8. The maximum financial contribution to be provided by the Commonwealth for the *Measure Up* initiative is \$97,000 p.a.
9. Facilitation payments will be payable in accordance with Table 1 on 1 July from 2010 to 2012 in accordance with the NPAPH. All payments are exclusive of GST.

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

Facilitation Payment	Due date	Amount
(i) Facilitation payment	1 July 2010	\$97,000
(ii) Facilitation payment	1 July 2011	\$97,000
(iii) Facilitation payment	1 July 2012	\$97,000

Notes:

10. 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

11. 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	Total
(i) Localised and targeted support for the National Measure Up Campaign	\$44,000	\$44,000	\$44,000	\$132,000
(ii) 0.5 FTE AS06 Social Marketing Officer	\$53,000	\$53,000	\$53,000	\$159,000
<b>TOTAL</b>	<b>\$97,000</b>	<b>\$97,000</b>	<b>\$97,000</b>	<b>\$290,000*</b>

Notes: \* Discrepancy due to rounding

12. 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

13. **Social Marketing Australian Capital Territory IP**

14. The objective in this program is to support ACT residents, in particular those at risk of chronic diseases, to make and sustain positive behaviour change in terms of increased physical activity and improved nutrition, in order to reduce their risk of chronic disease-related morbidity and mortality.

15. Social Marketing ACT IP is inclusive of the following activity:

Localised and targeted support for the National *Measure Up* Campaign with existing and planned Territory initiatives.

Recruitment of a Social Marketing Officer (0.5 FTE AS06 funded through this initiative) to support these initiatives in recognition of the importance of this role in view of local and national social marketing activities that will be conducted as part of the NPAPH and the fact that no such position exists in the ACT Health Promotion Branch. This will be supported by the ACT who will co-fund the position up to one FTE.

These activities will complement other elements of the NPAPH including *Healthy Children*, *Healthy Communities* and *Healthy Workers* as well as the National Partnership *Closing the Gap in Indigenous Health Outcomes* initiative, particularly through targeted activities throughout NAIDOC week. This activity will also complement elements of the ACT *Healthy Futures* budget initiative, including the *Healthy Workers* pilot program and other relevant programs such as those funded through the ACT Health Promotion Branch Grants program, targeting nutrition and physical activity for this target population.

This activity will also be supported in the ACT by the Get Healthy Information and Coaching Service (GHICS), a telephone based service aimed at providing information and ongoing behaviour change coaching for adults in relation to healthy eating, physical activity and achieving and maintaining a healthy weight. It provides adults with the ongoing support needed to change lifestyle-based behaviours. GHICS has been implemented in NSW since February 2009, and will be extended to include the ACT from 2010. The GHICS provides the next step in behaviour change in support of the *Measure Up* Campaign, by offering referral to a coaching service. Extension of CHICS into the ACT is funded as part of the ACT Government's Health Futures budget initiative.

16. The senior contact officer for this program is

Ros Garrity

Senior Officer

Health Promotion Branch

ACT Health

Ph: 02 6205 6926

## ACTIVITY DETAILS

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

### 17. Activity: Localised and targeted support for the National *Measure Up* Campaign

#### 18. Overview:

The National *Measure Up* Campaign will be supported by:

- ACT Health Programs and Services through the: incorporation of *Measure Up* Campaign messages where relevant in other NPAPH initiatives; distribution of *Measure Up* Campaign resources and the presentation of a *Measure Up* seminar series to workers in the ACT workplace pilot; inclusion of *Measure Up* Campaign resources on our promotional resource order form; and through the development of localised *Measure Up Healthy Community* interventions in the target population of the north Canberra region through local events such as the North Canberra fair. *Measure Up* messages will also be disseminated through the Whole of Government well-being notices co-ordinated by Health Promotion Branch. Consideration will be given to including *Measure Up* as a specific sponsorship message in the 2011-12 Health Promotion grants round. Information sessions on *Measure Up* will be held for relevant ACT health care providers (both Government and non-Government) prior to *Measure Up* active phase to raise awareness and provide opportunities to support the campaign. *Measure Up* will also be included where relevant when other campaigns, such as Find 30<sup>®</sup> and Go for 2&5<sup>®</sup>, are active.
- The Get Healthy Information and Coaching Service (GHICS) is a telephone based service aimed at providing information and ongoing behaviour change coaching for adults in relation to healthy eating, physical activity and achieving and maintaining a healthy weight. It provides adults with the ongoing support needed to change lifestyle-based behaviours. GHICS has been implemented in NSW since February 2009, and will be extended to include the ACT from 2010. The GHICS provides the next step in behaviour change in support of the *Measure Up* Campaign, by offering referral to a coaching service.
- Non Government Organisations (NGOs) through the promotion of *Measure Up* to funded and partnership NGOs such as the Heart Foundation, Diabetes Australia and the ACT Division of General Practice; and
- Aboriginal and Torres Strait Islander Groups through the development of locally relevant *Measure Up* resources for use at events held throughout NAIDOC week, as well as to funded organisations, such as Gugan Gulwan, for incorporation into their programs. Liaison with relevant service providers and NGOs to develop local resources, through local champions, to support the *Tomorrow People* resources. Funding of these organisations will be made through Service Funding Agreements already in place with ACT Health.

These activities will:

- extend the reach and messages of the campaign to target populations across the ACT;
- provide valuable auxiliary support to key campaign messages; and
- ensure that priority populations are reached by the campaign messages.

19. **Outputs:**

<i>Output</i>	<i>Quantifiable measurement</i>
<p><i>Measure Up</i> campaign resources and campaign messages promoted through ACT Health and NGO networks from July 2010 to June 2013. These will include the ACT Primary Health and Chronic Disease Strategy Committee, community events, and specific activities provided through Health facilities and Aboriginal Health networks, as well as programs of the National Heart Foundation and the ACT Division of General Practice, and NAIDOC Week activities.</p> <p>In partnership with the Aboriginal and Torres Strait Islander Policy Unit, identify local champions to promote relevant health messages, such as <i>Measure Up</i>, in culturally appropriate ways and settings, using the <i>Tomorrow People</i> campaign as a key element.</p>	<p>To be measured through:</p> <ul style="list-style-type: none"> <li>distribution of resources and campaign materials (target 5,000),</li> <li>numbers of community events through which the campaign is promoted (target 10),</li> <li>number of service providers reached (target 50),</li> <li>numbers accessing the national <i>Measure Up</i> website, and ordering resources through the site.</li> </ul>
<p>Recruitment of a Social Marketing Officer (co-funded by ACT Health) to support the implementation of localised events, activities and partnerships associated with the <i>Measure Up</i> and other related campaigns. (No such position currently exists within Health Promotion Branch.)</p>	<p>To be measured through:</p> <p>Officer recruited by July 2010.</p>
<p><i>Measure Up</i> campaign resources and messages promoted through ACT Health's Healthy Workers Program, which will include a Pilot Program with health assessments in 5 workplaces for a maximum of 360 ACT workers, as well as opportunistic promotion in the 5 workplace settings from July 2010, and an ongoing program to June 2013. Each year, the Healthy Workers Program will offer the opportunity to:</p> <ul style="list-style-type: none"> <li>- promote the <i>Measure Up</i> Campaign and distribute the resources in each workplace;</li> <li>- hold a <i>Measure Up</i> branded seminar in each workplace with information about healthy eating and physical activity;</li> <li>- provide training for OH&amp;S and HR Officers in each workplace about the <i>Measure Up</i> Campaign and its promotion in workplaces.</li> </ul>	<p>To be measured through:</p> <ul style="list-style-type: none"> <li>distribution of resources and campaign materials in workplaces (target 2,000),</li> <li>numbers of and attendance at <i>Measure Up</i> branded seminars tailored to each workplace.</li> </ul>

<p>A Direct Mail Recruitment to 4,000 45 year olds in the ACT, including <i>Measure Up</i> Resources and a letter from ACT Health and the ACT Division of General Practice encouraging the uptake of the MBS 45-49 years health check item number, will be implemented to supplement the mail out that was implemented for the 24,000 45 to 49 year olds in the ACT in 2009-10. This will ensure that information about the <i>Measure Up</i> Campaign and the item number continues to reach ACT residents in the 45 to 49 years age group, which has a higher risk of chronic disease, to help prevent onset of chronic conditions.</p>	<p>To be measured through;</p> <p>numbers of letters mailed out to 45 year olds in the ACT (target 4,000 p.a.);</p> <p>numbers accessing the MBS 45 to 49 year old health check item number in the ACT.</p>
<p>Integration of <i>Measure Up</i> promotion to the ACT Get Healthy Information and Coaching Service (GHICS), which is expected to commence in May 2010. The GHICS will be provided by NSW Health and funded by the ACT Government.</p> <p>Existing NSW <i>Get Healthy Coaching Service</i> resources will be re-badged for use by the ACT GHICS.</p> <p>The ACT GHICS will be evaluated through existing mechanisms in place in NSW, funded by the ACT Government.</p> <p>Advertising of the ACT GHICS and other relevant campaigns will be supported by the Social Marketing Officer and scheduled and designed to complement <i>Measure Up</i> e.g. print media promotion of the GHICS will be scheduled so it follows <i>Measure Up</i> TV advertisements.</p>	<p>To be measured through;</p> <p>Numbers of adults who receive information from the GHICS,</p> <p>Proportion of participants who lose weight and/or decrease their waist circumference (target 20% at 12 weeks, 40% at 26 weeks and sustained),</p> <p>Proportion of participants who increase their fruit and vegetable consumption (target 10% at 12 weeks, 20% at 26 weeks and sustained).</p> <p>Proportion of participants who increase their moderate intensity physical activity, their vigorous intensity physical activity and their daily walking (target 10% at 12 weeks, 20% at 26 weeks and sustained).</p>

20. **Outcomes:**

<i>Activity</i>	<i>Short Term Outcomes (2011-12)</i>	<i>Medium Term Outcomes (2012-13)</i>	<i>Long Term Outcomes (2013 onwards)</i>
<p>Linking <i>Measure Up</i> with existing and planned Territory-wide initiatives.</p>	<p>Stakeholders are informed about the <i>Measure Up</i> campaign aims, resources and messages.</p>	<p>Increased understanding of campaign messages by workers who support those at risk of chronic disease and those promoting healthy living. This will be measured through feedback from information sessions.</p>	<p>Increased health literacy around the health risks associated with poor diet and inactivity and the benefits associated with making small sustained lifestyle changes.</p>

	Measure Up logos and branding are where possible incorporated into relevant local campaigns such as Go for 2 and 5® and the Get Healthy Information and Coaching Service®	Greater recognition of cobranded campaign messages in the general population, through local campaigns, and by those enrolled in the Get Healthy Service.	Consistent coordination of national and local campaigns messages, and integration of national messages into local campaigns, to reinforce consistent behaviour change messages across all campaigns.
	Relevant organisations and staff are equipped with campaign community education resources.	More stakeholders using consistent messages to raise awareness of the need for and the benefits of lifestyle changes within the programs they run and across the broader community.	Increase in the number of Territorians making positive lifestyle changes (measured through the ACT General Health Survey and the biennial Chief Health Officer's Report)
	Consistent messages about chronic disease prevention and management are communicated through ACT Health funded initiatives.	Stakeholder organisations adopt policies and practice to promote healthy living and physical activity in line with campaign messages.	Measured through examples of relevant changed / adopted policies, such as those relating to support for staff to quit or reduce smoking and participate in physical activity.
Targeting adults at higher risk of chronic disease	Measure Up and Get Healthy Information and Coaching Service Resources are directly targeted to 45 year olds in the ACT, to raise awareness as risk of chronic disease increases.	At risk adults make lifestyle changes and seek ongoing support where appropriate to reduce their risk of onset of chronic disease.	Increase in the number of ACT adults in high risk groups making positive lifestyle changes to reduce their risk of chronic disease (measured through enrolment numbers in the Get Healthy Information and Coaching Service, and through the ACT General Health Survey and the biennial Chief Health Officer's Report).

## 21. Rationale:

- Research has shown that chronic disease risk factors including high body mass index, physical inactivity and low fruit and vegetable consumption are potentially modifiable and there is growing evidence that behaviour change programs can be effective.

- ACT has previously relied on localised and targeted support activities through organisations identified above to support the national *Measure Up* campaign.
- ACT funded the previous *Measure Up* mail-out as similar initiatives for breast cancer and cervical cancer had proven effective.
- Strong evidence exists to support the efficacy of telephone interventions aimed at promoting lifestyle behaviour change in relation to nutrition and physical activity for a range of populations, which led NSW to establishing their GHICS in February 2009.
- Early evaluation from the NSW service suggests that the coaching service is successful at bringing about lifestyle changes in relation to healthy eating, being more active and weight loss in the target population and all indications are that these results can be replicated in the ACT.
- Social Marketing campaigns such as the *Measure Up* Campaign are most effectively implemented with localised activities such as the ones detailed in this IP, as they reinforce the messages, provide greater clarity, and provide for social and cultural norm shifts.
- Priority populations such as Aboriginal and Torres Strait Islander communities require specifically targeted and placed activities (*Tomorrow People* campaign) to ensure the messages are tailored and promoted pursuant to their individual needs through local community events such as NAIDOC Week.
- The *Measure Up* Campaign will enable linkages with local budget initiatives in the area of workplace health promotion during 2010-13, the NPAPH Healthy Communities initiative in 2010-2013, and the NPAPH Workers Program activities in the ACT from 2011.
- The *Measure Up* Campaign will be further supported by the ACT Government through the provision of the additional \$53,000 p.a. required for the Social Marketing Officer to be a full-time position to ensure the effective co-ordination of the message.
- The ACT Government will fund all associated activities, such as the GHICS, Find 30<sup>®</sup> and Go for 2&5<sup>®</sup>.

## 22. Contribution to performance benchmarks:

The benchmarks outlined under the NPAPH that directly relate to these support activities include:

- 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.
- 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.
- increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5% from baseline for each state by 2013; 15 per cent from baseline by 2015.

23. **Policy consistency:** In July 2006, COAG agreed that all governments would commence implementation of a four-year, \$500 million, national program called the *Australian Better Health Initiative* (ABHI). The ABHI identified five priority areas for action that together should help shift the focus of the Australian health care system towards promoting good health and reducing the burden of chronic disease. The five priorities were to (1) promote healthy lifestyles; (2) support early detection of unhealthy lifestyles and chronic disease; (3) support lifestyle and risk



modification; (4) encourage active self-management of chronic disease; and (5) improve integration and coordination of care. ABHI supported a range of activities to improve health outcomes across the care continuum, from the well population to those with advanced chronic conditions.

The *Measure Up* Campaign is one activity undertaken as part of the priority area (1) promoting healthy lifestyles and aims to raise awareness of the healthy choices that can help protect people from chronic diseases, beginning with physical activity and healthy eating. The objective of the campaign is to encourage Australians to make and sustain positive changes to their behaviour, increasing their physical activity and adopting healthier eating habits and therefore contribute to reducing morbidity and mortality due to lifestyle related chronic disease.

The NPAPH builds on this 2006 initiative. Under the NPAPH, the *Measure Up* campaign was extended by three years and funded to increase its reach and target 'at-risk' groups. States and Territories will receive funding to implement local level activities that support the national campaign messages.

Recent ACT budget initiatives, such as the 2007-08 Integrated Prevention of Chronic Disease, the 2008-09 Chronic Disease and the 2009-10 Healthy Futures initiatives, provide substantial local support for the national initiatives.

In addition, the activities proposed by the ACT to support the *Measure Up* campaign are consistent with a range of local policy documents, including: the ACT Chronic Disease Strategy; Eat Well ACT – A Public Health Nutrition Plan 2004-2010; the Primary Health Care Strategy 2006-200; Public Health in the ACT 2004-2008; and Towards a Healthier Australian Capital Territory – A Strategic Framework for the Population Health Division 2010-2015.

#### 24. **Target group(s):**

Consistent with the national *Measure Up* campaign with a particular focus on the following priority populations:

- Adults in workplace settings
- Adults 45-49 years in the ACT who may be at high risk of chronic disease
- Adults from Aboriginal and Torres Strait Islander communities

#### 25. **Stakeholder engagement:**

ACT Health has consulted with a range of stakeholders during the planning of the campaign, for the purposes of:

- Facilitating commentary on the appropriateness, efficacy and relevance of activities detailed;
- Harnessing support for those activities which require implementation across a range of stakeholders;
- Ensuring appropriate engagement and support generally for the activities of the NPAPH.

This includes stakeholders from within ACT Health, such as Community Nutrition, Policy Division, and the Aboriginal and Torres Strait Islander Health Unit, and key external stakeholders including NSW Health, the ACT Division of General Practice, ACT Dietitians Network, National Heart Foundation, and the ACT Primary Health and Chronic Disease Strategy Committee.

**26. Risk identification and management:**

There are low and manageable risks associated with the involvement of local networks in terms of the difficulties associated with gaining “buy in” from these groups to the national agenda. These risks will be minimised by undergoing regular consultation with stakeholders during the roll out of the campaign, and through comprehensive promotion of campaign activities.

Further there may be some time lags with undertaking appropriate Aboriginal community activities. This will be minimised through closely involving the Aboriginal and Torres Strait Islander Health Unit and its networks in planning and consultation.

Identified risks will be added to the Health Promotion Branch Risk Register, which is reviewed quarterly.

The risks have been summarised in the table below.

<i>Risk</i>	<i>Risk rating</i>	<i>Origin/cause/source of risk and trigger point for deploying strategies</i>	<i>Risk mitigation/control strategies</i>
Low take-up of campaign by local services/networks	Medium (Consequence Minor, Likelihood Possible)	Potential difficulties associated with gaining “buy in” from local networks/services to the national agenda due to competing social marketing campaigns for Find 30 <sup>®</sup> and Go for 2&5 <sup>®</sup>	Control Strategies <ul style="list-style-type: none"> <li>• regular consultation with stakeholders during the roll out of the campaign, and</li> <li>• timed phasing of campaign to complement other social marketing campaigns</li> <li>• comprehensive promotion of campaign activities</li> </ul>
Delays in the promotion of <i>Tomorrow People</i> campaign in NAIDOC Week 2010	High (Consequence Moderate, Likelihood Likely)	Detailed consultation are required to ensure messages are appropriate to local ACT Aboriginal and Torres Strait communities and that complementary support strategies are developed e.g selection of local champions	Control Strategies <ul style="list-style-type: none"> <li>• Partnership with the Aboriginal and Torres Strait Islander Health Unit to develop localised messages and complementary strategies</li> <li>• Build partnerships with local networks in planning and consultation</li> </ul>

<i>Risk</i>	<i>Risk rating</i>	<i>Origin/cause/source of risk and trigger point for deploying strategies</i>	<i>Risk mitigation/control strategies</i>
Delays in the launch of the Get Healthy Information and Coaching Service promotion	Medium  (Consequence Moderate, Likelihood Likely)	Procurement processes may be delayed	Control Strategies <ul style="list-style-type: none"> <li>• Ensure procurement documentation is as thorough as possible and that all approvals and processes are followed to avoid unnecessary hold ups.</li> <li>• Discuss need for flexibility in timeframes and arrangements with NSW Govt to accommodate any delays more effectively should they occur.</li> </ul>
Poor evaluation outcomes for <i>Measure Up</i> campaign	Medium  (Consequence Moderate, Likelihood Likely)	The impacts of the campaign may not be clear as results may be linked to other social marketing activities in the ACT	Control Strategies <ul style="list-style-type: none"> <li>• Work with ACT Health Epidemiology Branch to assess impact of all campaign messages in general health survey</li> </ul>

## 27. Evaluation:

Evaluation will include process and short term impact indicators. These will be collected annually and will include:

- Number of hits to the *Measure Up* link to the Get Healthy website;
- Number and type of localised support activities;
- Qualitative feedback from local networks, particularly in relation to ATSI activities;
- Number of workplaces and workers involved in support activities;
- Take up of MBS 45 to 49 year old health check item number;
- Feedback questionnaires from participants at workplace *Measure Up* seminars; and
- Number of *Measure Up* campaign resources and materials distributed.

NSW Health has engaged the University of Sydney to provide a detailed evaluation of the Get Healthy Service, which will provide ACT Health with a detailed regional analysis, including two key components:

- A continuous tracking survey (as a stand alone or additional questions in an omnibus survey); and
- Service usage information (that monitors the number of ACT calls to the Service and unique website visitors per week of each campaign activity and further that records the source of “referral” from Service participants, including separate information on ACT residents)

## 28. Infrastructure:

The ACT Chronic Disease Strategy and related infrastructure within ACT Health will provide the framework to monitor this initiative. This includes input from Epidemiology Branch on relevant data (Chief Health Officer’s report, annual ACT General Health Survey) and policy support opportunities to influence questions in the General Health Survey. ACT Health will also be co-funding the AS06 position and providing accommodation and administrative support within Health Promotion Branch.

## 29. Implementation schedule:

**Table 3: Implementation schedule**

Deliverable and milestone	Due date
(i) Development of project plan for Direct Mail Recruitment, and implementation of mail out in partnership with the ACT Division of General Practice.	Mail out scheduled to commence in July 2010 and to be ongoing on a six monthly basis, but to be confirmed once the national <i>Measure Up</i> dates are known.
(ii) Development and implementation of project plan for <i>Measure Up</i> supporting activities through local networks and events, eg NAIDOC week July 2010.	Plan to be completed by July 2010 for annual roll out of activities.
(iii) Incorporation of Healthy Workers Program <i>Measure Up</i> Promotion into planning and implementation of ACT Health Healthy Workers Initiative.	ACT Health Healthy Workers Program Plan to be completed by September 2010 with <i>Measure Up</i> Promotion incorporated, for ongoing roll out. Incorporation of <i>Measure Up</i> promotion in future Healthy Workers initiatives funded under the NPAPH will be determined upon consideration of the evaluation of the pilot. This will be addressed in the Healthy Workers Implementation Plan.

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| (iv) ACT Healthy Workers pilot seminar sessions held.  | December 2010. Implementation beyond this date will be determined upon consideration of the evaluation of the pilot. This will be addressed in the Healthy Workers Implementation Plan.              |
| (v) Information sessions for service providers.  | Information pack developed by July 2010 in readiness for the national campaign. Consideration will be given to the need for annual information sessions depending on findings on ongoing evaluation. |
| (vi) Incorporation of Healthy Workers Program <i>Measure Up</i> Promotion into planning and implementation of ACT Health Healthy Workers Initiative. | ACT Health Healthy Workers Program Plan to be completed by September 2010 with <i>Measure Up</i> Promotion incorporated, for ongoing roll out if recommended by the evaluation.                      |
| (vii) Establishment of the extension of GHICS to the ACT.  | July 2010. Materials and strategies reviewed each 6 months for the life of the initiative.   |
| (viii) ACT promotion and branding of GHICS materials.  | As required.   |
| (ix) Phase one Spring Campaign developed and evaluation questionnaire developed and evaluation company selected for GHICS.                           | September 2010.  |
| (x) Subsequent phases (two each year) developed and implemented in line with NSW Health.   | Timelines to be aligned with NSW Health.   |
| <br>   |  |
| 30. <b>Responsible officer and contact details:</b> Ros Garrity, Senior Officer, Health Promotion Branch, Ph: 6205 6926                              |  |
| 31. <b>Activity budget:</b>  |  |

**Table 4: Activity project budget (\$ million)**

Expenditure item	Year 1	Year 2	Year 3	Total
(i) Direct Mail Recruitment in partnership with the ACT Division of General Practice – outsourcing of storage and mail out of <i>Measure Up</i> and Get Healthy Information and Coaching Service resources to approx 4000 45 year olds per annum in the ACT (based on previous estimates and includes printing, collation and distribution)	\$7,000 each year including National Mailing and Marketing supply of Computer and Fulfilment Services (approx cost \$2250), and Distribution services via Australia Post @ Medium letter rate ‘Off Peak’ service for 0-125 gram domestic item (approx cost for 4000 items = \$4750).	\$7,000	\$7,000	\$21,000
(ii) Local supporting activities through ACT Health and NGO networks, including promotion of <i>Tomorrow People</i> campaign through NAIDOC Week in July each year. Other promotions will include the targeting of Winnunga Nimmityjah Aboriginal Health Service, for support of relevant events to promote Tomorrow People and the Get Healthy Information and Coaching Service	NAIDOC Week \$10,000; Other promotions \$10,000	NAIDO C Week \$10,000 ; Other promotions \$10,000	NAIDO C Week \$10,000 ; Other promotions \$10,000	\$60,000
(iii) Supporting activities through ACT Health Healthy Workers Program, including promotion of the Get Healthy Information and Coaching Service, and ongoing workplace <i>Measure Up</i> Seminars as a component of outsourced workplace health assessments.	\$17,000	\$17,000	\$17,000	\$51,000
(iv) 0.5 FTE AS06 Social Marketing Officer.	\$53,000	\$53,000	\$53,000	\$159,000
<b>TOTAL</b>	<b>\$97,000</b>	<b>\$97,000</b>	<b>\$97,000</b>	<b>\$190,000</b>

Notes: The Healthy Workers Program is an ACT Government Budget Initiative, funded for \$300,000 during 2010 – 2012. The GHICS is also an ACT funded initiative at \$300,000 p.a. 2010-13. All figures provided are GST exclusive.

## ROLES AND RESPONSIBILITIES

### Role of the Commonwealth

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

## Role of the State

33. 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 IP; and
  - (c) meeting all conditions of the NPAPH including providing detailed annual report against milestones and timelines contained in this IP, performance reports against the NPAPH benchmarks, and a final program report included in the last annual report that captures lessons learnt and summarises the evaluation outcome.
34. The State agrees to participate in the *Measure Up* Campaign Reference Group and other national participation requirements convened by the Commonwealth to monitor and oversee the implementation of the initiative.

## PERFORMANCE REPORTING

35. 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.



36. 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.
37. The performance reports are due within two months of the end of the relevant period.