

Implementation Plan for Social Marketing

NATIONAL PARTNERSHIP AGREEMENT ON PREVENTIVE HEALTH

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

PRELIMINARIES

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

The measures funded through this Agreement include provisions for the particular needs of socio-economically disadvantaged Australians, and those, especially young women, who are vulnerable to eating disorders.

2. The 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 Social Marketing Initiative jurisdictions are responsible for developing programs that may include a range of different activities. Some of these activities may be grouped according to similarities.

TERMS OF THIS IMPLEMENTATION PLAN

4. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Ageing, and the State of Queensland represented by the Deputy Premier and Minister for Health (known as the Parties to this Implementation Plan).
5. This Implementation Plan may be varied by written agreement between authorised delegates.

6. This Implementation Plan will cease on completion of the specified program, including the acceptance of final performance program reporting and processing of final payments against performance benchmarks specified in this Implementation Plan.
7. Either Party may terminate this agreement by providing *30 days* notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to the State is limited to payments associated with performance benchmarks achieved by the State by the date of effect of termination of this Implementation Plan.
8. The parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the parties' commitment to this Implementation Plan.

FINANCIAL ARRANGEMENTS

9. The maximum financial contribution to be provided by the Commonwealth for the Social Marketing Initiative is \$3,360,000.00
10. Facilitation payments will be payable in accordance with Table 1 on 1 July from 2010 to 2013 in accordance with the National Partnership. All payments are exclusive of GST.

Table 1: Facilitation Payment Schedule (\$ million)

Facilitation Payment	Due date	Amount
(i) Facilitation payment	July 1 2010	\$1,200,000
(ii) Facilitation payment	July 1 2011	\$1,200,000
(iii) Facilitation payment	July 1 2012	\$1,200,000

Notes:

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

OVERALL BUDGET

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

Table 2: Overall program budget (\$ million)

Expenditure item	Year 1	Year 2	Year 3		Total
Activity 1. Increase the delivery (from 2010-2013) of the co-branded Measure Up programs and activities through the three Regional Health Services to reach and influence local communities (eg 10,000 steps, Lighten Up living Strong, Pit Stop).	\$630,000	630,000	630,000		1,890,000

Activity 2. Build capacity to increase the reach and access to Living Well: Healthy Lifestyle and the Measure Up programs to culturally and linguistically diverse (CALD) communities through Multicultural Health Queensland Health support to Ethnic Communities Council Queensland.	170,000	164,000	158,000		492,000
Activity 3: Provide Aboriginal and Torres Strait Islander communities' access to campaign resources, messages and programs through appointing a healthy lifestyle coordinator based at the Queensland Aboriginal and Torres Strait Health Council (QAIHC).	150,000	156,000	162,000		468,000
Activity 4: Extend the reach of campaign messages and promote programs to risk groups and the broader community through coordinated public relations and health promotion activities across partner NGOs delivered by a lead NGO (ie. Heart Foundation Qld, Diabetes Qld) following a tender process.	250,000	250,000	250,000		750,000
TOTAL	\$1.2	\$1.2	\$1.2		\$3,600,000

Notes:

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. Social Marketing Initiative.

15. The objective of this initiative is to engage and support Queenslanders to make positive and sustainable lifestyle changes to improve their health. The initiative will expand the capacity of existing programs and activities to deliver Measure Up, Go for 2&5®, Tomorrow People messages. This initiative will focus on people at community level including: people living in rural and remote areas; Aboriginal and Torres Strait Islanders; with low socio-economic circumstance; and those at risk of chronic disease.

The Social Marketing Initiative is inclusive of the following activities:

Activity 1. Increase the delivery (from 2010-2013) of co-branded Measure Up programs (eg 10,000 steps, Lighten Up living Strong, Pit Stop) through the three Regional Health Services to reach and influence local communities

Activity 2. Build capacity to increase the reach and access to Living Well: Healthy Lifestyle and the Measure Up programs to culturally and linguistically diverse (CALD) communities through Multicultural Health Queensland Health support to Ethnic Communities Council Queensland.

Activity 3: Provide Aboriginal and Torres Strait Islander communities' access to campaign resources, messages and programs through appointing a healthy lifestyle coordinator based at the Queensland Aboriginal and Torres Strait Health Council (QAIHC).

Activity 4: Extending the reach of campaign messages and promoting programs to risk groups and the broader community through: Coordinated public relations and health promotion activities across partner NGOs delivered by a lead NGO (ie. Heart Foundation, Cancer Council Queensland, Diabetes Queensland) following a tender process.

All activities will coincide with ongoing Measure Up and Tomorrow People advertising and public relations activities and align with the Queensland Government Toward Q2 initiatives to reduce obesity.

To ensure reach and sustainability of activities during and after the NPA-PH funding period there is particular emphasis on:

- integrating campaign initiatives into existing programs and activities funded by State and Regional Health Services.
- leveraging off existing partnership, communication channels and relationships to influence stakeholders to promote campaign messages and activities.
- coordination of consistent messages across all jurisdictions, with particular focus on 'How' messages to explain how to take steps to achieve a more healthy lifestyle and decrease the risk of chronic disease.

A working group (with a representative for each activity) will be established to ensure activities are consistent and coordinate with the Measure Up and Tomorrow people campaigns,

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ACTIVITY DETAILS

16. **Activity 1.** Increase the delivery (from 2010-2013) of co-branded Measure Up programs (eg 10,000 steps, Lighten Up living Strong, Pit Stop). through the three Regional Health Services to reach and influence local communities

17. **Overview:** Three Regional Health Services have been established to reflect the decentralised demographic and geographic spread of health service delivery in Queensland. The three Regional Health Services are located in north, central and southern Queensland, providing population health and health promotion services that outreach into remote, rural and metropolitan communities.

The Health Services have a physical activity, health promotion and nutrition workforce currently funded to deliver a range of programs and activities, often in partnership with other health stakeholders and local networks such as the Divisions of General Practice Queensland, the Heart Foundation and Cancer Council Queensland. Programs delivered include 10,000 steps, lifestyle modification and support programs such as Lighten Up, Living Strong and Pit Stop. All programs are well established and have proven to be successful in behaviour change (see *Rationale* for a brief summary of each program). These programs will be co-branded as local activity Measure Up programs.

In addition the funding will also be used to deliver more ongoing community- based activities and events such as community barbeques, community walkathons, cooking demonstrations and community gardens that

will be co-branded with Measure Up. Incorporating Measure Up messages in related chronic disease focused programs such as QUIT offers another opportunity to extend the reach of the messages.

The prevention NPA-PH funding will not be used for a grants scheme or to fund additional positions. Increasing the number local programs and activities delivered as Measure Up means communities, particularly 'at-risk' groups, have more access to campaign messages and programs. Ultimately Activity 1 aims to increase people's confidence and ability to sustain positive lifestyle change to improve their health.

Aligning regional programs and activities to a healthy weight campaign is a new approach for Queensland Health. Therefore a new governance arrangement using a Memorandum of Understanding (MoU) between the Preventative Health Directorate and the three Regional Health Services will be established. The MoU will provide a framework for funding allocations, performance agreements, reporting requirements and evaluation requirements. Additionally, the MoU will reference the Measure Up Style guide and branding approval processes to protect the Intellectual Property of the campaign.

Under the MoU, Regional Health Services will be required to develop annual Regional Local Activity Plans that identify how local Measure Up activities will meet the NPA-PH objectives and outcomes. The Plans will specify the number of programs and activities to be delivered, implementation time lines (aligned with the Measure Up campaign), and evaluation methods. The Regional Social Marketing Plans will be updated annually to be consistent with changes to the Measure Up Campaign as a result of the national campaign evaluation outcomes and new nutrition messages that emerge as a result of revised nutritional guidelines.

Related initiatives under the Closing the Gap Indigenous Health Outcomes NPA, Healthy Communities, Healthy Workers and Healthy Children projects may offer further opportunities to extend the Measure Up message. A Measure Up local activity working group (from each Regional Health Service) will oversee the integration and ongoing implementation of local level activities.

18. Outputs

Outputs	Quantity	Quality	Timeframe
<p>1. Planning & Developmental Phase</p> <ul style="list-style-type: none"> A signed Memorandum of Understanding between Regional Health Services (RHS) and Preventative Health Directorate (PHD) that include governance, performance indicators and reporting arrangements. 	A Memorandum of Understanding for each Regional Health Service for 2010-2013.	MoU outlines deliverables, key performance indicators, evaluation and reporting requirements, and guidelines to protect the Measure UP brand.	August/September 2010
<ul style="list-style-type: none"> RHS and PHD establish a governance framework for the delivery of Activity 1. 	An Activity 1 Governance framework is agreed between RHS and PHD	The governance framework outlines operating principles and clear reporting lines	August/September 2010
<ul style="list-style-type: none"> RHS allocate staff and resources to manage the implementation of Activity 1 	Staff and adequate resources are allocated to the progress implementation of	RHS appointed staff understand their roles and responsibilities	

	Activity 1.		
<ul style="list-style-type: none"> RHS develop Regional Local Activity Plans with stakeholders and partners. The plans specify the timing and number of Measure Up, Go for 2&5® co-branded (<i>Lighten Up, Living Strong, 10,000 steps etc</i>) programs will be delivered and reach 'at risk' groups. The plan also has flexibility to incorporate one off opportunistic events or initiatives that fit with campaign intents. The plans will be adjusted yearly from outcomes of evaluations. The plan includes a marketing approach. 	<p>Tropical Regional Heath Service, Central Regional Health Service and Southern Regional Health Service to develop Regional Local Activity Plans for 2010-2013</p>	<p>Consistency with NPAPH objectives and outcomes and aligned with Measure Up objectives and campaign timelines.</p> <p>RHS work with the Community Education Unit to address best practice marketing approaches.</p>	<p>August/September 2010</p>
<p>RHS promote access to co-branded Measure Up and Go For 2 & 5 program resources to, District Health Services, local government, Divisions of General Practices, Heart Foundation, fruit and vegetable, and fitness industry and other key partner organisations</p>	<p>All partners contacted and provided with resources, Measure Up campaign information and local Measure Up activity timelines</p>	<p>Regional Health Services to utilise the existing storage and distribution system for Measure Up resources and monitor and record resource outputs.</p>	<p>August/September 2010</p>
<p>PHD provide a one day work shop with RHS staff (allocated to manage implementation of Activity 1); the workshop will:</p> <ul style="list-style-type: none"> Provide information on Measure Up/Tomorrow People Campaigns Provide tools for RHS to integrate Measure Up messages into programs (10,000 steps, Lighten Up, Pit Stop) Provide engagement strategies to work with community based organizations, NGOs and other organisations Community Education Unit provide strategies to market 	<p>A one day workshop is delivered by PHD to Regional Health Services..</p>	<p>RHS understand the Measure Up campaign aims and intents.</p> <p>RHS are satisfied with the tools to integrate Measure Up messages into programs.</p> <p>RHS are confident to utilise community engagement strategies.</p>	<p>September 2010</p>

co-branded activities			
2. Delivery and Implementation Phase	Quantity	Quality	Timeframe
<p>a) • 24 x 10,000 Steps program (or equivalent Heart Foundation walking program) each year for 3 years</p> <ul style="list-style-type: none"> • (At least) 12 Lighten Up Programs each year • (At least) 10 Living Strong Programs each year • (At least) 12 local level events (eg Pit Stop programs, cooking demonstrations, community gardens) annually 	<p>Regional Health Service will deliver programs as specified.</p>	<p>Programs are accessible (particularly for 'at risk' groups); 80% of participants were satisfied with the program.</p> <p>Over 80% of participants were able to understand and identify that the local activity was reinforcing Measure Up campaign messages.</p> <p>RHS ensure programs are delivered in a consistent quality manner across each Region.</p>	<p>September 2010 ongoing</p>
<p>b) Working in partnership to support Measure-Up program delivery:</p> <p>Regional Health Services to:</p> <ul style="list-style-type: none"> • a) Work with the public relations NGO (see Activity 4) to promote and deliver community based activities outlined in the Go for 2&5© and *MeasureUp local guide with key partner organisations (District Health Services, local government, Divisions of General Practices, Heart Foundation, fruit and vegetable industry and other key partner organisations). <p>Examples include:</p> <ul style="list-style-type: none"> • community barbeques, • community walkathons • cooking demonstrations • community gardens <p>*To be developed in consultation with the Commonwealth</p>	<p>Regional Health Services to deliver at least 4 community based activities each month</p>	<p>Over 80% of partner organisations support the activities.</p> <p>The activities showed clear links to the MeasureUp program.</p> <p>Over 80% of participants were able to identify MeasureUp messages through activities.</p>	<p>September 2010 ongoing</p>
<p>c) Leverage off the Supportive Environments for Physical Activity</p>	<p>Quantities will be</p>	<p>Over 95% of local governments support</p>	

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<p>and Healthy Eating (SEPAHE) project and partner with local government to promote co-branded programs and deliver local government co-branded Measure Up and Go for 2 & 5 activities (Tai Chi programs, community walking and fitness programs).</p>	<p>determined by working with local government later in 2010.</p>	<p>and co-brand activities. Over 80% of participants identify the activity is supporting MeasureUp messages.</p>	
<p><u>Awareness raising</u> : Regional Health Services to:</p> <p>a) Work with public relations coordinator (see Activity 4) to integrate and promote Measure Up and Go for 2 & 5 in Healthy Communities demonstration sites (for example):</p> <ul style="list-style-type: none"> ▪ Active Roma, ▪ Fitzgibbon Urban Development, ▪ Bowen Hills Urban Development, ▪ Mareeba Place Based Initiative ▪ Actively Connect- Townsville, ▪ Food Outback <p>b) Include Measure Up and Go for 2&5[®] Lighten Up and Living Strong messages in clinically based brief interventions</p> <p>c) Link with QUIT program workforce to integrate Measure Up messages and promote local Measure Up activities</p>	<p>All demonstration sites have integrated messages and demonstration sites actively promote co-branded MeasureUp programs.</p> <p>b)Regional Health Services contact service providers and 100% of clinically based programs incorporate messages.</p> <p>100% of QUIT workforce have been contacted and have Measure Up co-branded resources.</p>	<p>a)Over 95% of partner organisations utilise resources</p> <p>Messages align with MeasureUp branding guidelines and reinforce activity intents</p> <p>b) Activities are co-ordinated and don't duplicate other planned activities identified in the Regional Local Activity Plans.</p> <p>Activities have clear links with 10,000 steps, Measure Up and Go for 2&5 etc.</p> <p>Program clients identify the link with the Measure Up campaign messages</p> <p>RHS to work with State QUIT program coordinator to support the integration of messages and promotion of local Measure Up activities</p>	<p>September 2010 ongoing</p>
<p>Work with Healthy Lifestyle Coordinators to increase the number of co-branded Living Strong and Lighten Up programs delivered.</p> <ul style="list-style-type: none"> • Support Healthy Lifestyle Coordinators and Living Strong Advisors to set up local referral 	<p>100% of Healthy Lifestyle Coordinators are contacted and have a referral schedule to local networks.</p>	<p>RHS support coordinators in referring co-branded Living Strong and Lighten Up programs</p>	<p>September 2010 ongoing</p>

networks for Lighten Up and Living Strong healthy lifestyle programs.			
3. Evaluation Phases 2010-2011; 2011-12;2012-13 RHS provide PHD 12 monthly evaluation reports	Tropical Regional Services, Central Regional Services, Southern Regional Health Services produce an annual evaluation report.	PHD provide evaluation templates; evaluations report deliverables; report against KPIs, objectives, budget and return on investment	September 2010 ongoing
PHD provide annual reports to the Australian Government	Reports compiled annually and as requested by the Australian Government	Reporting is consistent with objectives of the NPA-PH	September 2010 ongoing
4. Planning and Review Regional Health Services update plans to incorporate changes to the MeasureUp campaign and outcomes of program evaluations.	Regional Health Services updates plans each year	Plans are adjusted to reflect changes in campaign messages	September 2010 ongoing

19. Outcomes:

Activities	Short Term Outcomes By July 2011	Medium Term Outcomes By 2011	Long Term Outcomes By 2013
1. Planning & Developmental Phase <ul style="list-style-type: none"> Regional Health Services sign the MoU and develop Regional Local Activity Plans with stakeholders and partners. 	Regional Health Services have consulted partners and key stakeholders about the campaign aims and objectives and linked local activities. Key partners understand their role in supporting the campaign. Activities are rolled out on schedule.	Increased support by partner organisations and stakeholders; Increase (from baseline) the number of activities delivered through RHS.	Activities outlined in the Regional Social Marketing Plans are completed and evaluated. A final project report and evaluation is completed. Project impact and outcome evaluations show the activities have contributed measurable increases in physical activity, fruit and vegetable consumption and improvements in healthy weight.
PHD provide a one day work shop with RHS staff (allocated to manage implementation of Activity 1); the workshop will:	<ul style="list-style-type: none"> Staff delivering local level Measure Up activities understand their role in promoting Measure Up and reinforcing 'why' behaviour change is a 	Staff have increased confidence in delivering the 'why' messages and actively engage communities in 'how' their programs can lead to	<p>Adults aged 25-55 understand the benefits of making small changes to benefit their health.</p> <p>Adults have an increased knowledge of what they have</p>

<ul style="list-style-type: none"> • Provide information on Measure Up/Tomorrow People Campaigns • Provide tools for RHS to integrate Measure Up messages into programs (10,000 steps, Lighten Up, Pit Stop) • Provide engagement strategies to work with community based organizations, NGOs and other organisations <p>Community Education Unit provide strategies to market co-branded activities</p> <ul style="list-style-type: none"> • RHS support campaign partners and health workers by promoting access to co-branded Measure Up and Go for 2 & 5 collateral, local activity guides and program resources 	<p>priority and providing access programs that show 'how' behaviour change can occur.</p> <ul style="list-style-type: none"> • More than 90% of the partner organisations and stakeholders are aware of co-branded local Measure Up activities and provide opportunities to promote resources and activities through their networks. 	<p>lifestyle changes.</p> <p>More workers using local activity kits and resources to engage communities in their activities.</p>	<p>to do and how local level Measure Up activities can achieve changes to improve their health.</p> <p>Adults aged 25-50 have increased daily levels of physical activity and fruit and vegetable consumption.</p>
<p>2. Delivery and Implementation Phase</p> <ul style="list-style-type: none"> • 24 x 10,000 Steps program (or equivalent Heart Foundation walking program) each year for 3 years • (At least) 12 Lighten Up Programs each year • (At least) 10 Living Strong Programs each year • (At least) 12 local level events (eg Pit Stop programs, cooking demonstrations, community gardens) annually 	<p>The co-branded local activities are accessible to the primary campaign target group (25-50 year olds) and</p> <p>Participants understand that the co-branded local activities are showing how lifestyle change can be achieved to improve their health.</p> <p>Target groups have increased access to education materials as part of targeted and universal services and programs</p> <p>Increased reach to target population groups through integration of the campaign materials with aligned lifestyle modification and chronic disease prevention initiatives</p> <p>Target population hear consistent messages about the links between lifestyle</p>	<p>Increased demand to participate in Measure Up branded local programs.</p> <p>A measurable increase in participation in Measure Up branded local activities.</p> <p>More than 80% of participants understand the activity is linked to the Measure Up campaign</p> <p>More than 80% of participants report understanding the activity is helping to reduce the risk of chronic disease.</p> <p>More 80% of participants have increased appreciation of why lifestyle change is an urgent priority</p> <p>Participants in</p>	<ul style="list-style-type: none"> • Evaluations of 10,000 steps/MeasureUp programs how an increase in the number of people who have reported in incorporating walking or physical activity into everyday life • Follow up evaluations show Lighten Up and Living Strong participants have maintained healthy weight, increases in fruit and vegetable consumption and physical activity to benefit their health. • Follow up surveys show Pit Stop participants have made lifestyle changes by increase daily levels of physical activity, fruit and vegetable consumption and healthy weight. • Adults at risk of chronic disease have made

	behaviours and chronic disease	Lighten Up and Living Strong and Pit Stop are making changes to increase physical activity, healthy eating and other healthy behaviours	changes to increase physical activity and healthy eating.
<p>Regional Health Services to:</p> <p>b) Promote co-branded programs and deliver community based activities outlined in the Go for 2&5© local guide and *MeasureUp local guide with key partner organisations (District Health Services, Divisions of General Practices, Heart Foundation, fruit and vegetable industry and other key partner organisations). Examples include:</p> <ul style="list-style-type: none"> • community barbeques, • community walkathons • cooking demonstrations • community gardens <p>*Branding requirements to be approved by the Commonwealth</p>	<p>Partner organisations have increased appreciation of their role in promoting the Measure Up campaign through their networks and community based activities.</p> <p>Partner organisations identify further opportunities to disseminate campaign messages and engage in local level Measure Up activities.</p> <p>Target groups attending community activities and events understand that small incremental changes each day help towards making sustainable lifestyle changes.</p>	<p>An increased demand for campaign material and local activity guides from partner organisations.</p> <p>More Measure Up activities delivered through partner organisations.</p> <p>Partner organisations become a referral point and endorse local level Measure Up programs to clients and stakeholders.</p>	<p>Adults have been supported to make lifestyle changes through key partner activities.</p> <p>Adults aged 25-50 have increased their confidence in preparing and cooking meals incorporating 2 fruits and 5 vegetables each day.</p> <p>Adults aged 25-50 have incorporated at least 30 minutes of physical activity each day.</p> <p>Increased numbers of Queensland adults have made positive lifestyle changes to improve their health.</p> <p>Increased commitment by partner organisation to continue partnerships to reduce chronic disease beyond the duration of the Measure Up campaign</p>
<p>c) Leverage off the Supportive Environments for Physical Activity and Healthy Eating (SEPAHE) project and partner with local government to promote co-branded programs and deliver local government co-branded Measure Up and Go for 2 & 5 activities (Tai Chi programs, community walking and fitness programs).</p>	<p>Local government integrate Measure Up messages in their programs and promote through networks and distribution channel and local communities;</p> <p>Local governments make changes and improve the local communities to encourage walking, cycling etc.</p> <p>Local government reinforce Measure Up messages at decision prompt points eg, steps, pathways, parks and bus stops.</p>	<p>Increased demand for Measure Up resources and local activity guides;</p> <p>More councils using campaign messages to raise awareness of the need to make lifestyle changes and how change can be made by promoting co-branded Measure Up programs.</p>	<p>Positive impact on communities and greater social cohesion by improving the local environment to encourage use of walking trails, bike paths etc, and participation in local events and activities.</p>

<p><u>Awareness raising:</u> Regional Health Services to:</p> <p>a) Work with local government to integrate and promote Measure Up and Go for 2 & 5 in Healthy Communities demonstration sites (for example):</p> <ul style="list-style-type: none"> ▪ Active Roma, ▪ Fitzgibbon Urban Development, ▪ Bowen Hills Urban Development, ▪ Mareeba Place Based Initiative ▪ Actively Connect-Townsville, ▪ Food Outback <p>b) Include Measure Up and Go for 2&5[®] Lighten Up and Living Strong messages in clinically based brief interventions</p> <p>c) Link with QUIT (smoking)program workforce and to integrate MeasureUp messages and promote local MeasureUp activities</p>	<p>a) Demonstration sites are actively promoting Go for 2 &5 and MeasureUp messages and promote why behaviour change can improve health and link programs that show how lifestyle change can be improved.</p> <p>b) Clinical providers promote key campaign and encourages participation in lifestyle modification programs messages during clinical interventions;</p> <p>c) QUIT program workforce have increased confidence in promoting Measure Up messages and links to local activities.</p>	<p>a) More adults understand that incorporating 30 minutes of physical activity and 2 pieces of fruit will improve health outcomes.</p> <p>Increased appreciation of why lifestyle modification is an urgent priority.</p> <p>Increased understanding of what needs to done and how to achieve lifestyle changes</p> <p>b)Increased referrals to Lighten Up and Living Strong through clinical providers.</p> <p>c) An endorsement from a QUIT provider is a key prompt in encouraging participation in lifestyle modification programs.</p> <p>Increased understanding of the link between chronic disease and lifestyle risk factors</p>	<p>More adults have increased confidence in incorporating physical activity and 2 fruit and 5 vegetables in their daily life.</p> <p>More adults are utilising local spaces to participate in programs (eg community gardens) and increase physical activity to improve their health.</p> <p>Enhanced community cohesion by linking with other community members in local activities and programs.</p> <p>b) More adults have modified their lifestyle to incorporate physical activity and healthy eating into their daily life.</p> <p>c) More adults who have quit smoking have used the opportunity to increase physical activity and daily consumption of fruit and vegetables and improve overall health.</p>
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20. Rationale

The overall burden of preventable chronic disease in Queensland is predicted to rise by more than 20% between 2006 and 2016.¹ About 87% of all health problems, disabilities and early deaths in Queensland are due to preventable chronic diseases. Major increases in Type 2 diabetes are fuelling much of this growth.

Chronic diseases cause more than 22,000 deaths each year in Queensland. Nearly 60% of the early deaths and ill health are in people younger than 65 years, and 30% are in people younger than 45 years. 2.9 million Queenslanders have a chronic condition, such as high blood pressure. Males and females are affected almost equally.

Those most affected by chronic disease are:

- People from a disadvantaged background lose about four years of life in good health
- Aboriginal and Torres Strait Islander people who live about 20 years less than the average Queenslanders.

It is predicted that the number of people with obesity will double by 2025. In 2025 there will be 1.4 million obese people. Obesity in young people is likely to make their lives shorter than their parents.²

The major risk factors for chronic disease are directly and indirectly influenced by the physical, social and economic environment. Social inequality is a risk factor in its own right. Social environments which encourage healthy behaviour can be achieved through ‘community capacity building and community-based initiatives which strengthen community connectedness, resilience, health and wellbeing’³. By empowering communities in this way, health problems can be addressed at the local level, and innovative and sustainable local solutions can be identified and implemented.⁴

Supportive physical and social environments create a powerful means of enabling people to make healthy choices. In recent years, Queensland Health’s Regional Health Services have been working with local government and other key partners in developing supportive environments conducive to healthy eating and physical activity through the SEPAHE (Supportive Environments for Physical Activity and Health Eating) Project. The SEPAHE project aims to increase participation in physical activity and healthy eating by working with local government to create sustainable supportive local community environments.

Regional Health Services will leverage off this existing partnership and use the funding to promote co-branded Measure Up programs (10,000 steps, Lighten Up, Living Strong and Pit Stop) and partner in delivering co-branded local government Measure Up activities (community gardens, walking programs etc) to increase healthy eating and physical activity. This network will also be used to promote Measure Up and Go for 2&5© at Healthy Communities sites.

Regional Health Service have also partnered with District Health Services, Divisions of General Practices, non –government organisations such as the Heart Foundation, the fruit and vegetable industry and other key partner organisations to promote a health issue or program. Again, Regional Health Services will leverage off these less formal partnerships and use the additional funding to deliver local level Measure Up activities and community based initiatives.

The rationale for focusing on key programs in this activity is based on strong evidence. Queensland Health *Living Strong* and *Lighten Up to a Healthy Lifestyle Programs* are community programs that focus on ‘how’ lifestyle change can be achieved. The *Living Strong* program is healthy lifestyle group-based program for Aboriginal and Torres Strait Islander communities. *Lighten Up to a Healthy Lifestyle Program* is a healthy lifestyle group program for adults who want to improve their health. Both programs assist people to eat well and be active, manage stress and make long term behaviour changes to support a healthy lifestyle. All

¹ Queensland Health: Strategic Directions for Chronic Disease Prevention 2009–2012

² The Health of Queenslanders 2008: Prevention of Chronic Disease, the Second Report of the Chief Health Officer, 2008. Queensland Health

³ World Health Organisation: http://www.emro.who.int/cbi/cbi_introduction.htm

⁴ World Health Organisation: http://www.emro.who.int/cbi/cbi_introduction.htm

Queenslanders who are at risk of chronic diseases, such as diabetes or heart disease are eligible to participate in these programs at a cost of approximately \$50 per participant. Lighten Up has been running since 1990 and evaluations show sustainable lifestyle behaviour change. Both LightenUp and Living Strong are accredited Lifestyle Modification Program with the Australian Government's Department of Health and Ageing Lifestyle Modification rebate. Over 1200 people participated in Lighten Up in 2009, and the prevention NP funding means an additional 1000 people can participate each year. All Lighten Up and Living Strong materials will be co-branded with Measure Up. The program is also developing an online component which will be completed in this funding period allowing increased access, for shift workers and rural and remote people.

The Pit Stop program was developed as a men's public health program, by the Gascoyne Public Health Unit (Western Australia). The program uses the car maintenance theme and applies it to having regular 'tune-ups' of their own health. Queensland Health Bowel Cancer Screening Program runs the programs throughout the state using a series of stations, each involving a quick, simple health checks (including checking waist measurements) in relaxed fun settings such as agricultural shows or sports events. Pit Stop will be co-branded with Measure Up with the prevention NP funding contributing to more programs being delivered.

Queensland Health funds Central Queensland (CQ) University in Rockhampton to administer the 10,000 Steps program. CQ University health professionals, academics and graduates coordinate the dissemination of the 10,000 Steps, assisting individuals and health professionals. The 10,000 Steps project aims to increase the day-to-day activity of Australians by encouraging use of a set-counting pedometer to accumulate "incidental" physical activity as part of everyday living. Significant health and well-being benefits can be made simply by moving more every day and 10,000 Steps can provide support, free resources and information. The project has been successful in motivating local communities, workplaces and individuals to increase their physical activity levels.

The program has:

- Over 80,000 online members
- Over 300 online members regularly participate in the monthly Individual Challenges
- Over 3,800 online walking buddies
- Over 3,000 members registered with the Million Milestone Challenge with the highest accumulated step count over 55 Million.

Active Workplaces

- Over 3,000 registered 10,000 Steps Providers with more than 3,000 provider members also registered
- Over 800 organisations have participated in Workplace Challenges
- Over 36,000 members have participated in Workplace Challenges
- Over 6,000 teams registered with Workplace Challenges

Active Communities

- Fifteen 10,000 Step communities throughout Queensland and interstate
- Over 230 stores stocking 10,000 Step pedometers
- Over 100 Queensland libraries loaning pedometers to the public

The program is well recognised in Queensland and the additional preventive NPAPH funding will be used to co-brand 10,000 Steps with Measure Up and Regional Health Services will deliver more programs to more communities. The co-branded programs and activities will reinforce the MeasureUp 'what' messages (nutrition, physical activity, weight/waist), and 'why' (chronic disease) messages and provide the link to 'how' change can be achieved.

Leveraging Measure Up messages off existing programs has a number of benefits. It means funding is not required to establish positions or a grants scheme. Time is saved in program development and some programs can commence in July 2010. This means more programs can be delivered over the three years of

funding. The other advantage is that physical activity, health promotion and nutrition staff have already established networks and links in their local community, particularly knowing how to reach 'at risk' groups.

These activities contribute to Queensland Health's commitments under the National Partnership Agreement on Preventive Health, and the National Indigenous Reform Agreement. The Queensland Government's vision for 2020 has been described in *Toward Q2: Tomorrow's Queensland* in terms of five ambitions. One of these ambitions is 'making Queenslanders Australia's healthiest people'.

21. Contribution to performance benchmarks

- This activity contributes to Queensland Health's commitments under the National Partnership Agreement on Preventive Health through adopting evidence based community based initiatives focusing on:
- Increased awareness of the link between chronic disease and lifestyle risk factors (poor nutrition, physical inactivity, unhealthy weight);
- Raised appreciation of why lifestyle change should be an urgent priority;
- More positive attitudes towards achieving recommended changes in healthy eating, physical activity and healthy weight; and
- Increased confidence in achieving the desired changes and appreciation of the significant benefits of achieving these changes.

This initiative will contribute to achieving the performance benchmarks of increasing fruit and vegetable consumption, physical activity levels and the proportion of adults in the healthy weight range.

22. Policy consistency:

- Policy consistency: In July 2006, COAG agreed that all governments would commence implementation of a four-year, \$500 million, and 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 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 National Partnership Agreement on Preventative Health builds on the COAG's existing Australian Better Health Initiative which was announced in Nov 2006. 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. This activity aligns with the National Partnership Agreement on Preventative Health building on COAG's existing Australian Better Health Initiative, the National Reform Agenda's Type 2 Diabetes initiative and supports the National Healthcare Agreement focus on prevention.

23. Target groups

The primary target group for this activity are Queenslanders 25-50 year olds who have children. The secondary target group are 45-65 year olds. Specific target groups for this activity are people living in rural and remote areas; people from non-English speaking backgrounds; Aboriginal and Torres Strait Islanders; with low socio-economic circumstance; and those at risk of chronic disease.

24. Stakeholder engagement:

Stakeholder-External	Activity	Engagement Strategy
Organisations undertaking chronic disease related initiatives: <ul style="list-style-type: none"> • Divisions of General Practice • Heart Foundation • Diabetes Qld • Cancer Council Qld • Fruit and vegetable industry 	Conduct regular meetings as required and generate an activities calendar to integrate campaign messages into events, newsletters etc.	Build on existing partnership at state and local level to leverage off activities to deliver campaign messages
Local government and industry partners	Regular meetings/workshops to establish engagement in campaign messages; advocate for improvements in physical environments that are conducive to health	Build on existing partnership at state and local level to leverage off activities to deliver campaign messages
Queensland Public Health Forum	Update members on initiatives at QPHF meetings	Engage nutrition and physical activity working groups to assist in promoting initiatives
Stakeholder-Internal	Activity	Engagement Strategy
Regional Health Services	Enhance established networks and meetings	Consultation and implementation of MoU and Health Promotion Plans
Nutrition and Physical activity workforce	Enhance established networks and meetings	Consultation and implementation of strategies
Lighten Up and Living Strong Workforce	Align programs with campaign messages and plan roll out of programs	Regular meetings to ensure program milestones are met
ATOD prevention coordinators and workforce and QUIT program.	Coordinate and align programs with campaign messages	Regular meetings/teleconferences
Bowel Cancer Screening Health Promotion Officers	Co-brand Pit Stop resources and integrate campaign messages & resources into the program	Regular meetings and teleconferences

25. Risk identification and management

Risk	Level	Mitigation Strategy	Responsibility/
Lack of coordination of local level activities	Medium	Refer to internal audits for physical activity and nutrition programs across internal stakeholder .Consultation in development	Regional Health Services
Stakeholders and potential partners have competing priorities	Medium	<ul style="list-style-type: none"> • Ensure project retains high level support • Ensure the project is a regular agenda item on stakeholder meetings and forums • Ensure service agreements are clearly articulated and enhance where required. 	Regional Health Services
Low attendance in programs and initiatives	Medium	Review program quality and delivery and adjust strategies where required.	Regional Health Services
Staff turnover or key staff on leave	Medium	Ensure project handover and project plans updated	Regional Health Services
State based initiatives that with similar messages or activities lead by other departments	Medium	Strong coordination with CEU and Department of Premier and Cabinet	PHD
Queensland Health restructures and abolishes Regional Health Services	Low	Funding to RHS will be redirected and distributed directly to District Health Services to manage; or, the new entity replacing RHS.	PHD

26. Evaluation:

Process Indicators	Method	Timeframes/Responsibility
Resources consistent with the campaign	Resource auditing reports	July 2011, July 2012, July 2013
Number of community based initiatives delivered through RHS	Reports from RHS	July 2011, July 2012, July 2013
Number of resources delivered through partner organisations (eg local government and Divisions of General Practice to support delivery of local activities).	Monitoring and reporting back	July 2011, July 2012, July 2013

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Number of activities delivered through partner organisations	Monitoring and reporting back	July 2011, July 2012, July 2013
Number and proportion of organisations that have delivered specific activities as part of a brief intervention	Monitoring and reporting back	July 2011, July 2012, July 2013
Number of facilitator training programs delivered for the Living Strong and Lighten Up programs.	Monitoring and reporting back; activity evaluations	July 2011, July 2012, July 2013 July
Number of participants attending <i>Lighten Up</i> and <i>Living Strong</i> programs	Monitoring and reporting back,	July 2011, July 2012, July 2013
Number of Living Strong and Lighten Up programs delivered.	Monitoring and reporting back	July 2011, July 2012, July 2013
Number of 10 Steps programs and participants	Monitoring and reporting back	July 2011, July 2012, July 2013
Number of Pit Stop programs delivered	Monitoring and reporting back	July 2011, July 2012, July 2013
Number of joint activities conducted with ATOD prevention coordinators.	Monitoring and reporting back	July 2011, July 2012, July 2013

27. **Infrastructure:** Regional Health Services have the existing infrastructure to establish and implement these activities.

28. **Implementation schedule:**

Deliverable and milestone	Due date
(iv) Implementation Plan submitted to Deputy Premier Qld for approval	March 2010
(v) Approval of Implementation Plan Federal Minister for Health	July 2010
(vi) Memorandum of Understanding in place	August 2010
(vii) Regional Health Service Plans finalised	September 2010
(viii) Implementation of RHS plans	September 2010
(ix) Programs roll out	September 2010 ongoing 2013

Notes:

29. **Responsible officer and contact details:** Marianne Zangari, Senior Health Promotion Officer, Queensland Health, GPO Box Health Promotion Branch, 2368 Fortitude Valley BC Qld 4006; Ph (07) 3328 9249; Fax (07) 382266133.

30. **Activity budget:**

Expenditure item	Year 1	Year 2	Year 3	Total
*Expenditure items indicative only- to be finalised in the MoU	Costing per region			

(i) Production of co-branded resources	\$20,000 per region	\$15,000 per region	\$10,000 per region	\$45,000
(ii) Distribution of resources and local activity guides	\$5,000	\$5,000	\$5,000	\$15000
(iii) Orientation workshops conducted in each Region	\$2,500	\$2500	\$2500	\$7500
(iv) Program delivery of 10,000 steps, including promotion, equipment hire, signage (24 x \$2000)	\$48,000	\$48,000	\$48,000	\$144000
(v) Program delivery of Lighten Up, including promotion, hiring venues & equipment	\$62,100 (12 x *\$5175)	\$62,100 (12 x *\$5175)	\$62,100 (12 x *\$5175)	\$186,300
(vi) Program delivery of Living Strong steps, including promotion, hiring venues & equipment, signage in remote areas	\$62,200 (10 x *\$6,200)	\$62,200 (10 x *\$6,200)	\$68,200 (11 x *\$6,200)	192,600
(vii) Local level events	\$10,200	\$15,200	\$14,200	39600
Total per region per year	\$210,000 per region	\$210,00	\$210,00	630000
TOTAL	\$630000	\$630000	\$63000	\$1,890,000

Notes:*approx only

31. **Activity 2: Build capacity to increase the reach and access to Living Well: Healthy Lifestyle and the Measure Up programs to culturally and linguistically diverse (CALD) communities through Multicultural Health Queensland Health support to Ethnic Communities Council Queensland.**

32. Overview

Queensland Health currently funds the Ethnic Communities Council Queensland (ECCQ) to deliver the Ethnic Communities Council Chronic Disease Program under the implementation of the *Queensland Strategy for Chronic Disease 2005-2015*. The program focuses on primary and secondary prevention, using the *Living Well* healthy lifestyle program and the CALD Measure Up program to encourage behaviour-change and promote health and wellbeing. The following seven communities: Arabic-speaking communities, Croatian, Greek, Spanish-speaking, Sudanese, Vietnamese and Samoan have been involved in the Measure Up pilot program. Queensland Health public health nutritionists support program delivery and a Program Coordinator manages ECCQ Multicultural Health Workers (MCHW) to facilitate sessions.

This activity will leverage off the current Chronic Disease Living Well and Measure Up Programs and the additional prevention NPAPH funding will be used to:

- Identify priority communities who would benefit from accessing *Living Well* and *Measure Up* programs.
- Identify whether more programs are required to reach already targeted communities.

- Identify Multicultural Health Worker current and future capacity to deliver new programs to priority communities and additional programs to already targeted communities.
- Develop new and additional resources to support MCHW deliver *Living Well* and *Measure Up* programs to reach new communities.

Ultimately this activity will deliver more *Measure Up* and *Living Well: A Healthy Lifestyle Program* to more CALD communities throughout the state, particularly focusing on at risk communities.

33. Outputs:

Outputs	Quantity	Quality	Time
Establish a Service Agreement with Ethnic Communities Council Qld (ECCQ)	The Service Agreement is established and reviewed annually.	The Service Agreement complies with Queensland Health purchasing policy and reflects the objectives of this activity	August 2010
Establish an reference group with Health Promotion Branch, Queensland Health Multicultural Health and ECCQ	A reference group will be established to meet on a regular basis	The reference group will ensure the program is delivered on time and to budget and provide advice as issues arise	August –September 2010
ECCQ develop a project plan 2010/13 with a schedule of programs to be delivered	The project plan is updated annually	The project plan meets Queensland Health's expectations and requirements	September 2010
ECCQ conducts a scoping exercise to identify new priority NESB population groups that require support and resources through Living Well, Measure Up, and QUIT programs. Identify whether additional programs are required to communities already targeted through the Chronic Disease Program.	Ensure representation across of priority communities across Regional Health Services	To align with: Queensland Strategy for Chronic Disease Queensland Health Strategic Plan for Multicultural Health 2007-2012.	July 2010 – September 2010
Source Multicultural Health Workers to deliver programs to priority NESB communities; investigate current MCHW capacity to deliver additional programs to already targeted communities.	Quantities will depend on the number of priority communities targeted and where additional programs are required.	Queensland Health Multicultural Health will support ECCQ to source appropriate MCHW.	September 2010
Develop additional resources, including Measure Up resources, required to deliver more programs; develop a timeline of Measure Up, Go for 2&5 [®] and QUIT	Aligned with expansion of programs to priority communities and where additional resources are required for already targeted communities	Work with the Commonwealth to ensure any new resources are consistent with Licensing Agreements for Measure Up. All new resources are culturally appropriate.	September 2010

programs			
ECCQ to run <i>Living Well: A Healthy Lifestyle Program</i> and <i>Measure Up</i> sessions for Culturally and Linguistically Diverse Populations.	Quantities will be determined by the number of priority communities, health worker capacity to run sessions and budget.	Programs are culturally sensitive to the needs of each community.	October 2010 ongoing until July 2013.
ECCQ reports and evaluates the project annually	One report per year 2011-2013	The project was delivered on time and to budget	2011 -2013

34. Outcomes

Activities	Short Term Outcomes 2010	Medium Term Outcomes	Long Term Outcomes
Develop additional resources and provide support for priority NESB population groups to support the Measure Up, Go for 2&5 [®] and QUIT programs	Additional resources identified and relevant to priority group's needs taken into consideration in resource development. All MCHW have access to additional resources. .	Priority NESB population groups have increased awareness and understanding of campaign messages related to Measure Up, Go for 2&5 [®] and QUIT programs	Generate more positive attitudes towards achieving recommended changes in healthy eating, physical activity and healthy weight in priority NESB populations; and generate confidence in achieving the desired changes; and appreciation of the significant benefits of achieving these changes in NESB populations.
Multicultural Health to support ECCQ to run <i>Living Well: A Healthy Lifestyle & Measure Up</i> Programs for Culturally and Linguistically Diverse Populations.	Increased engagement and commitment by ECCQ, Multicultural Health Workers & CALD communities	Increased confidence & ability to deliver Living Well programs; increased demand for Living Well and Measure Up sessions from CALD Communities	Increases in healthy eating and physical activity by CALD communities Decrease the proportion of avoidable hospital admissions for NESB groups

35. Rationale

The National Health Survey 2007-08⁵ found that while 63.1% of those born in Australia were overweight/obese, 67.4% born in Oceania, 67.1% born in Southern and Eastern Europe, and 64.6% born in Middle East and Northern Africa were overweight/obese. It also found that 71.3% of those born in Australia were sedentary/low exercise, while 74.9% born in Southern and Eastern Europe, 91% born in Middle East and Northern Africa, 79.1% born in South East Asia and 76.4% all other countries were sedentary/low exercise.

Recent data from the Ethnic Communities Council Queensland (ECCQ) and Bond University found that NESB people are disproportionately represented in avoidable hospital admissions (NESB are only 7.8% of Queensland population but represent 11.4% of avoidable admissions).⁶ CALD communities are even more

⁵ Australian Bureau of Statistics, 2006

⁶ Vogel J *Multicultural health workers and chronic disease self-management programs for CALD populations: a worldwide literature review* Queensland Health and Ethnic Communities Council of Queensland Brisbane 2009.

at risk due to psychosocial and socio-economic risk factors that may include past experiences of trauma; racism and discrimination; alienation and isolation; and lack of cultural capital.

A recent Queensland Health study on Pacific Islander health found considerable health inequities with between five to six times higher rates for all avoidable admissions; two and nine times higher rates for diabetes complications; more than double the rate of COPD admissions in one community; more than double the rate of coronary heart disease in another community; and almost double the mortality rate for avoidable conditions in one community, than the wider community.

Table CALD populations in Queensland with higher levels of chronic disease, smoking, obesity, physical inactivity and lower fruit and vegetable consumption.

Communities	South East Queensland	Far North Queensland	Toowoomba Darling Downs
Papua New Guinea	√	√	
Fijian Indian	√		
Bosnian/Croatian	√		
Spanish speaking	√	√	
Arabic speaking	√	√	
Maori	√		
Vietnamese	√	√	
Samoan	√	√	
Fijian	√	√	
Cook Islander	√	√	
Tongan	√	√	
Sudanese	√	√	√

The Living Well program includes culturally tailored healthy eating sessions using 'Healthy Eating for the Prevention and Maintenance of Chronic Disease with the communities' manual, translated in Arabic languages, Bosnian, Filipino, Greek, Indian, Samoan, Spanish, Sudanese and Vietnamese. The physical activity module is designed to encourage active lifestyles within culturally and linguistically diverse communities to prevent and self manage chronic disease. The module incorporates an education session and a community development workshop. The education sessions deliver culturally appropriate information on how to plan for physical activity, how to make it a part of everyday life and how it can improve the overall health of the body and mind. ECCQ Multicultural Health Workers have been effective in delivering these programs.

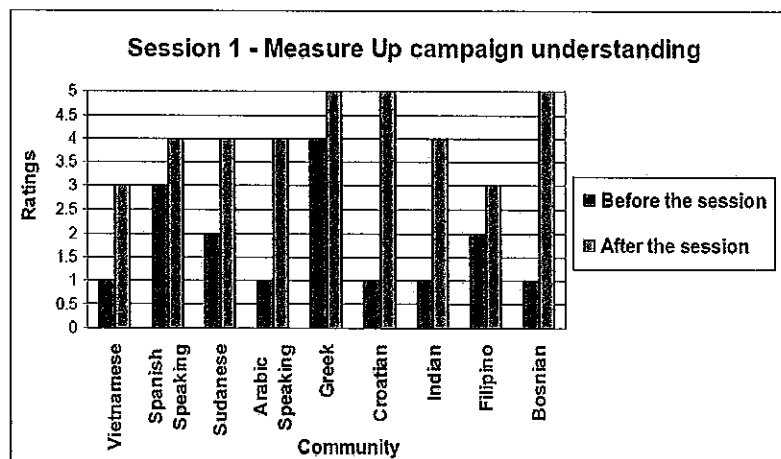
Phase one of the CALD Measure Up program in Queensland found that mainstream social marketing approaches did not effectively reach CALD communities.⁷ Recent piloted Measure Up sessions found that

⁷
ECCQ Measure Up evaluation 2009.

employing Multicultural Community Health Workers (MCHW's) to deliver culturally tailored MeasureUp messages were successful in increasing participant knowledge about the Measure Up campaign, including the intention to make positive lifestyle changes. (See table below)

The ECCQ's Chronic Disease Program Multicultural Community Health Worker (MCHW) model is based on international evidence in chronic disease prevention and self-management which ensures cultural appropriateness and acceptance in any health services delivered to CALD target populations.

MCHWs have different tasks in different settings. Such tasks can include direct individual contact with patients, group education, or supporting health care professionals. MCHWs have achieved some positive outcomes:



- increased participation of CALD populations in health programs
- improved communication with the CALD populations and better transfer of information (education)
- supporting health care professionals in establishing better relationships with CALD populations
- gaining trust because of shared language, nation of origin, migration or refugee experiences
- cultural habits and knowledge
- understanding of medical concepts and terminology.

This approach leverages off and builds on existing funding arrangements, infrastructure and relationships with ECCQ to ensure that at risk CALD populations will be able to access messages, programs and initiatives related to healthy eating and physical activity.

25. **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 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 National Partnership Agreement on Preventative Health builds on the COAG's existing Australian Better Health Initiative which was announced in Nov 2006. 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.

37. Target groups

Specific target groups for this activity people from non-English speaking background, particularly those identified most at risk of chronic disease.

38. Stakeholder Engagement

Stakeholder-External	Activity	Engagement Strategy
A Program advisory committee will be established with the Queensland health Multicultural Health and ECCQ and stakeholders	Conduct regular meetings to oversee project milestones and coordination of activities	Build on existing relationships at state and local level to leverage off activities to deliver campaign messages
Community leader engagement to elicit support and ongoing communication	Regular meetings/workshops to establish engagement in campaign messages	Build on existing partnership at state and local level to leverage off activities to deliver campaign messages
Stakeholder-Internal	Activity	Engagement Strategy
Regional Health Services and Multicultural Health Queensland Health	Use established networks and meetings to ensure coordination of activities	Consultation and meetings
Nutrition, Physical activity and ATODs workforce	Use established networks and meetings	Consultation and implementation of strategies

39. Risk Identification and Management

Risk	Level	Mitigation Strategy	Responsibility/
Prioritising CALD target groups may create issues with non- targeted communities	Medium	Use ECCQ stakeholder network and communication channels to communicate activity purpose and necessity to prioritise	Qld Health Multicultural Health will provide support to manage the issue with ECCQ
MCHW capacity to deliver programs in remote communities.	Medium	<ul style="list-style-type: none"> - Roles and responsibilities clearly defined in any Service Agreements required to engage ECCQ - All staff regularly network 	Qld Health Multicultural Health to ensure ECCQ provide adequate support for MCHWs
ECCQ unable to deliver project	Low	Queensland Health Multicultural Health allocate staff and resources to manage the project	Queensland Health Division of the CHO

40. Evaluation

Evaluation type	Proposed method
Process	<ul style="list-style-type: none"> Community and leader consultation on content and cultural appropriateness of initiatives Feedback processes from workers and participants Feedback from the mainstream workers involved in the program delivery Minimum of 12 CALD groups have participated in activity
Impact	<ul style="list-style-type: none"> Program pre and post intervention surveys indicate raised appreciation of why lifestyle change should be an urgent priority in NESB populations;
Outcome	<ul style="list-style-type: none"> Increase awareness of the link between chronic disease and lifestyle risk factors (poor nutrition, physical inactivity, unhealthy weight) in NESB populations; Generate more positive attitudes towards achieving recommended changes in healthy eating, physical activity and healthy weight in priority NESB populations; and Generate confidence in achieving the desired changes and appreciation of the significant benefits of achieving these changes in NESB populations. Increases in physical activity and healthy eating for target group Decrease the proportion of avoidable hospital admissions for NESB people

41. **Infrastructure:** Ethnic Communities Council Queensland has the existing infrastructure to establish and implement these activities.

42. Deliverables

Deliverable and milestones	Due date
(i) Implementation Plan submitted to Deputy Premier Qld for approval	March 2010
(ii) Approval of Implementation Plan Federal Minister for Health	July 2010
(iii) Any Service agreements required are in place	August 2010
(iv) Scoping and identification of priority communities and additional communities already targeted	September 2010
(v) Scoping MCHW capacity to deliver programs to priority communities	September 2010
(vi) Resources identified to support the activity.	September 2010
(vii) Project Plan and timeline developed	October 2010
(viii) Project implementation	November 2010
(ix) Monitoring and evaluation	July 2011, 2012, 2013

43. **Responsible officer and contact details:** Marianne Zangari, Senior Health Promotion Officer, Queensland Health, GPO Box Health Promotion Branch, 2368 Fortitude Valley BC Qld 4006; Ph (07) 3328 9249; Fax (07) 32266133.

44. Activity budget:

Activity project budget

Expenditure item	Year 1	Year 2	Year 3	Total
*Expenditure items will be finalised in Service Agreements				
(i) MCHW briefing and Measure Up training	\$5000	\$5000	\$5000	\$15000
(ii) MCHW Facilitator sessions to CALD communities (x11 / x 14 sessions @ .15FTE)	\$120,000	\$120,000	\$120,00	\$360000
(iii) Resource dev/translations	\$15,000	\$10,000	\$5000	\$30000
(iv) Mail out of resources	\$2500	\$2500	\$2500	\$7500
(v) Travel	\$10,000	\$10,000	\$10,000	\$30000
(vi) Promotion	\$17500	\$16500	\$15500	\$49500
TOTAL	\$170,000	\$164,000	\$158,000	\$492,000

45. Activity 3: Provide Aboriginal and Torres Strait Islander communities' access to campaign resources, messages and programs through appointing a healthy lifestyle coordinator based at the Queensland Aboriginal and Torres Strait Health Council (QAIHC).**46. Overview**

This activity will extend the reach and access to Measure Up and Tomorrow People, and related physical activity and nutrition programs for Aboriginal and Torres Strait Islander communities by appointing a dedicated Project Coordinator to work in QAIHC. QAIHC is the state peak body representing the Community Controlled Health Sector in Queensland at both state and national level. Its membership comprises 21 Community Controlled Health Services (CCHS) located throughout Queensland

Part of the NPAPH funding will be used for the coordinator role support to coordinate nutrition, physical activity and healthy lifestyle staff to implement health promotion initiatives and programs in the Aboriginal and Torres Strait Islander community controlled sector and south east Queensland

Queensland Health currently funds a nutrition coordinator, a physical activity coordinator and nutrition promotion officer positions in QAICH to work in with the network of community controlled health workers to deliver nutrition and physical activity programs. Under the Tomorrow People campaign, the NPAPH funding offers an opportunity for nutrition and physical activity workers to link together in a planned, coordinated manner, to deliver consistent messages and evidence-based activities that will be managed by the Project Coordinator.

47. Outputs

Activity	Quantity	Quality	Timeframe
• Establish a Service Agreement with Queensland Aboriginal and Torres Strait	Complete a Service Agreement that is updated annually	Service Agreement that complies with Qld Health purchasing policy and reflects the objectives and	September 2010

Islander Health Council (QAIHC)		deliverables of this activity	
<p>Provide funding to QAIHC to appoint a program coordinator to :</p> <ul style="list-style-type: none"> Build capacity of existing nutrition, physical activity and healthy lifestyle staff and stakeholders located in south east Queensland and community controlled sector to integrate Tomorrow People messages into their current programs. 	<p>Establish a service agreement with QAIHC with roles and responsibilities of coordinator position defined.</p> <p>Identify potential stakeholders (local government and non-government and regional organisations and services working to support the Aboriginal and Torres Strait Islander community) including relevant existing priority programs and initiatives supported by the State.</p> <p>Conduct 3 x I/2 day workshops with health workers and key stakeholders: August 2010; August 2011; August 2013.</p>	<ul style="list-style-type: none"> Identify current skills and capacity of nutrition, physical activity and healthy lifestyle to deliver health promotion, nutrition and physical activity programs. Identify professional development opportunities for community controlled health workers to build skills and competency to deliver Tomorrow People related programs (eg Certificate IV health promotion short course) Workshops are appropriate to the audience needs and participants have opportunity to provide input. The points outlined in the Statement on Principles for Better Practice in Aboriginal Health Promotion is incorporated into workshops. 	<p>September 2010</p>
<ul style="list-style-type: none"> Queensland Health conduct training sessions with QAIHC physical activity and nutrition staff to identify programs that can integrate Measure Up/ Tomorrow People messages Use training sessions to identify resource needs and integration of Measure Up/Tomorrow People branding and key messages into existing programs 	<p>One initial training session then on a needs basis</p>	<ul style="list-style-type: none"> Staff are satisfied with the training delivered Resource needs are identified and branding requirements are understood 	<p>October 2010</p>
<ul style="list-style-type: none"> QAIHC develop a project plan and schedule of programs to be delivered 2010 -2013 	<p>Project plan is updated annually</p>	<ul style="list-style-type: none"> The project plan meets Queensland Health's expectations and requirements 	<p>October –November 2010</p>
<ul style="list-style-type: none"> Integrate Tomorrow People messages and branding into existing resources and programs and identify additional resources required to deliver programs and support health workers. Work with the QAIHC media unit to market and distribute all campaign resources and materials to nutrition, physical activity and healthy lifestyle staff and partners 	<p>Audit all existing resources and programs and identify future needs.</p> <p>Work with health workers to review all programs and resources to determine their fit</p>	<p>Resources and materials have been focus tested and consistent with Tomorrow People branding guidelines</p> <p>Ensure campaign messages, particularly the 'how' messages are integrated into nutrition and physical activity programs, activities</p>	<p>September/October 2010</p>

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<p>and the Community Controlled Health Services.</p>	<p>with Measure Up</p> <p>Monitor the number of resources distributed.</p>	<p>and resources.</p> <p>Encourage staff to utilise and order from the online system already established.</p>	
<p>Explore opportunities to work with the QAICH media unit to promote local Tomorrow People activities and messages through Indigenous media organisations.</p>	<p>Meet with and identify opportunities to 'value add' to the Tomorrow People national campaign through small local indigenous media outlets</p>	<p>Messages and timing is consistent with the Tomorrow People schedule.</p>	<p>September 2010 and ongoing</p>
<p>Coordinate health workers and partners to deliver local activities and programs that incorporate the campaign messages and timed to coincide with the Tomorrow People campaign initiatives (eg cooking demonstrations, bush tucker tasting); build on initiatives developed for the Indigenous Go for 2&5 campaign and Tomorrow People.</p> <p>Ensure health workers:</p> <ul style="list-style-type: none"> • Advocate and support partners to include campaign messages in their initiatives. • Promote Living Strong program • Advocate and support partners to distribute campaign resources • Link with community events and initiatives that may arise to promote campaign messages (eg NAIDOC events, Drumley Walk). • Display point of sale decision prompts consistent with key campaign messages, eg. notices in stairwells, point of sale 	<p>Monitor number of activities and programs delivering campaign messages</p> <p>Monitor number of strategies delivered by partner organisations that incorporate branding and consistent with campaign objectives;</p>	<p>Activities and resources programs delivered to coincide with Tomorrow People campaign and reinforce 'how' messages campaign.</p> <p>Consistency with the National campaign messages and objectives;</p> <p>Provide adequate and timely support to partners</p> <p>Regional Health Staff to support health workers in partnership opportunities and local promotions and activities.</p>	<p>2010 -2013</p>
<ul style="list-style-type: none"> • Encourage health workers to link with Healthy Lifestyle Coordinators to increase the number of Living Strong programs delivered. 	<p>Monitor number of Living Strong programs</p>	<p>Healthy Lifestyle coordinators understand that Living Strong supports Tomorrow People campaign in showing people 'how' change can be made.</p>	<p>2011 -2013</p>

48. Outcomes

Activities	Short Term Outcomes 2010	Medium Term Outcomes	Long Term Outcomes
<p>The QAICH program coordinator to :</p> <p>Build capacity of existing nutrition, physical activity and healthy lifestyle staff and partner organisations located in south east Queensland and community controlled sector to integrate Tomorrow People/Go for 2&5 messages into their current programs.</p> <p>Market and distribute campaign resource, activity kits and materials to nutrition, physical activity and healthy lifestyle staff and partners and the Community Controlled Health Services.</p> <p>Coordinate health workers and partners to deliver local activities and programs that incorporate the campaign messages and timed to coincide with the Tomorrow People and Go for 2&5 campaign initiatives (eg cooking demonstrations, bush tucker tasting); build on initiatives developed for the Indigenous Go for 2&5 campaign and Tomorrow People.</p> <p>Ensure health workers:</p> <ul style="list-style-type: none"> • Advocate and support partners to include campaign messages in their initiatives. • Promote Living Strong program • Advocate and support partners to distribute campaign resources • Link with community events and initiatives that may arise to promote campaign messages (eg NAIDOC events, Drumley Walk). 	<ul style="list-style-type: none"> • A detailed project plan is agreed between Queensland Health and QAICH. • Conduct annual workshops with health workers and partners to build awareness and support for the campaign; annually review and refine strategies from feedback. • Health workers and partners delivering local level Measure Up activities understand their role in promoting Measure Up and Tomorrow People and reinforcing 'why' behaviour change is a priority and providing access programs that show 'how' behaviour change can occur. • Partner organisations and stakeholders identify events and activities that can be co-branded with Measure Up and Tomorrow People and provide opportunities to promote resources and activities through their networks. • Health workers able to leverage off networks and role models from the Go for 2&5 Indigenous campaign and utilise resources and activities that have been successful in engaging communities and 	<p>Health workers have increased confidence in delivering the 'why' messages and actively engage communities in 'how' their programs can lead to lifestyle changes.</p> <p>More workers using local activity kits and resources to engage communities in their activities. Increased understanding of campaign messages by workers who support the Aboriginal community</p> <p>Increased demand for campaign materials by organisations and staff working with Aboriginal and Torres Strait Island communities</p> <p>More workers using consistent messages to raise awareness of the need for and the benefits of lifestyle changes within the programs they run as well as across the wider community</p> <p>Stakeholder organisations integrate campaign messages and materials as part of community events.</p> <p>Over 80% of partner organisations distribute Tomorrow people brand and programs have incorporated all campaign messages.</p> <p>Role models and local identities actively promote Tomorrow People and encourage people to participate in local nutrition and physical activity activities and promote the Living Strong program.</p> <p>Local Indigenous media outlets engage local role models to promote the</p>	<p>Health workers have built skills and competency in health promotion practice.</p> <p>Contributes to increases in healthy eating and physical activity for Aboriginal and Torres Strait Islanders.</p> <p>Aboriginal and Torres Strait Islander people have increased awareness of the link between chronic disease and lifestyle risk factors (poor nutrition, physical inactivity, smoking, unhealthy weight).</p> <p>Partnerships built through this activity will continue beyond the life of the campaign.</p> <p>Raised appreciation of why lifestyle change should be an urgent priority in Aboriginal and Torres Strait Islander people.</p> <p>More positive attitudes towards achieving recommended changes in healthy eating, physical activity and healthy weight in Aboriginal and Torres Strait Islander people.</p> <p>Increased confidence in achieving the desired changes and appreciation of the significant benefits of achieving these changes in Aboriginal and Torres Strait Islander people.</p>

<ul style="list-style-type: none"> • Display point of sale decision prompts consistent with key campaign messages, eg. notices in stairwells, • Explore opportunities to work with the QAICH media unit to promote local Tomorrow People activities and messages through Indigenous media organisations 	<p>promoting messages.</p> <ul style="list-style-type: none"> • Point of sale messages at local stores and health services reinforce Measure Up messages. • Health workers have increased confidence and skills to work with partners and encourage integration of campaign messages and objectives into practice; • Indigenous media networks understand that the Tomorrow People campaign is encouraging people improve healthy eating and physical activity and the importance of promoting messages in local communities 	<p>campaign and link Tomorrow People messages into their promotional events.</p> <p>Health workers and partner organisations are actively engaged in promoting Measure Up, Tomorrow People and Go for 2&5 programs.</p> <p>Health workers feature Measure Up messages feature at local community events and are supported by key partners.</p> <p>Partner organisations adopt policies and practice to promote healthy eating and physical activity in line with campaign messages.</p>	<p>Contributes to enhanced community participation and connectedness.</p>
<ul style="list-style-type: none"> • Encourage health workers to link with Healthy Lifestyle Coordinators to increase the number of Living Strong programs delivered. 	<p>Healthy Lifestyle workers understand that people at risk of chronic disease can attend the Living Strong and that Living Strong supports the Measure Up messages.</p>	<p>Increased number of Living Strong programs delivered through Community Controlled Health Services (CCHS)</p>	<p>An increased number of people at risk of chronic disease are attending Living Strong programs.</p>

49. Rationale

An Aboriginal and Torres Strait Islander baby boy born in Queensland in the period 2005–2007 can expect to live, on average, 10.4 years less than his non-Indigenous Australian peers. In comparison, the life expectancy gap between Aboriginal and Torres Strait Islander Queensland females and non-Indigenous Australian females born during 2005–2007 is 9 years⁸. Non-Indigenous life expectancy has been increasing on average at 0.24 years per year. If non-Indigenous life expectancy continues to increase at this rate to 2031 (one generation), the gaps between Aboriginal and Torres Strait Islander Queenslanders and non-Indigenous Australians will increase.⁹

Under this scenario, to close the gap between Aboriginal and Torres Strait Islander and non-Indigenous life expectancy by the year 2031, there will need to be a gain in Queensland Indigenous life expectancy of 16.4 years for males and 15.0 years for females over the 25 years from 2006. This is nearly three times the gains achieved by the overall Australian population in the last 25 years.¹⁰

⁸ SCRGSP (Steering Committee for the Review of Government Service Provision) 2009, Overcoming Indigenous Disadvantage: Key Indicators 2009, Productivity Commission, Canberra.

⁹ Australian Institute of Health and Welfare 2009: http://www.aihw.gov.au/indigenous/health/other_risks.cfm

¹⁰ Australian Institute of Health and Welfare 2009: http://www.aihw.gov.au/indigenous/health/other_risks.cfm

Evidence broadly acknowledges overcoming Indigenous health disadvantage requires a holistic life stage approach, which builds sustainable social change and embeds system reform. As part of the system reforms, the Preventive Health Taskforce has recommended increases in the number of Aboriginal and Torres Strait Islander people in the health workforce, alongside the development of sustainable program and funding models and performance measures to ensure that services are responsive to both national targets and local community needs.¹¹

This activity takes into account the broader reforms currently underway and acknowledges the effectiveness of strategies will be influenced and supported by the successful implementation of other Indigenous initiatives, including early childhood reforms, broader health system changes and measures to address the underlying social determinants of poor health. In addition this initiative will support life style changes for individuals, families and communities.

To date, evidence suggests that poor nutrition and physical activity contributes significantly to poor health outcomes for Indigenous Australians. Importantly, this activity will support environmental initiatives to improve food supply and physical activity in Aboriginal and Torres Strait islander communities throughout Queensland. This activity will also add value to the positive outcomes of the *Living Strong* programs which has recently been accredited as a lifestyle modification program for Aboriginal and Torres Strait Islanders at risk of type 2 Diabetes.

The prevention NPAPH funding will be used for the coordinator position based in QAICH and program deliverables such as workshops, additional resource development and promotions. The existing network of health workers will be responsible for implementing on the ground, local level, culturally appropriate physical activity and nutrition programs that align with the campaign. The programs will support all activities and messages in the *Tomorrow People* campaign.

50. Contribution to performance benchmarks

- This activity contributes to Queensland Health's commitments under the National Partnership Agreement on Closing the Gap on Indigenous Health Outcomes, National Partnership Agreement on Preventive Health through adopting evidence based community based initiatives focusing on:
- Increased awareness of the link between chronic disease and lifestyle risk factors (poor nutrition, physical inactivity, unhealthy weight);
- Raised appreciation of why lifestyle change should be an urgent priority;
- More positive attitudes towards achieving recommended changes in healthy eating, physical activity and healthy weight; and
- Increased confidence in achieving the desired changes and appreciation of the significant benefits of achieving these changes.

This initiative will contribute to achieving the performance benchmarks of increasing fruit and vegetable consumption, physical activity levels and the proportion of Aboriginal and Torres Strait Islander adults in the healthy weight range.

51. 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 lifestyles and chronic disease; (3) support lifestyle and risk

¹¹ Australia: The Healthiest Country by 2020; Preventative Health Taskforce.

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 National Partnership Agreement on Preventative Health builds on the COAG's existing Australian Better Health Initiative which was announced in Nov 2006. 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.

52. Stakeholder engagement

Stakeholder-External	Activity	Engagement Strategy
Queensland Aboriginal and Torres Strait Islander Health Council	Conduct regular meetings as required and generate an activities calendar to integrate campaign messages into events, newsletters etc.	Build on existing partnership at state and local level to leverage off activities to deliver campaign messages
Organisations undertaking chronic disease related initiatives: <ul style="list-style-type: none"> • Queensland Public Health Forum • Divisions of General Practice • -Heart Foundation • -Diabetes Qld • -Cancer Council Qld • -Fruit and vegetable industry 	Regular meetings/workshops to establish engagement in campaign messages	Build on existing partnership at state and local level to leverage off activities to deliver campaign messages
Stakeholder-Internal	Activity	Engagement Strategy
Regional Health Services	Use established networks and meetings	Consultation and implementation of Service Agreements and Health Promotion Plans
Nutrition, Physical activity 7 ATODs workforce	Use established networks and meetings	Consultation and implementation of strategies

53. Risk Identification and Management

Risk	Level	Mitigation Strategy	Responsibility/
Competing demands and priorities for health workers	- Medium	The coordination of activities is articulated in the Service Agreement	Manage through QAIHC network communication channels
Community priorities and issues	- Medium	QAIHC provide adequate support for health workers	Manage through QAIHC relationships
Lack of available staff to support the campaign in remote communities	- Medium	QAIHC to monitor staffing and resources & provide adequate support for health workers	Manage through QAIHC relationships
QAIHC unable to deliver the project	High	Alternative external provider identified. Queensland Health allocate staff and resources to manage the project	Queensland Health PHD

54. Evaluation

Evaluation type	Proposed method
Process	<ul style="list-style-type: none"> Community health worker consultation on content and cultural appropriateness Feedback processes from workers and participants Feedback from the mainstream workers involved in the program delivery
Impact	Pre and post intervention surveys indicate raised appreciation of why lifestyle change should be an urgent priority in ATSI populations;
Outcome	<ul style="list-style-type: none"> Increase awareness of the link between chronic disease and lifestyle risk factors (poor nutrition, physical inactivity, unhealthy weight) in ATSI populations; Generate more positive attitudes towards achieving recommended changes in healthy eating, physical activity and healthy weight in priority ATSI populations; and Generate confidence in achieving the desired changes and appreciation of the significant benefits of achieving these changes in ATSI populations. Increases in physical activity and healthy eating for target group

55. **Infrastructure:** Queensland Aboriginal and Torres Strait Health Council work directly with community controlled health services and has the existing infrastructure and funding arrangements with Queensland Health to establish and implement these additional activities.

56. Deliverables

Deliverable and milestones	Due date
(i) Implementation Plan submitted to Deputy Premier Qld for approval	March 2010
(ii) Approval of Implementation Plan Federal Minister for Health	July 2010

(iii) Service agreements in place	August 2010
(iv) Roll out of Activity	Septmeber 2010
(v) Monitoring and evaluation	July 2011, 2012, 2013

57. **Responsible officer and contact details:** Marianne Zangari, Senior Health Promotion Officer, Queensland Health, GPO Box Health Promotion Branch, 2368 Fortitude Valley BC Qld 4006; Ph (07) 3328 9249; Fax (07) 382266133.

58. **Activity budget:**

Expenditure item	Year 1	Year 2	Year 3	Total
(i) *Expenditure items will be finalised in Service Agreements				
(ii) Health worker workshop Measure Up briefings	\$2000	\$2000	\$2000	\$6000
(iii) Health Promotion Coordinator	\$80,500	\$80,500	\$80,500	\$241,500
(iv) Additional resource development and mailing	\$30,000	\$30,000	\$30,000	\$90,000
(v) Program delivery – expenses related to venue hire, promotion, signage	\$30,000	\$30,000	\$30,000	\$90,000
(vi) Travel	\$7,500	\$7,500	\$7,500	\$22,500
(vii) Evaluation		\$6,000	\$12,000	\$18,000
TOTAL	\$150,000	\$156,000	\$162,000	\$468000

59. **Activity 4. Extend the reach of campaign messages and promote programs to risk groups and the broader community through coordinated public relations and health promotion activities across partner NGOs delivered by a lead NGO (ie. Heart Foundation Qld, Diabetes Qld) following a tender process.**

60. **Overview: Activity 4.**

A tender process will be established for NGOs or affiliated organisations of the Queensland Public Health Forum (QPHF) to deliver a public relations and health promotion program to support the national social marketing campaign. The tender will allow a consortium of NGOs to deliver public health and health promotion Measure Up activities, coordinated by a lead NGO.

The QPHF is a formal collaborative working arrangement between a number of agencies that have an interest in public health in Queensland. Membership includes representatives from local government, non-government organisations, professional associations, the university sector, primary health care and Indigenous health. State and Commonwealth government departments are also members of the QPHF but will not qualify to tender.

The successful tender/s will develop a strategic public relations and health promotion plan that complements the national social marketing campaign and initiatives and links to QPHF member's events and activities held in rural, remote and metropolitan communities. The QPHF NGO sector have well established links with regional and remote media outlets and can negotiate 'value ad' community service announcements on local radio and television and. placement in regional press. The activity will focus on using 'local people – local

stories' as Measure Up spokespersons, using their own experience to encourage 'what' people have to do and 'how' small changes can improve their health. NPAPH funding will be used to fund a position in an NGO to coordinate activities with NGOs and Regional Health Services and promote and implement the activities.

61. Outputs :

Outputs	Quantity	Quality	Timeframe
<p>Through a competitive tender process, fund an NGO or alliance to work across all relevant NGOs to provide public relation and health promotion activities to support national and state-wide social marketing campaigns on behalf of a number of NGOs activities include:</p> <ul style="list-style-type: none"> • Local media spokespeople to reinforce Measure Up messages • Distribution of media releases • Publicity through local publications • Events toolkit for local events around health days/weeks • (Heart Health Day, Diabetes Week etc) 	<p>Develop a public relations/health promotion plan that aligns with the national social marketing campaign advertising and public relations plans & includes an events calendar and template press releases adapted from those developed in the Measure Up campaign.</p>	<p>Key performance indicators fit with campaign objectives & outcomes; develop a public relations/health promotion plan that aligns with the national social marketing campaign advertising and public relations plans.</p>	<p>September 2010</p>
<ul style="list-style-type: none"> • Establish a Service Agreement with the NGO/NGO consortium 	<p>Complete a Service Agreement that is updated annually</p>	<p>Service Agreement that complies with Qld Health purchasing policy and reflects the objectives and deliverables of this activity</p>	<p>September 2010</p>
<p>The NGO will work with Regional Health Services and NGOs to plan coordination of local events, activities and programs</p>	<p>Develop an events calendar detailing local promotional opportunities.</p>	<p>Incorporates events across all jurisdictions</p>	<p>September 2010 ongoing 2013</p>
<p>Queensland Health will support NGOs to provide consistent messages and promote campaigns through phone help lines, printed resources, websites etc</p>	<p>Lead NGO to establish workshops to encourage consistent approaches and integration of key messages</p>	<p>Monitor campaign messages outputs</p>	<p>September 2010 ongoing 2013</p>
<p>NGO will market campaign resources and materials and distributed to partner organisations.</p>	<p>As per Service Agreement</p>	<p>Monitor resource outputs</p>	<p>September 2010</p>

62. Outcomes

Activities	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
<ul style="list-style-type: none"> • Fund an NGO or alliance to work across all relevant NGOs to provide public relation and health promotion activities to support national and state-wide social marketing campaigns on behalf of a number of NGOs. Activities include: • Local media spokespeople from to reinforce MeasureUp messages based on their own experience • Distribution of media releases • Publicity through local publications • Events toolkit for local events around health days/weeks (Heart Health Day, Diabetes Week etc) 	<p>Tendering process establishes lead NGO to coordinate health promotion/public relations activities</p> <ul style="list-style-type: none"> • Local media spokespeople established and is a credible source to motivate and encourage people to make small changes • Achieving statewide coverage of MeasureUp stories in local community press, radio and print media that encourage people to attend local MeasureUp events/activities and promotions. Local stories • High number public relations opportunities through local events around health days/weeks 	<p>Performance indicators are met</p> <ul style="list-style-type: none"> • Media spokesperson has effective cut through and credible reference for campaign messages • Press articles, radio and TV interviews in local media a source of information for • Pre- publicity influences attendance at events etc and has intended effect 	<p>The evaluation shows all objectives have been met</p> <p>Evaluations indicate target group identifies with media spokesperson and have been motivated to make changes to improve their health.</p> <p>Evaluations show press articles and events were motivating factors towards behaviour change</p>
<p>The NGO will work with Regional Health Services to plan coordination of local events, activities and programs</p>	<p>Local events, activities and programs raise awareness of the campaign messages</p>	<p>Local events, activities and programs motivate and influence target group to change behaviour</p>	<p>Target groups continue to participate in local activities and programs & move towards sustained behaviour change</p>
<ul style="list-style-type: none"> • Queensland Health will support NGOs to provide consistent messages and to promote campaigns through phone help lines, printed resources, websites etc 	<p>Messages integrated into systems, phone support lines, resources and websites</p>	<p>High recognition and recall of Measure Up, Go for 2&5[®] messages & physical activity</p>	<p>Messages resonate with target group and encourage behaviour change</p>
<ul style="list-style-type: none"> • NGO will market campaign resources and materials and distributed to partner organisations. 	<p>Partner organisation promote campaign messages and materials</p>	<p>Target groups have high recognition of campaign materials and resources</p>	<p>Campaign resources and materials contribute to influencing target groups to appreciate why behaviour change is a</p>

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63. Rationale

Of the four QPHF key public health priorities, two focus on enhanced collaborative action on physical activity; food and nutrition through the implementation of the key strategies. *Eat Well Queensland* and *Be Active Queensland* are key initiatives that have been developed and implemented by the Forum Implementation Working Group. *Eat Well Queensland 2009-2012: Smart Eating for a Healthier State* is the first Queensland whole of population strategy to address food and nutrition issues that progressed collaboratively by the Forum.

The Queensland Public Health Forum Food and Nutrition Working Group has been established to progress the work of the Forum. The role of the working group is to:

- provide advice on priority public health nutrition and food issues to the Queensland Public Health Forum
- provide a forum for building partnerships and consultation in relation to public health nutrition and food with various sectors and organisations in Queensland
- oversee the implementation of *Eat Well Queensland*, the Queensland Public Health Food and Nutrition Strategy. The aim of *Eat Well Queensland* is to improve the health and wellbeing of all Queenslanders through better food and nutrition.
- The final version of *Eat Well Queensland* was developed after wide consultation across Queensland, including distribution of a discussion paper and first draft, and stakeholder workshops held in Brisbane and 10 regional centres.
- *Eat Well Queensland 2002-2012: Smart Eating for a Healthier State* was endorsed by the Queensland Public Health Forum in June 2002. [summary]
- In 2008, a comprehensive mid-point review of the *Eat Well Queensland* strategy was conducted, addressing achievements so far and produced the report *Eat Well Queensland: Are we half way there yet? Mid-Point Implementation Review Summary of Findings*.
- *Eat Well Queensland 2009-2012: Smart Eating for a Healthier State*. QPHF Implementation Plan identifies the actions, performance indicators and timeframes required to implement the *Eat Well Queensland* strategic framework until 2012 and is based on the recommendations outlined in the mid-term evaluation.

The Queensland Public Health Forum (QPHF) has identified Physical Activity as a priority issue for action and has subsequently developed the *Active Living Strategic Statement* including the framework for *Be Active Queensland*. This strategic statement considers the evidence and the consequences of physical inactivity and recommends appropriate actions. *Active Living* acknowledges that to adequately address physical inactivity, interventions need to target both the individual and the built and natural environments.

QPHF and the Active Living Working Group developed and launched a promotion strategy, *Be Active Queensland* in partnership with Queensland Health that was launched in October 2006. Over 1.5 million Queensland householders received a comprehensive *Eat Well Be Active* package that provided information and tips on health eating and physical activity. Evaluations showed the package was informative and prompted people to visit linked websites to learn more about making positive changes to improve their health. Of the 1000 Queenslanders who were surveyed by AC Nielsen, 89% considered it appropriate for the Government to provide this information to the public. Half of them intended to improve their diet, and half intended to be more active.

The following organisations are members of the Queensland Public Health Forum.

- Aboriginal and Torres Strait Islander Partnerships – Dept of Communities
- Australasian Faculty of Public Health Medicine
- Australian Health Promotion Association
- Cancer Council Queensland
- Department of Health and Ageing
- Diabetes Australia Queensland
- Environmental Health Australia
- General Practice Queensland
- Griffith University
- Heart Foundation
- James Cook University
- Local Government Association of Queensland
- Nutrition Australia
- Public Health Association of Australia
- Queensland Aboriginal and Islander Health Council
- Queensland Council of Social Services
- Queensland Health
- University of Queensland

Members have the infrastructure to expand the reach of campaign messages through their stakeholder groups and membership base. For example:

- Diabetes Australia – Queensland (DAQ) has over 50,000 members, a regular newsletter and a number of programs and events.
- Cancer Council Queensland has a strong membership base across Queensland with offices in Brisbane, Cairns, Townsville, Mackay, Rockhampton, Bundaberg, Maroochydore, Toowoomba, and the Gold Coast. There are opportunities to leverage off the Cancer Council Queensland preventive health programs and events to promote campaign messages.
- The Heart Foundation Queensland has a large membership base and hold monthly public relations events and activities.

This activity builds on the success of the partnership approach taken in the *Eat Well be Active* strategy which proved to be a cost effective, efficient and inclusive approach to delivering credible messages to communities.

64. **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 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 MeasureUp 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 National Partnership Agreement on Preventative Health builds on the COAG's existing Australian Better Health Initiative which was announced in Nov 2006. 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.

65. Stakeholder engagement

Stakeholder-External	Activity	Engagement Strategy
Members of the Public Health Forum	Conduct regular meetings to ensure all agencies are briefed on public relations and health promotion initiatives	Build on existing partnership at state and local level to leverage off activities to deliver campaign messages
Organisations undertaking chronic disease related initiatives: <ul style="list-style-type: none"> • Divisions of General Practice • Heart Foundation • Diabetes Qld • Cancer Council Qld • Fruit and vegetable industry • LGAQ Nutrition Australia	Regular meetings/workshops to establish engagement in public relations activities	Build on existing partnership at state and local level to leverage off activities to deliver campaign messages
Stakeholder-Internal	Activity	Engagement Strategy
Regional Health Services	Use established networks and meetings	Consultation and implementation of Service Agreements and Health Promotion Plans
Nutrition, Physical activity & ATODs workforce	Use established networks and meetings	Consultation and implementation of strategies

66. Risk Identification and Management

Risk	Level	Mitigation Strategy	Responsibility/
The functions of the Queensland Public Health Forum are likely to change	- Medium	Manage through participation in reviews currently being undertaken around the structure and role of QPHF; The Service Agreement is with one NGO affiliated with the forum	Health Promotion Unit
Lack of consensus on strategies and public relations activities	- Medium	The health promotion – public relations plan is aligned with the national campaign activities and demonstrates integration with stakeholder events and activities; strategies are supported by an evidence base; member groups sign off on plan.	Manage through QPHF network communication channels
QPHF have competing priorities or projects	- Medium	- Roles and responsibilities clearly defined in agreements - Representatives regularly network and agree on timelines	- Health Promotion Unit
NGO unable to deliver project	High	Queensland Health utilises University networks to outsource the project	Queensland Health

67. Evaluation

Evaluation type	Proposed method
Process	<ul style="list-style-type: none"> • The number of public relations events and activities generated • The number of press releases, feature articles, profiles issued and the uptake of articles by media outlets • The number of events involving the spokes person/s
Impact	-Pre and post intervention surveys indicate raised appreciation of why lifestyle change should be an urgent priority in populations; -Generates media interest

Outcome	<ul style="list-style-type: none"> • Measured through yearly omnibus surveys • Increase awareness of the link between chronic disease and lifestyle risk factors (poor nutrition, physical inactivity, unhealthy weight) in populations; • Generate more positive attitudes towards achieving recommended changes in healthy eating, physical activity and healthy weight in priority populations; and • Generate confidence in achieving the desired changes and appreciation of the significant benefits of achieving these changes in at risk populations. • Increases in physical activity and healthy eating for target groups
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68. **Infrastructure:** The successful NGO has links with and can leverage off networks, relationships and working groups in the QPHF.

69. Deliverables

Deliverable and milestones	Due date
(i) Implementation Plan submitted to Deputy Premier Qld for approval	March 2010
(ii) Approval of Implementation Plan Federal Minister for Health	July 2010
(iii) Tender proposal in place	June-July 2010
(iv) Roll out of Activity	August 2010
(v) Monitoring and evaluation	2011, 2012, 2013

70. **Responsible officer and contact details:** Marianne Zangari, Senior Health Promotion Officer, Queensland Health, GPO Box Health Promotion Branch, 2368 Fortitude Valley BC Qld 4006; Ph (07) 3328 9249; Fax (07) 382266133.

71. Activity budget:

Expenditure item	Year 1	Year 2	Year 3	Total
(i) *The budget will be revised depending on whether a consortium of NGOs will deliver this project.				
(ii) Project Officer position A06	\$78,700	\$78,700	\$78,700	\$236,100
(iii) Integration of MeasureUp branding into NGO resources	\$20,000	\$20,000	\$15,000	\$55,000
(iv) Promotional events, equipment hire, signage etc.	\$40,000	\$40,000	\$40,000	\$120,000
(v) Advertising including mail outs of resources	\$100,000	\$100,000	\$105,000	\$305,000
(vi) Travel	\$11,300	\$11,300	\$11,300	\$33,900
TOTAL	\$250,000	\$250,000	\$250,000	\$750,000

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

72. 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

73. The State is responsible for all aspects of program implementation, including:
 - fully funding the program, after accounting for financial contributions from the Commonwealth and any third party;
 - completing the program in a timely and professional manner in accordance with this Implementation Plan; and
 - 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.
74. 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

75. 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.

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- 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.
76. 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.
77. The performance reports are due within two months of the end of the relevant period.