

# Implementation Plan for Social Marketing: Measure Up

## 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 [Social Marketing Initiative](#) provides funding to support implementation of healthy lifestyle programs for adults at key life stages and risk groups including: people from low socio-economic status backgrounds; people living in rural and remote areas; people from non-English speaking backgrounds; and Aboriginal people.
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 **South Australia**, represented by **the Minister for Health** (known as the Parties to this Implementation Plan).
5. This Implementation Plan may be varied by written agreement between authorised delegates.
6. This Implementation Plan will cease on completion 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. 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

8. The maximum financial contribution to be provided by the Commonwealth for the **Social Marketing Initiative** is **\$1.353 M**.
9. 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) Year 1: 2010/11	July 1 <sup>st</sup> 2010	\$451k
(ii) Year 2: 2011/12	July 1 <sup>st</sup> 2011	\$451k
(iii) Year 3: 2012/13	July 1 <sup>st</sup> 2012	\$451k

Notes:

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

## OVERALL BUDGET

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

**Table 2: Overall program budget (\$ million)**

Expenditure item	Year 1	Year 2	Year 3	Total
<b>Activity 1:</b> Encouraging and supporting organisations and staff who work with the South Australian Aboriginal community to integrate campaign messages into organisational practice and programs and extend the campaign messages into the broader community.	<b>\$119,300</b>	<b>\$116,000</b>	<b>\$118,000</b>	<b>\$353,300</b>

**Activity 2:**

Increasing access and reach across the South Australian community through:

- services and programs whose role provides the opportunity to promote the Measure Up campaign within their work eg Do It For Life lifestyle modification program; \$141,000
  - Mail-out packages to all private households in Metropolitan Adelaide; \$266,000  
*and*
  - Small grants to support community activities. \$278,000
- \$685,000**

**Activity 3:**

Complementary communications activity in regional South Australia including:

- Mail-out packages to all private households in regional South Australia (including contact details of programs and services) \$190,700
  - Targeted community education with rural communities. \$69,000
- \$55,000**
- \$314,700**

<b>TOTAL</b>	<b>\$451,000</b>	<b>\$451,000</b>	<b>\$451,000</b>	<b>\$1,353,000</b>
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Notes:

12. Having regard to the estimated costs of program and associated activities specified in the overall program budget, the State will not be required to pay a refund to the Commonwealth if the actual cost of the program is less than the agreed estimated cost. Similarly, the State bears all risk should the costs of the program and/or a project(s) exceeds the estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the State to deliver projects cost-effectively and efficiently.

## PROGRAM OVERVIEW AND OBJECTIVE

13. Social Marketing Initiative
14. The objective in the Social Marketing Initiative is to encourage South Australians, in particular Aboriginal, rural and those with identified chronic disease risk factors 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.
15. Social Marketing Initiative is inclusive of the following activities:
  - Activity 1:** Encouraging and supporting organisations and staff who work with the South Australian Aboriginal community to integrate campaign messages and materials into organisational practice and programs and extend the campaign messages into the broader community.

- Activity 2:** Increasing access and reach across the South Australian community through:
- services and programs whose role provides the opportunity to promote the Measure Up campaign within their work eg Do It For Life lifestyle modification program;
  - Mail-out packages to all private households in Metropolitan Adelaide; *and*
  - Small grants to support community activities.
- Activity 3:** Complementary communications activity in regional South Australia including:
- Mail-out packages to all private households in regional South Australia (including contact details of programs and services)
  - Targeted community education with rural communities.

Each of these activities will operate alongside and complement other elements of the NPAPH including Healthy Workers, Healthy Communities, Healthy Children as well as the National Partnership Closing the Gap in Indigenous Health Outcomes. SA's major focus under the NPAPH Healthy Children initiative, the Obesity Prevention and Lifestyle (OPAL) program, involves extensive social marketing to children and families regarding healthy eating and physical activity. SA also intends to continue to build on and support current state social marketing investment in healthy eating (currently Go for 2&5®) and physical activity (*be active*).

In order to maximise our critical mass, reach and sustainability throughout and beyond the NPAPH funding period, this plan has a strong emphasis on:

- Encouraging and supporting the engagement of organisations and staff who are working in disadvantaged and vulnerable communities and running primary prevention and lifestyle modification programs;
- Linking this component of the NPAPH to the existing funding priorities within SA Health; *and*
- Leveraging off existing statewide infrastructure, relationships and communication channels.

Please note the timelines and budget set out in this document are (with negotiation) subject to change:

- given the extensive workload arising out of the entire NPAPH and SA Health's in kind staffing capacity;
- once national advertising dates are confirmed; *and*
- once the Healthy Workers Implementation Plan is agreed, possibly providing an ideal opportunity to link social marketing to workplace initiatives.

In addition, the budget assumes unrestricted access to Measure Up (including the Tomorrow People and CALD) resources to support state activities. Both the increased promotion of materials and the statewide mailout to every household are likely to result in orders far in excess to those required in previous years.

16. The senior contact officer for this program is:

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## ACTIVITY DETAILS

17. **Activity 1:** Encourage and support organisations and staff who work with the South Australian Aboriginal community to integrate campaign messages into organisational practice and programs and extend the campaign messages into the broader community.

### Overview:

This activity will encourage and support organisations and staff who work with the South Australian Aboriginal community to integrate campaign messages and materials into organisational practice and programs and extend the campaign messages into the broader community. This will enhance access to information on preventative lifestyle risk factors for South Australia's Aboriginal population and contribute to increasing community knowledge, skills and positive behaviours towards healthier lifestyles.

A project officer will be appointed to work with relevant organisations and members of South Australia's Aboriginal community regarding their capacity to integrate the social marketing campaign messages and materials - Measure Up, Tomorrow People, Go for 2&5® and be active – into their practice. Workshops with staff in relevant organisations will facilitate learning and sharing of information and ideas to support the integration of campaign messages and materials, and contribute to building the capacity of organisations for the longer term.

This activity will link with relevant existing and new initiatives funded through SA Health as well as through related NPAPH Agreements for: Healthy Communities and the Closing the Gap in Indigenous Health Outcomes agreement. In addition, opportunities to link Activity one with OPAL communities with a high Aboriginal population will be explored under the Healthy Children's initiative.

18. **Outputs:**

Outputs	Quantity	Quality	Timeframe
<p><b>Phase one: Establishment</b> Job and person specification for project role developed in partnership with Aboriginal Health Division Department of Health (DH) and in liaison with the Aboriginal Health Council SA. Recruit project officer to support workforce development.</p>	Proposed 0.8 FTE for 3 years (to be negotiated with key stakeholder organisations)	Recruitment process adheres to SA Health's HR protocols	By end July 2010
Identify potential stakeholders (government and non-government Statewide and regional organisations and services working to support the Aboriginal community) including relevant existing priority programs	All relevant SA government and community controlled Aboriginal health services are identified. <sup>2</sup>	Utilise mapping of services completed as part of the Aboriginal Health Plan development process. <sup>3</sup>	By end Nov 2010

<p>and initiatives supported by the State government as part of implementing the Eat Well Be Active Healthy Weight Strategy (EWBA)<sup>1</sup></p>	<p>Existing leverage points in relevant state EWBA priority programs identified,</p> <p>Relevant organisations outside the health sector are identified.</p>	<p>Existing data bases utilised.</p> <p>Discussion with project managers and SA Health contract managers for all relevant programs</p> <p>Refine list used to distribute Measure Up materials (126 organisations, based on those listed in the <i>Directory of Aboriginal Services, 3/2/09</i>)</p>	
<p><b>Phase two: Consultation and Distribution</b> Consult with stakeholders to determine opportunities to integrate the Measure up campaign, Tomorrow People, Go for 2&amp;5<sup>®</sup> and <i>be active</i> messages and materials as part of organisational practice and current services.</p> <p>Identify and respond to the suitability of existing materials (including literacy levels and cultural appropriateness).</p> <p>Identify and respond to the need for additional information and assistance required for staff to integrate the messages and materials into their current programs and practices.</p>	<p>All identified services (100%) are contacted and provided information about the campaigns. Target: All organisations are contacted in year 1; with new organisations targeted thereafter as required.</p> <p>All services are invited to participate in annual workshops (information and discussion sessions) designed to encourage and support staff to use and build on campaign messages and materials as part of their organisational practice and work with communities.</p> <p>80% of organisations participate in</p>	<p>Culturally sensitive community consultation processes are used</p> <p>Relevant information needs and discussion topics are identified</p> <p>Culturally appropriate workshop strategies are used and good practice modelled eg water as the drink of choice and reducing sedentary behaviours.</p>	<p>Commencing February 2011</p> <p>Commencing March 2011</p>

<sup>1</sup> 'Priority programs' are those SA Health has funded regional health services to implement to promote healthy eating, physical activity and healthy weight – <http://www.health.sa.gov.au/pehs/branches/health-promotion/eatwellbeactivepriorities2006-2010-pehs-sahealth-091218.pdf>

<sup>2</sup> The Aboriginal Health Council SA has 19 members <http://www.ahcsa.org.au/our-members/>, accessed 17 January 2010.

<sup>3</sup> Health sector Aboriginal; specific services and programs are currently being mapped as part of developing the State Aboriginal health care plan.

<p>Work with key stakeholders (eg Aboriginal Elders Council) and existing models (eg Social Inclusion Unit Ambassador for Youth) to identify potential community role-models who might champion the campaign messages.</p>	<p>workshops</p> <p>Mailing list is refined; a plan to distribute resources is finalised; and information distributed according to the plan</p> <p>Two champions identified</p>	<p>Role models are supported to understand the links between behaviour and chronic disease risk factors; and to effectively communicate key information.</p>	<p>Commencing December, 2010</p>
<p><b>Phase three: Engagement and Integration</b></p> <p>Develop and conduct an annual series of workshops (information and discussion) with stakeholder organisations to:</p> <ul style="list-style-type: none"> <li>• raise awareness of and understanding about the campaign key messages</li> <li>• increase staff knowledge about the links between waist girth and risk factors for chronic disease</li> <li>• encourage staff to consider how to communicate to clients and the broader Aboriginal community the significant benefits of making lifestyle changes</li> <li>• encourage organisations and staff to adopt and role model healthy lifestyle behaviours</li> </ul>	<p>Organisations attend workshops. Participation in workshops by:</p> <p>a) Health sector and OPAL: Year 1, 75%; Year 2, 85%; Year 3, 90%.</p> <p>b) Other government stakeholders including Education, Families and Communities, Recreation and Sport: Year 1, 25%; Year 2, 35%; Year 3, 50%.</p> <p>Other opportunities for support and integration of approaches arising through other NPAPH agreements including: Healthy Workers, Healthy Communities, Healthy Children, Closing the Gap in Indigenous Health Outcomes are identified.</p>	<p>Workshops are accessible to staff in regional and metropolitan areas</p> <p>Information and support strategies are reviewed and refined</p> <p>Organisations and staff are satisfied with support provided</p>	<p>Iterative and ongoing Years 1, 2 and 3</p>

	An iterative process is implemented to account for staff turnover, introduction of new messages, emerging research (National and State).		
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19. **Outcomes:**

<p><b>Activities</b> <i>(Phases are inter-related in order to account for different readiness to engage)</i></p>	<p><b>Short Term Outcomes</b> <i>Anticipated timeframe Years 2 &amp; 3: 2011-2013</i></p>	<p><b>Medium Term Outcomes</b> <i>Anticipated timeframe Year 4: 2013-2014</i></p>	<p><b>Long Term Outcomes</b> <i>Anticipated timeframe 2014-2015</i></p>
<p><b>Phase one: Establishment</b></p> <p><b>Phase two: Consultation and Distribution</b></p> <p>Relevant organisations working with South Australia’s Aboriginal community are appropriately consulted regarding their capacity to integrate the social marketing messages and materials - Measure Up, Tomorrow People, Go for 2&amp;5® and <i>be active</i> – into their practices, programs and services.</p> <p><b>Phase three: Engagement and Integration</b></p> <p>Workshops are planned and implemented to support workers to understand, integrate and support the key lifestyle behaviour messages in their organisations, as individuals and as workers supporting community members</p>	<p>A detailed Project Plan is agreed between funding body and Aboriginal Project Officer host agency.</p> <p>Organisations that work with Aboriginal communities are identified and informed through initial contact about the campaign aims and messages – to both reinforce the “why” (make behaviour changes) and provide strategies for the “how” (practicalities of what to change and how)</p> <p>Increased staff awareness about the campaigns and community education resources available</p> <p>Increased staff awareness of campaign key messages; why behaviour change is needed and what behaviours will reduce risk factors for chronic disease</p> <p>All relevant organisations and staff are provided with campaign community education resources.</p> <p>Consistent messages around chronic disease prevention and management are communicated through</p>	<p>Increased understanding of campaign messages by workers who support the Aboriginal community</p> <p>Increased demand by organisations and staff working with Aboriginal communities for campaign materials and support.</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>Stakeholder organisations adopt policies and practice to promote healthy eating and physical activity in line with campaign messages.</p> <p>State-based role models are identified and actively support initiatives and messages</p>	<p>Aboriginal adults understand the increased risks associated with poor diet and inactivity</p> <p>Aboriginal adults understand the benefits associated with making small incremental lifestyle changes</p> <p>Aboriginal adults aged 25-55 have increased motivation, enhanced confidence and increased intention to make positive lifestyle changes</p> <p>Positive impact on social norms in organisations and the community that support healthy eating and physical activity</p>

	SA Health funded initiatives.		
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## 20. Rationale:

In response to the high incidence and prevalence of chronic disease and associated lifestyle related risk factors in the Aboriginal population, high priority has been placed on this activity within the Social Marketing initiative. We consider that the investment in an Aboriginal Social Marketing Project Officer will build capacity across a range of organisations; providing a strong foundation on which to leverage linkages with other components of the NPAPH and related State- based initiatives both in the short and longer term.

Evidence indicates that a dedicated Aboriginal position “*contributes advocacy and cultural brokerage skills, enables services to improve access and follow for Aboriginal clients, assists with identifying culturally appropriate materials for health education purposes and provides an advocate and role model who can increase the capacity of others to work with Aboriginal people.*”<sup>4</sup>

Activities focussed on Aboriginal South Australians through the Social Marketing initiative will be aligned with other National Partnership initiatives and integrated with existing and future healthy lifestyle initiatives that are part of Closing the Gap reforms or are proposed as part of the (draft) SA Aboriginal Health Care Plan eg.

- The **Aboriginal Well Health Checks Program** to assist Aboriginal Australians to better manage their own health will be further supported in SA by providing better access to Aboriginal Well Health Checks across metropolitan and rural areas. These health checks will involve a team of health professionals who will provide comprehensive physical and social health and wellbeing health assessments and health information, and access to recall and referral services for Aboriginal populations in rural, remote and metropolitan locations. This will assist with earlier detection of disease and illness, ensuring that immunisations are current, and improve monitoring and management.
- **Aboriginal Family Wellness Groups** will be based in regional Aboriginal health services to assist in engaging with Aboriginal individuals, families and communities, aiming to improve the engagement, trust and participation between Aboriginal South Australians and health service providers by promoting health literacy, early intervention, prevention and early detection of disease. This new initiative will be facilitated by designated Aboriginal Family Wellness Group Coordinators who will lead and facilitate discussions with the community and in collaboration with elders and elder groups and peers.
- **Aboriginal Health Worker Training:** SA Health, with part-funding through the Australian Better Health Initiative, has funded the University of South Australia to develop a brief in-service training program to enhance the knowledge and skills of Aboriginal Health Workers across South Australia to promote good nutrition, adequate physical activity and healthy weight among Aboriginal people. This project is due to be completed in October 2010. A Project Reference Group with representatives from SA Health regions and the Aboriginal Health Council has provided advice throughout the project. It is envisaged that the delivery of the Social Marketing Implementation Plan Activity 1 can build on learnings from this training initiative to facilitate the integration of campaign messages into organisational practice and programs and extend the campaign messages into the broader Aboriginal community.

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<sup>4</sup> International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy, 2006.

21. **Contribution to performance benchmarks:**

The Measure Up and Tomorrow People campaigns will raise appreciation of why behavioural change is necessary, illustrating that the benefits of lifestyle change can mean a longer, healthier, better quality of life with a lower risk of chronic disease. The campaigns also include information on what people need to do and how they can do it which will be further strengthened by healthy eating and physical activity messages using State campaign materials and related initiatives including: Go for 2&5® and the Aboriginal *be active* campaigns. This 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:**

The National Partnership Agreement on Preventative Health builds 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.

The Social Marketing: Measure Up initiative is one of many strategies being used to meet both state and national targets and it aligns with a number of state and national policy directives such as:

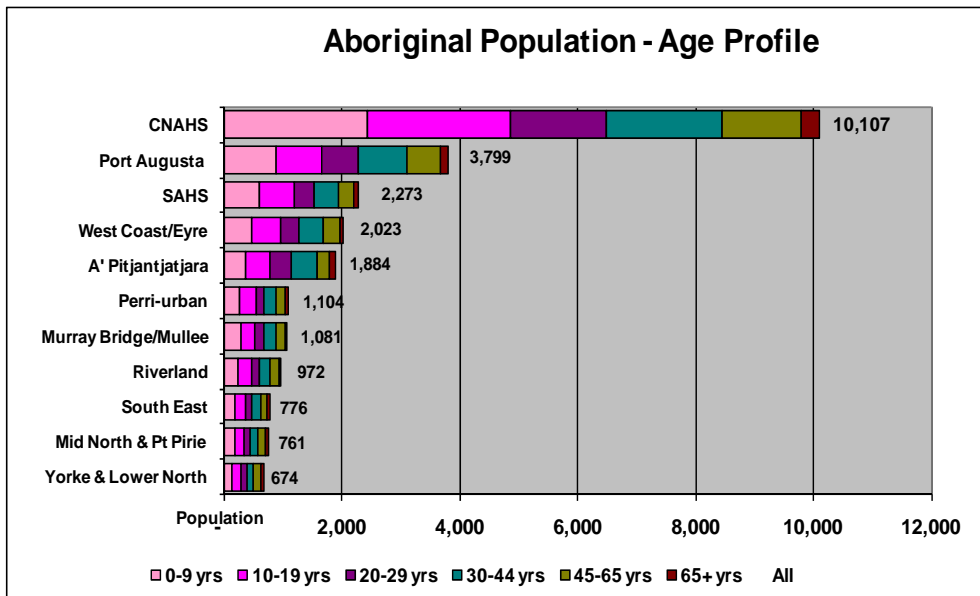
- South Australia's Strategic Plan (2007) targets including:
  - T2.2 Healthy Weight: increase the proportion of South Australians 18 and over with healthy weight by 10 percentage points by 2014
  - T2.5 Aboriginal Healthy Life Expectancy: lower the morbidity and mortality rates of Aboriginal South Australians
  - T2.3 Sport and Recreation: to exceed the Australian average for participation in sport and physical activity by 2014
- Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010
- Physical Activity Strategy for South Australia, SA Public Health Nutrition Action Plan
- Eat Well Australia: an Agenda for Action for Public Health Nutrition 2000-2010
- Be Active Australia.

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

The target group for this initiative is the South Australian Aboriginal population in both metropolitan and regional South Australia.

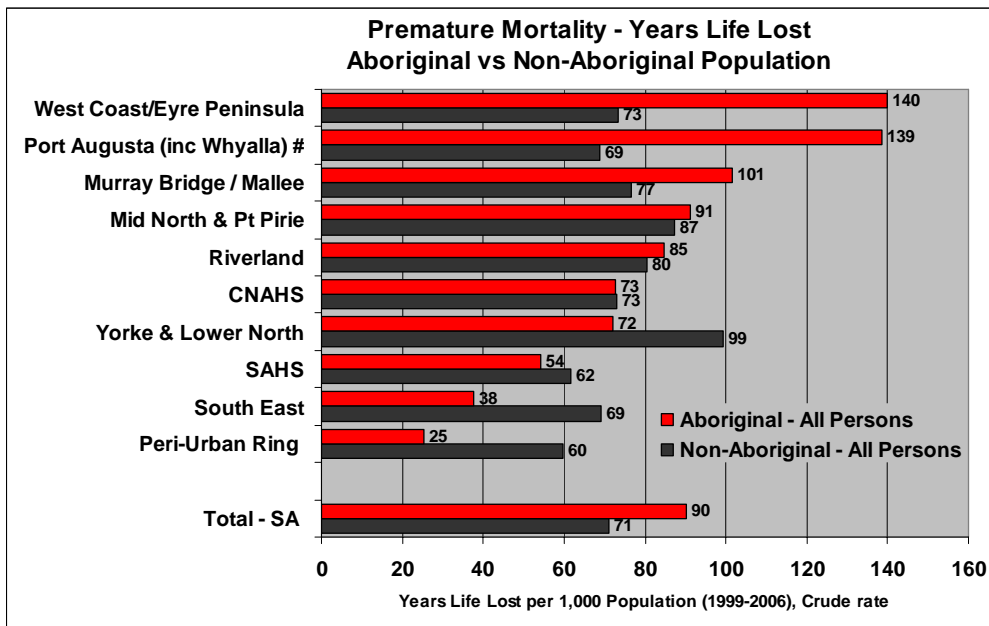
As indicated in Figure 1 below, the majority of the urban Aboriginal population live in metropolitan Adelaide (Central Northern Adelaide Health Service (CNAHS) and Southern Adelaide Health Service (SAHS)). In rural South Australia, Port Augusta, the West Coast and Eyre Peninsula have the highest numbers of Aboriginal people. (The northern part of Adelaide (CNAHS) and Port Augusta combined account for 55% of SA's Aboriginal population).

**Figure 1: Aboriginal Population Age Profile**



Source: SA Burden of Disease study, 1999 - 2006

**Figure 2: Premature Mortality- Years of Life Lost, Aboriginal vs Non-Aboriginal Population**



Source: SA Burden of Disease study, 1999 - 2006

# Includes data for APY Lands in SA's northwest.

Premature mortality for Aboriginal persons is 27% more than for the non-Aboriginal population. In Port Augusta and the West Coast/Eyre Peninsula Aboriginal premature mortality is twice that of the non-Aboriginal population (Figure 2).

24. **Stakeholder engagement:**

<b>Stakeholders</b>	<b>Engagement Strategy</b>
Council of Aboriginal Elders	<ul style="list-style-type: none"> <li>○ Seek one-to-one meetings through Project Officer and SA Health personnel, leveraging off existing networks and relationships.</li> <li>○ Formally seek Aboriginal Health Council's support for this initiative.</li> </ul>
Aboriginal Health Council	<ul style="list-style-type: none"> <li>○ This section is subject to acquisition processes.</li> </ul>
Aboriginal Health Division, SA Health	<ul style="list-style-type: none"> <li>○ Ongoing consultation and support through Director Briefings and officer level discussions.</li> </ul>
Aboriginal Divisions within SA Health Regions	<ul style="list-style-type: none"> <li>○ Utilise existing governance structures including Healthy Weight Coordination Group and regional Aboriginal Senior Officers' group.</li> <li>○ Build into service agreements with Health Regions 2010-13</li> </ul>
Other government	<ul style="list-style-type: none"> <li>○ Information about the NPAPH is disseminated through existing networks and governance structures including the cross-government Healthy Weight Taskforce.</li> <li>○ Cabinet Note distributed through Cabinet Office to Chief Executives and members of Cabinet.</li> </ul>
Organisations and Staff who work with the SA Aboriginal community	<ul style="list-style-type: none"> <li>○ This is the key responsibility for the Aboriginal Project Officer as described in Section 20 (above). A detailed Project Plan has been identified as a key output and strategy within the risk management plan.</li> </ul>

25. **Risk identification and management:**

<b>Risk</b>	<b>Level</b>	<b>Mitigation Strategy</b>	<b>Responsibility/timeline</b>
High level of funding allocated to targeted population group risks failure to attain overall NPAPH benchmarks	High	Leverage existing effort within SA Health Primary Prevention Plan and Statewide Service Strategy funding priorities to target whole of population objectives.	<ul style="list-style-type: none"> <li>● Michele Herriot, Director, Statewide Service Strategy; and</li> <li>● Health Promotion Branch, <i>Timeline: Ongoing</i></li> </ul>
Key stakeholders are reluctant to participate in process due to competing demands from Closing the Gap in Indigenous Health Outcomes and State priorities.	Medium	<ul style="list-style-type: none"> <li>● Continually engage stakeholders throughout project</li> </ul>	<ul style="list-style-type: none"> <li>● Health Promotion Branch, <i>Timeline: Ongoing</i></li> <li>● Health Promotion Branch <i>Timeline: Ongoing</i></li> </ul>
		<ul style="list-style-type: none"> <li>● Ensure project retains support at the highest level with regular briefings and meetings with key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>● Health Promotion Branch</li> <li>● <i>Timeline: Ongoing</i></li> </ul>
		<ul style="list-style-type: none"> <li>● Leverage opportunities to integrate this work into existing and emerging priorities including the SA</li> </ul>	<ul style="list-style-type: none"> <li>● Health Promotion Branch</li> <li>● , <i>Timeline: Jan – July 2010</i></li> </ul>

		Health Aboriginal Health Care Plan	
		<ul style="list-style-type: none"> <li>Ensure stakeholder issues and concerns are managed in a transparent and timely manner throughout project</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch <i>Timeline: Ongoing</i></li> <li>Aboriginal Project Officer and host agency <i>Timeline: Ongoing</i></li> </ul>
Inadequate identification of organisations whose work already does, or has potential to, promote healthy lifestyles to Aboriginal people	Low	<ul style="list-style-type: none"> <li>Host agency will be required to have existing networks and high level of goodwill already established with the Aboriginal community and funded agencies.</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch <i>Timeline: Jan – June 2010</i></li> </ul>
		<ul style="list-style-type: none"> <li>Statewide Service Strategy will bring this initiative to the attention of key stakeholders through the Healthy Weight cross government Taskforce.</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch <i>Timeline: Jan – Nov 2010</i></li> </ul>
Decrease in level of stakeholder involvement	Low	<ul style="list-style-type: none"> <li>Broaden engagement strategy through other funded initiatives across Statewide Service Strategy and Aboriginal Health Division</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch <i>Timeline: Ongoing</i></li> </ul>
Delays or difficulties in recruitment of a Project Officer	Medium	<ul style="list-style-type: none"> <li>Ensure sufficient time to negotiate Memorandum of Understanding</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch <i>Timeline: Jan – June 2010</i></li> </ul>
		<ul style="list-style-type: none"> <li>Advertise the position widely and provide ongoing support to the Project Officer.</li> </ul>	<ul style="list-style-type: none"> <li>Host agency June <i>Timeline: July 2010</i></li> </ul>
		<ul style="list-style-type: none"> <li>Ensure host agency is clear regarding project deliverables and timeframes which will be set out in an agreed workplan and Memorandum of Understanding.</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch <i>Timeline: Jan – June 2010</i></li> </ul>
Difficulties in retaining staff particularly in the later stages of this project.	Medium	<ul style="list-style-type: none"> <li>Link this initiative to ongoing work funded by SA Health to ensure momentum is maintained and seek to ensure engagement of the auspicing organisation, thus not relying only on</li> </ul>	<ul style="list-style-type: none"> <li>Host Agency</li> <li>Health Promotion Branch <i>Timeline: June 2012 – July 2013</i></li> </ul>

		the project officer.	
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26. **Evaluation:**

<b>Process Indicators</b>	<b>Methodology</b>	<b>Timeframes</b>
1. Number of organisations identified: a) health-related and b) non-health (other) <i>(Establishment Phase)</i>	Monitoring reports as part of funding agreement with host agency.	Six monthly throughout the funding period.
2. Number and proportion of organisations identified that are consulted re their potential to integrate campaign messages and materials as a part of organisational practice and services <i>(Consultation and Distribution Phase)</i>	Documentation of stakeholder discussions by Project Officer.	Ongoing
3. Number of resources distributed <i>(Consultation and Distribution Phase)</i>	Australian government database for Measure Up resources <i>(assumes state level reports are made available)</i>	Ongoing
	SA government database from central distribution agency for be active and 2&5® resources	Ongoing
4. Number of workshops conducted; number of people attending; number and proportion of organisations represented. <i>(Engagement and Integration Phase)</i>	Participant survey satisfaction and knowledge, pre and post workshop.	Commencing Jan 2011
5. Number and proportion of organisations requesting additional resources <i>(Engagement and Integration Phase)</i>	Australian government database for Measure Up resources <i>(assumes state level reports are made available)</i>	Ongoing
	SA government database from central distribution agency for be active and 2&5 resources	Ongoing
6. Number and proportion of organisations reporting a) use of materials b) high satisfaction with materials <i>(Engagement and Integration Phase)</i>	Documentation by Project Officer and may require surveying as part of quality assurance processes.	July 2011 July 2012
7. Number and proportion of organisations that incorporate campaign messages and/ or campaign materials into their	7 & 8. Monitoring reports from host agency as part of Funding and Service Agreement.	Six monthly throughout the funding period.



<p>programs and initiatives. (<i>Engagement and Integration Phase</i>)</p> <p>8. Number of organisations that change organisational practice to integrate Measure Up and Tomorrow People campaigns' messages. (<i>Engagement and Integration Phase</i>)</p>	<p>7 &amp; 8. Independent phone survey conducted by Statewide Service Strategy to participants of the workshops.</p>	<p>July 2011 July 2012</p>
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27. **Infrastructure:** Statewide Service Strategy within SA Health will provide the infrastructure to establish and monitor this initiative.

28. **Implementation schedule:**

**Table 3: Implementation schedule**

Deliverable and milestone	Due date
(i) Implementation plan submitted for SA Government Cabinet approval	1 Feb 2010
(ii) Approval of Implementation plan Federal Minister for Health	April 2010
(iii) Project officer appointed	August 2010
(iv) Project Plan agreed	September 2010
(v) Stakeholders identified and one-to-one meetings commenced	August 2010
(vi) Stakeholder consultations commence	September 2011
(vii) Information and workforce development sessions	October 2010– June 2013
(viii) State-based role models identified	December 2010

Notes:

29. **Responsible officer and contact details:**

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30. **Activity budget:**

See Clause 11 for the total funding to be expended on support for the Measure Up Campaign.

31. **Activity 2:**

Increasing access and reach across the South Australian community through:

- services and programs whose role provides the opportunity to promote the Measure Up campaign within their work;
- Mail-out packages to all private households in Metropolitan Adelaide; *and*



- Small grants to support community activities.

31. **Overview:**

This activity will build on the interest created by the Measure Up Campaign. SA Health will facilitate stakeholder workshops across South Australian metropolitan and rural areas. These will foster linkages between Measure Up and State social marketing initiatives, both current (*be active* and Go for 2&5®) and future.

A network of stakeholders will be developed, involving staff who work with the priority Measure Up campaign target groups including Aboriginal and CALD communities. This will facilitate the provision of support and the sharing of good practice help promote a coordinated approach across the State and contribute to sustainability.

In addition, campaign material will be directly mailed to households, starting with those who are most disadvantaged.

The Department of Health (Statewide Service Strategy) will:

- support regional Healthy Weight Coordinators to facilitate workshops, tailored to regional contexts, that will include information about local programs and services and complement OPAL activities where appropriate.
- distribute community education resources via SA Health’s existing chronic disease prevention and lifestyle modification programs. These include Do it For Life\*, a lifestyle behaviour modification program, that targets adults aged 18 years and over (primarily from vulnerable and disadvantaged populations), to reduce their risk factors for lifestyle related chronic diseases, including nutrition and physical activity.

*\*DiFL includes 38 FTE Lifestyle Advisors/Lifestyle Support officers in the State’s health region.*

32. **Outputs:**

Outputs	Quantity	Quality and Timelines
1. Identify and engage with organisations and workers whose role provides the opportunity to promote the Measure Up campaign within their work	Organisations that received the 2009 Measure Up (ABHI) stakeholder toolkits invited to stakeholder information and discussion sessions (“universal”): these organisations (n=1144) include: <ul style="list-style-type: none"> <li>• SA Health services</li> <li>• Aboriginal health services</li> <li>• Aboriginal education training and employment services</li> <li>• Divisions of General Practice</li> <li>• Non Government Organisations (NGO’s eg Cancer Council, Diabetes SA, Heart Foundation)</li> <li>• Community and Neighbourhood Houses</li> <li>• Community Centres</li> <li>• Previous recipients of</li> </ul>	Existing data bases used and cross referenced <i>Timeline: Commencing July 2010</i>  Data base updated regularly <i>Timeline: Ongoing</i>  Organisations approached via:  Healthy Weight Taskforce, Healthy Weight Coordinating Group, Physical Activity Council <i>Timeline: Commencing September 2010</i>

	<p>Commonwealth Healthy Active Living Grants</p> <ul style="list-style-type: none"> <li>• SA Fruit and Vegetable Coalition Members</li> <li>• SA Nutrition Network</li> <li>• Country Dietitians</li> <li>• Community Health Promotion Officers</li> <li>• Members of the Country Primary Health Care Forum</li> <li>• Healthy Weight Coordinators</li> <li>• Primary Health Care and Public Health Training organisations</li> <li>• Local government</li> <li>• Physical Activity Field Officers</li> <li>• Rural and Remote Health Promotion Facilitators</li> <li>• OPAL Communities</li> <li>• Public Health Association</li> <li>• Health Promotion Units and Centres</li> <li>• SA Dental</li> </ul>	<p>Managers / coordinators of initiatives contacted with information to maximise uptake across services and programs <i>Timeline: January, 2011</i></p> <p>Workshops held across metropolitan and regional areas <i>Timeline: Commencing Sept 2012</i></p> <p>Workshop feedback reflects high levels of satisfaction and usability <i>Timeline: Commencing March 2012.</i></p>
<p>2. Identify and engage with services and programs focussed on: chronic disease prevention and lifestyle modification; CALD communities; other Health Promotion Branch funded initiatives</p>	<p>Targeted information and discussion sessions held for:*</p> <ul style="list-style-type: none"> <li>• Multicultural Communities Council SA and lead member organisations working with Culturally and Linguistically Diverse (CALD) communities; <i>and</i></li> <li>• Chronic disease and lifestyle modification programs including Do It For Life Program Managers, Lifestyle Coordinators and Lifestyle Advisors</li> <li>• Managers and staff of SA Health funded Eat Well Be Active Healthy Weight priority programs.</li> </ul> <p>*Note: targeted sessions for organisations working with the Aboriginal community are held under activity 1. Identification of other distribution and linking opportunities (eg value adding to OPAL community activities)</p> <p>Existing state-wide campaigns including Go for 2&amp;5® and <i>be active</i> are scheduled to</p>	<p>Campaign aims, strategies and messages are integrated into OPAL staff training programs <i>Timeline: Commenced 2009. Ongoing with new staff as appointed</i></p> <p>Campaign messages integrated into DIFL <i>Timeline: Commenced February 2010 and ongoing</i></p>

	<p>complement the National campaign</p> <p>Future State materials to support sub population groups and target segments are informed by research findings and quality assurance processes</p>	
<p>3. Integration of campaign messages as part of relevant existing SA Health and cross government initiatives</p>		<p>The integration of campaign messages the “why” and “how” are included as part of SA Health service agreements with health regions, other government departments and NGO’s <i>Timeline: Commencing April 2010</i></p>
<p>4. Networks established to support workforce through sharing of good practice and ideas exchange and regular newsletter and email communications.</p>		<p>Network established <i>Timeline: November, 2010</i></p> <p>Organisations and workers access and use information provided through the network. Calender updated annually to ensure currency of information <i>Timeline: Ongoing to June 2013</i></p>
<p>5. Overarching statewide communication plan in place over all three strategies includes: workshops, advertising, grants, mail out, network teleconferences, calendar of events and State and national media bursts.</p>		<p>Initial communication Plan in place. <i>Timeline: By July, 2010. Ongoing to maintain up to date</i></p>
<p>6. Small grants to support community activities.</p>	<p>Year 1 – 105 grants</p>	<p>Criteria for grant selection align with Measure Up target and objectives. <i>Timeline: by August, 2010</i></p> <p>First round grants advertised Sept 2010 for implementation where possible to coincide with</p>

	Year 2 – 72 grants	media schedules.  Second round grants advertised July 2011 for implementation where possible to coincide with media schedules.
	Year 3 – 63 grants	Third round grants advertised July 2012 for implementation where possible to coincide with media schedules.
7. Metropolitan Mail Out: NB Mailout will be conducted in two parts due to funding constraints.  <b>Part one:</b> households (low SES, non OPAL) receive a Measure Up package. <b>Part two:</b> Remaining Metropolitan households	All private addresses in non-metropolitan SA, approximately 431,000	Australia Post has a clear system and process to deliver unaddressed mail to private (not business) addresses.  <i>Timeline: Mid 2012</i>

33. **Outcomes:**

<b>Activities</b> <i>(Phases are inter-related in order to account for different readiness to engage)</i>	<b>Short Term Outcomes</b> <i>Anticipated timeframe Year 2 &amp; 3: 2011-2013</i>	<b>Medium Term Outcomes</b> <i>Anticipated timeframe Year 4: 2013-2014</i>	<b>Long Term Outcomes</b> <i>Anticipated timeframe 2014-2015</i>
<b>Consultation and information sharing across related initiatives</b>  Integration of campaign messages and education materials as part of universal health promotion and health care initiatives  Integration of campaign messages and education materials as part of targeted services and programs focused on chronic disease prevention and management  Workshops for universal and targeted health promotion and health care	Increased engagement and commitment across universal and targeted service providers and programs  Target groups have increased access to education materials as part of targeted and universal services and programs  Increased reach to target population groups through integration of the campaign materials with aligned lifestyle modification and chronic disease prevention initiatives	Increased understanding of campaign key messages among relevant health and cross sector staff  Increased understanding across the community that behaviour change can have positive short and long term benefits  Increased capacity of organisations and programs to integrate campaign messages and materials as part of core business  Increased knowledge of and understanding of	More South Australian adults meeting healthy eating and physical activity guidelines  Positive changes to social norms supporting healthy eating and physical activity behaviours and their links with health improvement  Increased number of South Australian adults



- Data from the Department of Immigration and Citizenship Settlement Database indicated that the main languages spoken for migrants arriving in South Australia between 1 July 2003 and 30 June 2008 were Mandarin (n=1,372, 4.8%), African languages (n= 1,358, 4.7%), Dari (n=1,104, 3.8%) and Other (n=6,598, 22.9%).

*Data sources: Social Health Atlas of South Australia (Online) 2008 and Department of Immigration and Citizenship Settlement Database.*

### **Maximising our Critical Mass:**

- In order to maximise our critical mass, reach and sustainability throughout and beyond the NPAPH funding period, this activity has a strong emphasis on:
  - Encouraging and supporting the engagement of organisations and staff who are working with adults at risk of chronic disease to support:
    - People with a lower propensity for making lifestyle changes to better understand the “why” and to provide behavioural support strategies to implement the “how”. Messages will be aligned to individuals’ “stage of change” to maximise impact; *and*
    - Those who are “actively seeking to achieve and maintain healthy behaviours”.
  - Linking this component of the NPAPH to the existing funding priorities within SA Health and all NPAPH initiatives including Healthy Communities and Healthy Workers; and
  - Leveraging off existing statewide infrastructure, relationships and communication channels.
- Whilst a number of initiatives are proposed under this activity, they are linked to foster a change in community norms from a range of perspectives. Not only will we reach more people, but as all the information is consistent (healthy eating and physical activity and chronic disease) it will further build community understanding, awareness and intention to act.
- The combination of approaches at both the:
  - System level - through stakeholder information sessions, workshops and small grant incentives to support the development of complementary activities at local a level); *and*
  - Individual level - through tailored mailouts, is expected to provide information that is relevant to individuals within their community context and makes pathways to positive behaviour change, support strategies and programs easily accessible.

### **Information Sessions**

- Information sessions and workshops will demonstrate the links between the Measure Up, be active and Go for 2&5® campaign messages.
- SA Health has previously held briefings on our social marketing campaigns where we received very positive feedback from organisations that attended. This is a key opportunity to inform organisations about the campaign(s), timing, how they can assist, what we can provide etc. This is about engaging the health sector and other sectors in supporting uptake of the campaign messages.
- SA Health funds 12.5 FTE Healthy Weight Coordinator positions in regional health services across metropolitan and country health regions to provide leadership in collaborative action, engaging key stakeholders to focus on the promotion of healthy weight and the prevention of overweight and obesity. These positions provide a key leverage point to promote Measure Up messages of “why” (chronic disease), “what” (healthy eating and physical activity) and “how” messages (be active and Go for 2&5®).
- Healthy Weight regional staff will support the implementation of activities, including facilitating workshops and networking activities building on existing structures where possible. Workshops



will be timed to precede and follow the Measure Up media schedule and state based campaign schedules. The alignment of strategies is intended to capitalise on community interest generated at peak media times and sustain momentum with follow up information to support pathways for behaviour change.

- A network will be established to support information exchange. The network will build on existing stakeholder relationships and creating relationships with new stakeholders providing a mechanism for the timely dissemination of information and the promotion and sharing of ideas for community action.
- Statewide Service Strategy will also develop support materials to assist stakeholders integrate key messages and approaches thereby strengthening the potential for positively influencing social norms about weight, healthy eating and physical activity.

### **Community Activities:**

- Community based activities will be targeted and tailored for specific population groups. Small grants will be made available to assist community organisations - Multicultural community organisations Community and Neighbourhood Houses and non-government organisations - to integrate key campaign messages and disseminate social marketing information to community members through existing and new initiatives such as shopping and cooking or physical activity events.
- Grant criteria will require recipients to address barriers to healthy eating and physical activity among identified community members and groups. Further raising community wide awareness while also supporting individuals at different life stages and with different health conditions to make positive behaviour changes. Previous small grants in this State have proven an incentive for organisations to take action which often builds on existing action and/or contributes to ongoing action within the organisation. Examples include; seeding grants of \$3,000 to 90 community organisations to support local promotion of fruit and vegetable consumption. Clear guidelines were developed setting out the scope of action required, together with a simple application form. This process will be adapted for the Measure Up grants. *Fruit and Vegetable Grant* recipients reported the initiatives positively affected people's lives at many levels, addressed social isolation, built community capacity, and enhanced learning and skill development.
- SA Health have also successfully funded the uptake of health promotion in schools initiatives through *Health Promoting School and Communities* grants and - *Enjoy Active Living* grants. Evaluation of these initiatives indicated that the provision of small incentive grants:
  - Gave profile and credibility to the issue within the organisation;
  - Created status, prestige and a sense of achievement for the recipients (no matter how small the grant);
  - Fostered a community development approach; *and*
  - Assisted organisations to understand the relationships between the health issues and health outcomes.
- Existing communication channels will be used to promote the grants, for example regular e-bulletins produced by the SA Council of Social Services and SA Health (internal newsletter and Health Promotion Branch e-bulletin).
- Grant recipients will be supported through an electronic network to share ideas, and access additional resources and information to support implementation, monitoring and evaluation.
- Grants will reduce in years 3 and 4 as many adults will be exposed to activities through the Healthy Workers initiative in these years.

### **Direct Mail:**

- Through direct mail, the people of metropolitan South Australia will receive community education material that will raise awareness of the healthy choices that can help protect people from chronic diseases, beginning with physical activity and fruit and vegetable consumption. Tailored information in the package will provide information on local services where follow up information and support can be obtained (eg GP Plus services, GPs, Do It For Life Lifestyle Coordinators). SA Health may “value add” to this strategy by including a range of health promotion materials linked to life stages.
- Mail outs will complement the mass media by providing more detailed information about the campaign messages and links to local supports. The rationale is to reach individuals: we will prepare an additional resource that draws the Measure Up campaign together with the Be Active and Go for 2&5® campaigns and focuses on “what”.
- The intention is to extend our reach to the community to complement our work with community organisations, TV ads and grants. Information on resources available in different languages will be provided.

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

The Measure Up campaign will raise appreciation of why behavioural change is necessary, illustrating that the benefits of lifestyle change can mean a longer, healthier, better quality of life with a lower risk of chronic disease. It also includes information on what people need to do and how they can do it (this is further strengthened by South Australia’s Go for 2&5® and *be active* campaigns). This will contribute to achieving the performance benchmarks of increasing fruit and vegetable consumption, physical activity levels and the proportion of people in the healthy weight range.

### **36. Policy consistency:**

The National Partnership Agreement on Preventative Health builds 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.

The Social Marketing: Measure Up initiative is one of many strategies being used to meet both state and national targets and it aligns with a number of state and national policy directives such as:

- South Australia’s Strategic Plan 2007 targets including:
  - T2.2 Healthy Weight: increase the proportion of South Australians 18 and over with healthy weight by 10 percentage points by 2014
  - T2.3 Sport and Recreation: to exceed the Australian average for participation in sport and physical activity by 2014
  - T2.5 Aboriginal Healthy Life Expectancy: lower the morbidity and mortality rates of Aboriginal South Australians
- SA Health Chronic Disease Strategy
- Physical Activity Strategy for South Australia; SA Public Health Nutrition Action Plan
- Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010
- Eat Well Australia: an Agenda for Action for Public Health Nutrition 2000-2010.
- Be Active Australia.



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

The Measure Up campaign's primary target group is 25-50 year olds who have children. There is a secondary target audience of 45-65 year olds. This includes people from Aboriginal and Culturally and Linguistically Diverse (CALD) populations in both metropolitan and regional South Australia. SA Health's chronic disease prevention and lifestyle modification programs facilitate access to individuals within these target groups.

38. **Stakeholder engagement:**

Stakeholders	Activity	Strategy
Peak bodies, key cross government stakeholders, non-government organisations including Multicultural Communities Council	<p>In relation to all identified target groups identify key contacts and communication channels eg meetings, newsletters</p> <p>Compile a list of contacts</p> <p>Where needed, meet (in person or by telephone) with contacts on a one to one basis to establish prior knowledge of and engagement in the program.</p> <p>Maintain ongoing communication with these key contacts to inform them of key project activities including timelines.</p>	<p>Build on partnerships already developed with Multicultural Communities Council in 2009 to integrate Measure Up campaign throughout the Council's networks.</p> <p>A network will be established to share ideas, and access additional resources and information to support implementation, monitoring and evaluation</p>

Organisations and chronic disease prevention program managers including those from non-government organisations and GPSA (Divisions of General Practice).	Detailed information regarding program delivery, including number of participants.  Updated information on current use of Measure Up campaign community education resources.	Initial consultation has occurred in relation to some of these organisations and programs. Further consultation is required to inform a detailed ordering and distribution plan.
SA Regional Health staff	Key staff to support activities including calendar development, engagement of key organisations.	Consultation with Central Northern Adelaide Health Service and Southern Adelaide Health Service regarding scope of relevant officers and to negotiate this as part of service agreements from 2010.
Communications Division, SA Health	Media planning, resource ordering and distribution.	Initial consultation has occurred in relation to this activity. Further consultation is required and will be ongoing regarding media planning and final resource numbers and distribution.

### 39. Risk identification and management:

<b>Risk</b>	<b>Level</b>	<b>Mitigation Strategy</b>	<b>Responsibility/timeline</b>
Key stakeholders are reluctant to participate due to competing demands from other national and State priorities.	Medium	<ul style="list-style-type: none"> <li>Continually engage stakeholders throughout project</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch, <i>Timeline: Ongoing</i></li> </ul>
		<ul style="list-style-type: none"> <li>Ensure project retains support at the highest level with regular briefings and meetings with key stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch <i>Timeline: Ongoing</i></li> </ul>
		<ul style="list-style-type: none"> <li>Leverage opportunities to integrate this work into existing and emerging priorities including the SA Health Primary Prevention Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch, <i>Timeline: Ongoing</i></li> </ul>
		<ul style="list-style-type: none"> <li>Ensure stakeholder issues and concerns are managed in a transparent and timely manner throughout project.</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch <i>Timeline: Ongoing</i></li> </ul>
Inadequate identification and engagement of organisations and	Medium	<ul style="list-style-type: none"> <li>SA Health to prioritise this work within the Statewide Services budget, service</li> </ul>	<ul style="list-style-type: none"> <li>Statewide Service Strategy Management Group <i>Timeline:</i></li> </ul>

sectors delivering chronic disease prevention programs		agreements and staffing priorities.	<p><i>Ongoing</i></p> <ul style="list-style-type: none"> <li>• Health Promotion Branch</li> <li>• <i>Timeline: Ongoing</i></li> <li>• Health Promotion Branch <i>Timeline: Ongoing</i></li> <li>• DIFL Manager <i>Timeline: Ongoing</i></li> </ul>
		<ul style="list-style-type: none"> <li>• Strengthen requirements in service agreements with Health Regions and funded agencies regarding the use and active promotion of SA Health social marketing materials as part of both population based and targeted prevention activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion Branch <i>Timeline: April 2010 – June 2013</i></li> </ul>
		<ul style="list-style-type: none"> <li>• Ensure ongoing two-way communication to ensure materials meet the requirements of the ‘end user’.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion Branch <i>Timeline: Ongoing</i></li> </ul>
Low numbers of people participating in chronic disease prevention and management programs.	Low	<ul style="list-style-type: none"> <li>• Ensure Measure Up materials contain sufficient information about the wide range of chronic disease prevention and management programs available.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion Branch <i>Timeline: April 2010 – June 2013</i></li> </ul>
		<ul style="list-style-type: none"> <li>• Work collaboratively with program managers in Statewide Service Strategy to ensure eligibility criteria is not a barrier to participation.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion Branch <i>Timeline: April 2010 – June 2013</i></li> </ul>
		<ul style="list-style-type: none"> <li>• Expand engagement to other programs to maximise referral opportunities e.g. Community Foodies, one off events, public libraries, and Community and Neighbourhood Houses.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion Branch <i>Timeline: ongoing</i></li> </ul>
Individual chronic disease prevention and management program	Low	<ul style="list-style-type: none"> <li>• Redirect engagement through other programs funded by:</li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion Branch <i>Timeline: ongoing</i></li> </ul>

<p>funding significantly reduced.</p>		<ul style="list-style-type: none"> <li>○ SA Health e.g. Community Foodies, one off events, public libraries, and community and neighbourhood houses;</li> <li>○ Other government or non-government sources eg Department for Families and Communities regular newsletters to tenants in public and community housing.</li> </ul>	
<p>Campaign advertising bursts do not roll out according to agreed schedule and as a result do not coordinate with local activities</p>	<p>Low</p>	<ul style="list-style-type: none"> <li>● Scheduling of Measure Up, Go for 2&amp;5® and <i>be active</i> campaigns will be planned together to maximise linkages with Measure Up.</li> <li>● All public relations activities will outline the links between key messages.</li> <li>● Key organisations will be forwarded copies of the communication plan in order to schedule complementary local initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>● Health Promotion Branch <i>Timeline: ongoing</i></li> </ul>
<p>Grant scheme is too onerous for existing staff to manage</p>	<p>Low</p>	<ul style="list-style-type: none"> <li>● Instructions and selection criteria will be carefully written to facilitate easy application and approval processes. Liaison with contracting services to ensure efficient method in place to execute agreements.</li> </ul>	<p><i>Timeline: ongoing</i></p>

40. **Evaluation:**

<b>Indicators</b>	<b>Methodology</b>	<b>Timeframes</b>
1. Number of grant recipients	<p>Grant recipients will provide a brief project summary and review to determine:</p> <ul style="list-style-type: none"> <li>• What activities and processes were planned and what were actually put in place?</li> <li>• To what extent were the intended outcomes achieved?</li> <li>• Were there any unintended outcomes?</li> <li>• What factors helped and hindered in the achievement of the outcomes?</li> <li>• What measures have been taken to promote sustainability?</li> <li>• What lessons have been learned and how might these be of assistance to others?</li> </ul> <p>A simple evaluation process and use the information to assist us in forward planning for further organisational engagement.</p> <p>Follow up phone interviews with 20% of grant recipients, 6 months after the completion of the grants to determine whether the community activities have been sustained?</p>	
2. Number of aligned chronic disease prevention initiatives for adults identified	Data base	Ongoing
3. Number of materials distributed through aligned initiatives	Australian government data base for Measure Up. SA Government data base from central distribution of State social marketing campaign materials.	Ongoing
4. Number of workers reporting high level satisfaction with and use of program materials	Workshop / information session participant survey	Ongoing
5. Number of aligned programs and initiatives incorporating campaign messages and materials as part of organisational plans	Stakeholder survey	July 2011

6. Number of existing programs and initiatives integrating campaign messages and materials as part of programs and practice	Internal audit of program messages and behaviour change strategies as part of State wide Services quality assurance processes	July 2012
7. Increased understanding of campaign key messages among staff	Pre post survey	6 monthly reports commencing July 2011
8. Percentage of adults reporting increased awareness of campaign messages	SA Health - Health Monitor survey	Up to three times each year
9. Percentage of adults reporting increased knowledge and awareness of recommended levels of physical activity and healthy eating behaviours	SA Health - Health Monitor survey	Up to three times each year
10. Percentage of adults reporting increased confidence and intention to achieve recommended levels of physical activity and healthy eating practices	SA Health - Health Monitor survey	Up to three times each year

41. **Infrastructure:** Statewide Service Strategy within SA Health will provide the infrastructure to establish and monitor this initiative.

42. **Implementation schedule:**

**Table 3: Implementation schedule**

Deliverable and milestone	Due date
(ix) Cross Government Consultation through Healthy Weight Taskforce	Ongoing, commencing February 2010
(x) Consultation with SA Health Regions through Healthy Weight Coordinating Group	Ongoing, Commencing February 2010
(xi) Service agreements in place with health regions, other government departments and NGO's	July 2010
(xii) Stakeholder consultation and information / workshop sessions	Commencing January, 2011
(xiii) Communication plan in place	December 2010

Notes:

43. **Responsible officer and contact details:**

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45. **Activity budget:**

Table 4: Activity project budget (\$ million)

Expenditure item	Year 1	Year 2	Year 3	Total
(i) Workshop Venues and catering, travel \$3000 x 12	\$36,000	36,000	36,000	108,000
(ii) Round one Community grants 105 x \$1000	105,000			105,000
(ii) Round two Community grants 72 x \$1000		72,000		72,000
(iii) Round three Community grants 63 x \$1000			63,000	63,000
(iv) Metropolitan Adelaide household mail out – part 1		158,000		158,000
(v) Metropolitan Adelaide household mail out – part 2			179,000	179,000
<b>TOTAL NPAPH funding</b>	<b>\$141,000</b>	<b>\$266,000</b>	<b>278,000</b>	<b>\$685,000</b>
<b>SA Health in kind contribution</b>				
(vi) SA Health in kind regional Healthy Weight Coordinators (0.1 x 12 x ASO 5) + on costs	\$106,500	\$109,200	\$111,300	\$327,000
(vi) Statewide Service Strategy personnel in kind to support the implementation of workshops, networks and support resources.(0.1 x 2 x ASO6) Chief Project Officer Physical Activity and Chief Project Officer Nutrition	\$18,400	\$9,400	\$9,600	\$37,400
(vii) SA Health in kind contribution 0.2 FTE x ASO6 Project Officer Social Marketing including on costs	\$18,400	\$18,800	\$19,200	\$56,400
(viii) Statewide Service Strategy personnel in kind management of grant scheme (0.2 x ASO 4)	\$14,000	\$14,400	\$14,700	\$43,100
(0.2 x ASO3)	\$12,500	\$12,900	\$13,100	\$38,500
(ix) Goods and services (including photocopying, phone, travel)	\$20,000	\$20,300	\$20,800	\$61,100
<b>Printing</b>		<b>\$14,000</b>	<b>\$16,000</b>	
<b>TOTAL SA Health in kind funding</b>	<b>\$189,800</b>	<b>\$109,000</b>	<b>\$204,700</b>	<b>\$563,500</b>

Notes:

**Activity 3:** Complementary communications activity in regional South Australia including:

- Mail-out packages to all private households in regional South Australia (including contact details of programs and services)
- Targeted community education with rural communities.

**46. Overview:**

This activity will focus predominantly on those living outside metropolitan Adelaide\*, given the higher prevalence of overweight and obesity, compared with the metropolitan area. Complementary communications activities will support the national campaign and media buy, but will be strategically focussed on reaching the people in regional South Australia. Areas with higher levels of disadvantage will receive more local media.

This will involve extending the print advertisements and advertorial in local newspapers and directly mailing campaign material to the people of regional South Australia. Coupled with the two previous activities that focus on reaching Aboriginal people, providing support for organisations on the ground to integrate the promote the campaign messages and materials in their practice and the programs they run, small grants and a network, this will ensure increased exposure to campaign messages and materials complementing improved access to information on local programs to support healthy lifestyles, aiming to support increases in knowledge, skills and positive behaviours towards a healthier lifestyle.

In additional rural organisations will be eligible to apply for the grants to support local activities – see Activity 2.

\* According to the 2006 census 27.4% of South Australia’s population and 152,000 households are outside the metropolitan area.

**47. Outputs:**

<b>Outputs</b>	<b>Quantity</b>	<b>Quality</b>	<b>Timeframe</b>
1. A calendar of community and health sector activities/events across non-metropolitan SA that can be used to promote the Measure Up campaign messages to the community is developed through: liaising with Healthy Weight coordinators, OPAL staff and other SA Health regional staff with health promotion responsibilities. This will include key community events as well as opportunities through existing health sector organisations and programs.	At least 4 key relevant opportunities identified in each SA non-metropolitan sub-region in each of 2011 and 2012; and 2 in 2013 (until June).	Criteria will be developed to define key activities/ opportunities and will include: their target group; reach (numbers and geographic area); and timing in relationship to national and state advertising schedules.  SA Health agreements with Country Health SA will incorporate a deliverable that encompasses their provision of support for this output.	Calendar for Jan -Dec 2011 is developed in period July-Dec 2010.  Then calendar added to keep it current to June 2013.
2. A plan for complementary social marketing activities in each region, matched with on the ground activities, is developed (includes advertising in regional newspapers).	At least 4 instances of advertising in the eight key SA regional newspapers each year (i.e. total of 10 in each newspaper).	Timing of advertising corresponds to national social marketing scheduling and relevant local activities (March 2011).  Content of advertising and	▪ Initial plan for Jan-Dec 2011 is developed in period July-Dec 2010 (ongoing updating and



<p>(Jan-Dec 2011; Jan-Dec 2012, Jan-June 2013)</p>		<p>advertorial is informed by the findings of the Commonwealth research as well any as relevant SA research.</p> <p>Timing and content of communications considers timing and focus of SA nutrition and physical activity social marketing activities.</p>	<p>review subject to announcement of national media);</p> <ul style="list-style-type: none"> <li>▪ Initial plan for Jan-Dec 2012 developed over period Jan 2010 – Dec 2011 (ongoing updating)</li> <li>▪ Initial plan for Jan-June 2013 developed over period Jan 2010 – Dec 2012 (ongoing updating).</li> </ul>
<p>3. All households in non-metropolitan SA receive a Measure Up package in early 2012</p>	<p>All private addresses in non-metropolitan SA, approximately 153,000.</p>	<p>Australia Post has a clear system and process to deliver unaddressed mail to private (not business) addresses.</p>	<p>March 2011</p>
<p>4. Identify key regional contacts who can support campaign implementation, in particular healthy weight coordinators and health promotion officers. 4.1 Identify organisations that can assist in promoting the campaign key messages; and liaise with them regularly to keep them informed of the campaign, its strategies, and outcomes and how they can assist.</p>	<p>All health services, all health-related programs.</p>	<p>Criteria to be developed to guide priority organisations. These will include the relevance of the campaign messages to their work, reach and target group.</p>	<p>Commencing August 2010</p> <p>Quarterly email newsletter to key organisations</p> <p>6 monthly telephone briefing to key regional contacts</p>

**48. Outcomes:**

<b>Activities</b>	<b>Short Term Outcomes</b> <i>Anticipated Timeframe Year 2&amp;3: 2011-2013</i>	<b>Medium Term Outcomes</b> <i>Anticipated Timeframe Year 4:2013-2014</i>	<b>Long Term Outcomes</b> <i>Anticipated Timeframe 2014-2015</i>
<p><b>Statewide mail out to non-metropolitan residents</b></p> <p><b>Complementary resources for regional contexts</b> A calendar of community and health sector activities/events across non-metropolitan SA that can be used to promote the Measure Up campaign messages to the community is developed</p>	<p>South Australians living outside the metropolitan area are informed about the campaign aims and messages.</p> <p>South Australians living in SA rural areas are exposed to campaign messages through:</p> <p>a) local events/activities.</p> <p>b) advertisements/ advertorial in local newspapers.</p> <p>c) information provided through the post to their residence.</p> <p>Increased awareness of local health and other key organisations and staff of the healthy choices that can help protect people from chronic diseases, beginning with physical activity and fruit and vegetable consumption.</p>	<p>Increased community awareness of campaign messages among South Australians living in regional areas</p> <p>Increased awareness of local programs and services</p> <p>Increased uptake of local services and programs</p> <p>Increased intention to make lifestyle changes</p> <p>Increased referrals to lifestyle and chronic disease management programs</p>	<p>More South Australian adults achieving healthy eating and physical activity guidelines.</p> <p>Positive changes to social norms supporting healthy eating and physical activity behaviours and their links with health improvement.</p> <p>Increased number of South Australian adults with chronic disease risk factors making positive lifestyle changes as part of chronic disease management strategies.</p> <p>Effective management of chronic disease</p>

**49. Rationale:**

Data from the South Australian Monitoring and Surveillance System (SAMSS) in 2008 shows that the proportion of adults at unhealthy weight in rural South Australia was 63.6% compared to 53.8% in metropolitan Adelaide. According to the 2006 census there were 415,000 people and 152,200 households in inner regional, outer regional, remote and very remote SA. In response to the high incidence of adults in the unhealthy weight range, a high priority has been placed on this targeted regional initiative within the Social Marketing: Measure Up Implementation Plan.

The complementary communications activities will strengthen the delivery of the overall Social Marketing: Measure Up Campaign in regional South Australia. In particular the placement of

advertisements and advertorial will be enhanced through delivery in local newspapers and other targeted communication channels.

Through direct mail, the people of regional South Australia will receive community education material that will raise awareness of the healthy choices that can help protect people from chronic diseases, beginning with physical activity and fruit and vegetable consumption. Tailored information in the package will also provide information on local services where follow up information and support can be obtained (eg Do It for Life Coordinators). If possible SA Health plans to “value add” to this strategy eg to link with the Go for 2&5® and *be active* social marketing programs to mail out across the state which could include a range of health promotion materials.

Scheduling of Measure Up, Go for 2&5® and *be active* campaigns will be planned together to maximise linkages and key organisations in regional South Australia will be forwarded copies of the communication plan enabling them to link the advertisements with on the ground activities that support healthy eating, physical activity and healthy weight. To maximise the impact of the household mail-out and local newspaper advertisements, links to the other two strategies in this Plan, particularly around timing, will be important, including the ability to harness opportunities for promotion through on the ground activities in local communities.

The Obesity Prevention and Lifestyle (OPAL) and Healthy Weight Coordinators across Country Health will provide a key role in organising these local events and OPAL will provide complementary social marketing activity targeting children and their families, within their communities. Overall this will encourage the people of regional South Australia to increase their levels of physical activity and fruit and vegetable consumption.

**50. Contribution to performance benchmarks:**

The Measure Up campaign will raise appreciation of why behavioural change is necessary, illustrating that the benefits of lifestyle change can mean a longer, healthier, better quality of life with a lower risk of chronic disease. It also includes information on what people need to do and how they can do it (this is further strengthened by South Australia’s Go for 2&5® and *be active* campaigns). This will contribute to achieving the performance benchmarks of increasing fruit and vegetable consumption, physical activity levels and the proportion of people in the unhealthy weight range.

**51. Policy consistency:**

The National Partnership Agreement on Preventative Health builds 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.

The Social Marketing: Measure Up initiative is one of many strategies being used to meet both state and national targets and it aligns with a number of state and national policy directives such as:

- South Australia’s Strategic Plan 2007 targets including:
  - T2.2 Healthy Weight: increase the proportion of South Australians 18 and over with healthy weight by 10 percentage points by 2014
  - T2.5 Aboriginal Healthy Life Expectancy: lower the morbidity and mortality rates of Aboriginal South Australians
  - T2.3 Sport and Recreation: to exceed the Australian average for participation in sport and physical activity by 2014

- SA Health Chronic Disease Strategy
- Physical Activity Strategy for South Australia; SA public health nutrition strategy.
- Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010
- Eat Well Australia: an Agenda for Action for Public Health Nutrition 2000-2010.
- Be Active Australia.

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

The campaign's primary target is 25-50 year olds who have children. The secondary target audience is 45-65 year olds. This includes people from Aboriginal and CALD populations in both metropolitan and regional South Australia. The complementary communications activity will target people in regional South Australia that fall within the campaign's primary and secondary target groups.

**53. Stakeholder engagement:**

<b>Stakeholders</b>	<b>Activity</b>	<b>Strategy</b>
Communications Division, SA Health	Media planning, resource ordering and distribution.	Initial consultation has occurred in relation to this activity. Further consultation is required and will be ongoing regarding media planning and final resource numbers and distribution.
Country Health SA	Key staff to support activities including calendar development, engagement of key organisations.	Consultation with Country Health SA regarding scope of relevant officers and to negotiate this as part of service agreements from 2010.

**54. Risk identification and management:**

<b>Risk</b>	<b>Level</b>	<b>Mitigation Strategy</b>	<b>Responsibility/timeline</b>
High level of funding allocated to targeted population groups risks failure to attain overall NPAPH benchmarks	High	<ul style="list-style-type: none"> <li>• Leverage off other SA Health funded initiatives to expand reach with possible distribution points to include:               <ul style="list-style-type: none"> <li>○ schools involved in Eat Well Be Active Primary Schools;</li> <li>○ councils involved in OPAL</li> <li>○ GP Plus Centres</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion Branch, <i>Timeline: Ongoing</i></li> </ul>
Availability of database or other method for direct mail to targeted areas.	Low	<ul style="list-style-type: none"> <li>• Distribution of community education resources through Country Health SA regional health services.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion Branch, <i>Timeline: Ongoing</i></li> </ul>
Campaign	Low	<ul style="list-style-type: none"> <li>• Communication</li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion</li> </ul>

advertising bursts do not roll out according to agreed schedule		through Campaign Reference Group facilitates timely State planning.	Branch, <i>Timeline: Ongoing</i>
Lack of coordination between Measure Up campaign and Go for 2&5® and be active campaigns.	Medium	<ul style="list-style-type: none"> <li>Scheduling of Measure Up, Go for 2&amp;5® and Be Active campaigns will be planned together to maximise linkages.</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch, <i>Timeline: Ongoing</i></li> </ul>
		<ul style="list-style-type: none"> <li>All public relations activities will outline the links between key messages.</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch, <i>Timeline: Ongoing</i></li> </ul>
		<ul style="list-style-type: none"> <li>Key organisations will be forwarded copies of the communication plan for country areas.</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch <i>Timeline: Ongoing</i></li> </ul>
National Campaign Materials lack local relevance for rural communities	Low	<ul style="list-style-type: none"> <li>Propose through the Campaign Reference Group that new materials developed nationally for the Measure Up “how” message includes visuals which reflect lifestyles in rural communities.</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion Branch <i>Timeline: Ongoing</i></li> </ul>

**55. Evaluation:**

<b>Indicators</b>	<b>Methodology</b>	<b>Timeframes</b>
1. Number of local media communications developed and distributed; organisations supported	Monitoring reports as part of service agreements with regional health services	6 monthly reports commencing July 2010
Number of families reached	Monitoring data collected as part of the small grant evaluation	Pre post surveys
Number of local organisations requesting campaign materials	SA data base for State Social marketing distribution. Australian government data base for Measure Up. SA Government data base from central distribution	Ongoing
Organisations integrating campaign messages and materials into organisational policy, practice and programs	Feedback via survey through social marketing network.	6 monthly commencing 2011

Increased referrals to lifestyle modification programs eg DIFL	DIFL referral data base tracked as part of quality assurance processes	6 monthly reports commencing July 2011
8. Percentage of adults reporting increased awareness of campaign messages	SA Health - Health Monitor survey	Up to three times each year
Percentage of adults reporting increased awareness of links between lifestyle behaviours and health	SA Health - Health Monitor survey	Up to three times each year
Percentage of adults reporting increased knowledge and awareness of recommended levels of physical activity and healthy eating behaviours	SA Health - Health Monitor survey	Up to three times each year
Percentage of adults reporting increased confidence and intention to achieve recommended levels of physical activity and healthy eating practices	SA Health - Health Monitor survey	Up to three times each year

**56. Infrastructure:** Statewide Service Strategy within SA Health will provide the infrastructure to establish and monitor this initiative.

**57. Implementation schedule:**

**Table 3: Implementation schedule**

Deliverable and milestone	Due date
(xiv) A plan for complementary social marketing activities in each region, matched with on the ground activities, is developed (includes advertising in regional newspapers).	December 2010
	Jan-Dec 2011
(xv) Advertorial in regional press	Jan-Dec 2012
	Jan-June 2013
(xvi) Household mail outs	March 2011
(xvii) Regional contacts identified for Network	September 2010

Notes:

**58. Responsible officer and contact details:**

Michele Herriot  
 Director, Health Promotion Branch  
 Statewide Service Strategy  
 SA Health  
 Government of South Australia

Telephone: (618) 8226 6432  
 Fax: (618) 8226 6133  
 Mobile: 0423 029 991  
 Email: Michele.Herriot@health.sa.gov.au

**59. Activity:**

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

Expenditure item	Year 1	Year 2	Year 3	Total
	2010-11	2011-12	2012-13	
(i) Mail outs of 153,000 packages to all private households (including envelopes, collation, prepared for distribution through Australia Post)	\$130,000			\$130,000
(ii) Advertising in regional newspapers and other channels	\$60,700	\$69,000	\$55,000	\$184,700
<b>TOTAL NPAPH funding</b>	<b>\$190,700</b>	<b>\$69,000</b>	<b>\$55,000</b>	<b>\$314,700</b>
<b>SA Health in kind contribution</b>				
(vi) Statewide Service Strategy personnel in kind to assist in developing and implementing this activity. (0.1 x 2 x ASO6 Chief Project Officer Physical Activity and Chief Project Officer Nutrition	\$18,400	\$18,800	\$19,200	\$56,400
(vii) Statewide Service Strategy personnel "in kind" management of grant scheme (0.2 x ASO 4) and (0.2 x ASO3)		\$14,400 \$12,900	\$14,700 \$13,100	\$29,100 \$26,000
(vii) SA Health in kind contribution 0.2 FTE x ASO6 Project Officer Social Marketing including on costs	\$18,400	\$18,800	\$19,200	\$56,400
Goods and Services	\$4,000	\$8,100	\$8,300	\$20,500
Printing SA specific regional	\$12,000			
<b>TOTAL SA Health in kind Funding</b>	<b>\$52,800</b>	<b>\$73,000</b>	<b>\$74,500</b>	<b>\$188,400</b>

## ROLES AND RESPONSIBILITIES

### Role of the Commonwealth

60. 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

61. The State is responsible for all aspects of program implementation, including:
  - (a) fully funding the program, after accounting for financial contributions from the Commonwealth and any third party;
  - (b) completing the program in a timely and professional manner in accordance with this Implementation Plan; and
  - (c) meeting all conditions of the National Partnership including providing detailed annual report against milestones and timelines contained in this Implementation Plan, performance reports against the National Partnership benchmarks, and a final program report included in the last annual report that captures lessons learnt and summarises the evaluation outcome.
62. 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

63. The State will provide performance reports to the Commonwealth to demonstrate its achievement against the following performance benchmarks as appropriate to the initiative at 30 June 2013 and 31 December 2014:
  - a) Increase in proportion of children at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of children at healthy weight returned to baseline level by 2015.
  - b) Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each State by 2013; 0.6 for fruits and 1.5 for vegetables by 2015.
  - c) Increase in proportion of children participating in at least 60 minutes of moderate physical activity every day from baseline for each State by five per cent by 2013; by 15 per cent by 2015.
  - d) Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of adults at healthy weight returned to baseline level by 2015.



- e) Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015.
  - f) Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5 per cent from baseline for each state by 2013; 15 per cent from baseline by 2015.
  - g) Reduction in state baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.
64. 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.
65. The performance reports are due within two months of the end of the relevant period.

## APPENDIX A

### Amendments to Implementation Plan for Social Marketing: Measure Up September 2010

#### NATIONAL PARTNERSHIP AGREEMENT ON PREVENTIVE HEALTH

#### 33. Outputs

Outputs	Quantity	Quality	Timeframe <i>(subject to change pending campaign launch)</i>
1. Number of organisations and workers identified and engaged whose role provides the opportunity to promote the Measure Up campaign within their work.	Minimum 2 Stakeholder information and discussion sessions (“universal”) with organisations (n=1144) <ul style="list-style-type: none"> <li>• SA Health services</li> <li>• Aboriginal health services</li> <li>• Aboriginal education training and employment services</li> <li>• Divisions of General Practice</li> <li>• Non Government Organisations (NGO’s eg Cancer Council, Diabetes SA, Heart Foundation)</li> <li>• Community and Neighbourhood Houses</li> <li>• Community Centres</li> <li>• Previous recipients of Commonwealth Healthy Active Living Grants</li> <li>• SA Fruit and</li> </ul>	Existing data bases used and cross referenced.	Commencing July/August 2010
		Data base updated regularly Organisations approached via:	Ongoing
		Healthy Weight Taskforce, Healthy Weight Coordinating Group, Physical Activity Council	Commencing September 2010
		Managers / coordinators of initiatives contacted with information to maximise uptake across services and programs	January 2011
		Workshops held across metropolitan and	Commencing September

	<p>Vegetable Coalition Members</p> <ul style="list-style-type: none"> <li>• SA Nutrition Network</li> <li>• Country Dietitians</li> <li>• Community Health Promotion Officers</li> <li>• Members of the Country Primary Health Care Forum</li> <li>• Healthy Weight Coordinators</li> <li>• Primary Health Care and Public Health Training organisations</li> <li>• Local government</li> <li>• Be Active Field Officers</li> <li>• Rural and Remote Health Promotion Facilitators</li> <li>• OPAL Communities</li> <li>• Public Health Association</li> <li>• Health Promotion Units and Centres</li> <li>• SA Dental</li> </ul>	<p>regional areas</p> <p>Workshop feedback reflects high levels of satisfaction and usability</p>	<p>2012</p> <p>Commencing March 2012</p>
<p>2. Number of services and programs identified and engaged who have a focus on: chronic disease prevention and lifestyle modification; CALD communities; other Health Promotion Branch funded initiatives</p>	<p>Minimum 2 targeted information and discussion sessions held for:*</p> <ul style="list-style-type: none"> <li>• Multicultural Communities Council SA and lead member organisations working with Culturally and Linguistically Diverse (CALD) communities; <i>and</i></li> <li>• Chronic disease and lifestyle modification programs including Do It For Life Program Managers, Lifestyle Coordinators and Lifestyle Advisors</li> <li>• Managers and staff of SA Health funded Eat</li> </ul>	<p>Campaign aims, strategies and messages integrated into OPAL staff training programs</p> <p>Campaign messages integrated into DIFL</p>	<p>Commenced 2009, ongoing with new staff as appointed</p> <p>Commenced 2009, ongoing</p>

	<p>Well Be Active Healthy Weight priority programs.</p> <p>*Note: targeted sessions for organisations working with the Aboriginal community are held under activity 1. Identification of other distribution and linking opportunities (eg value adding to OPAL community activities)</p> <p>Existing state-wide campaigns including Go for 2&amp;5® and <i>be active</i> are scheduled to complement the National campaign.</p> <p>Future state materials to support sub population groups and target segments are informed by research findings and quality assurance processes</p>		
3. Campaign messages integrated into existing SA Health activities and across government where appropriate.	Three detailed project plans (one for each activity) that outlines how implementation of campaign messages will occur.	The integration of campaign messages the 'why' and 'how' are included as part of SA Health service agreements with health regions, other government departments and NGO's.	Commencing April 2010, ongoing
4. Number of networks established to support workforce through sharing of good practice and ideas exchange and regular newsletter and email communications.	<p>One network per region in South Australia (4)</p> <p>One communication bulletin/campaign update provided at network meetings.</p>	<p>Networks established.</p> <p>Organisations and workers access and use information provided through the network.</p>	<p>November 2010</p> <p>Ongoing to June 2013</p>
5. Overarching	One project plan for	Initial Project Plan	July/August

<p>statewide project plan developed to combine three strategies includes: workshops, advertising, grants, mail out, network teleconferences, calendar of events and state and national media bursts.</p>	<p>each activity (total of 3).</p>	<p>in place</p>	<p>2010, ongoing to maintain updates</p>
<p>6. Small grants provided to support community activities.</p>	<p>Number of grants per corresponding year:</p> <p>Year 1 – 105 grants</p> <p>Year 2 – 72 grants</p> <p>Year 3 – 63 grants</p>	<p>Criteria for grant selection align with Measure Up objectives.</p> <p><u>Annual Grants</u></p> <ul style="list-style-type: none"> <li>• First round grants advertised Oct/Nov 2010 for implementation where possible to coincide with media schedules.</li> <li>• Second round grants advertised July 2011 for implementation where possible to coincide with media schedules.</li> <li>• Third round grants advertised July 2012 for implementation where possible to coincide with media schedules.</li> </ul>	<p>Aug/Sept 2010</p>
<p>7. Two Metropolitan Mail Outs*.  *In two parts due to funding constraints.</p>	<p>Tailored mail out packages sent to approximately 431,000 private addresses in non-metropolitan SA.</p> <p><b>Part one:</b> households (low SES, non OPAL) receive a Measure Up</p>	<p>Australia Post has a clear system and process to deliver unaddressed mail to private (not business) addresses.</p>	<p>Mid 2012</p>

	package. <b>Part two:</b> Remaining Metropolitan households.		
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#### 43. Implementation schedule:

**Table 3: Implementation schedule**

Deliverable and milestone		Due date
(ix)	Cross Government Consultation through Healthy Weight Taskforce	Ongoing, commencing February 2010
(x)	Consultation with SA Health Regions through Healthy Weight Coordinating Group	Ongoing, Commencing February 2010
(xi)	Service agreements in place with health regions, other government departments and NGO's	July 2010, ongoing through June 2013
(xii)	Project Plan in place	Commencing July 2010 through June 2013
(xiii)	Stakeholder consultation and information/workshop sessions	Commencing January 2011, ongoing through June 2013

#### 47. Outputs:

Outputs	Quantity	Quality	Timeframe <i>(subject to change pending campaign launch)</i>
1. Community and health sector activities/events across non-metropolitan SA utilised to promote the Measure Up campaign to the community. This includes key community events as well as opportunities through existing health sector organisations and programs.	At least 4 key relevant opportunities identified in each SA non-metropolitan sub-region in each of 2011 and 2012; and 2 in 2013 (until June).	Criteria will be developed to define key activities/ opportunities and will include: their target group; reach (numbers and geographic area); and timing in relationship to national and state advertising schedules.  SA Health agreements with Country Health SA will incorporate a deliverable that encompasses their provision of support for this output.	Events held in Jan –Dec 2011 identified in period July-Dec 2010.  New events and activities will be identified to coincide with the national media schedule through until June 2013.
2. A schedule of complementary social marketing advertising	At least 4 instances of advertising in the eight key SA regional	Timing of advertising will be aligned with the national media schedule as	▪ Initial schedule for Jan-Dec 2011 is developed in

<p>developed aligning on the ground activities with national and regional media.</p> <p>(Jan-Dec 2011; Jan-Dec 2012, Jan-June 2013)</p>	<p>newspapers each year (i.e. total of 10 in each newspaper).</p>	<p>recommended by Universal McCann, as well as SA's media schedules and relevant local activities (commencing March 2011).</p> <p>Content of advertising and advertorial is informed by the findings of the Commonwealth research as well any as relevant SA research.</p>	<p>period July-Dec 2010 (ongoing updating and review subject to announcement of national media);</p> <ul style="list-style-type: none"> <li>▪ Initial schedule for Jan-Dec 2012 developed over period Jan 2010 – Dec 2011 (ongoing updating)</li> <li>▪ Initial schedule for Jan-June 2013 developed over period Jan 2010 – Dec 2012 (ongoing updating).</li> </ul>
<p>3. All regional households in non-metropolitan SA receive a Measure Up package in early 2012 complementing the national campaign as well as information relating to local activities and/or services.</p>	<p>All private addresses in non-metropolitan SA, approximately 153,000.</p>	<p>Australia Post has a clear system and process to deliver unaddressed mail to private (not business) addresses.</p>	<p>March 2012</p>
<p>4. Key regional contacts to support campaign implementation identified.</p>	<p>All regional health services, all health-related programs.</p>	<p>Criteria to be developed to guide priority organisations. These will include the relevance of the campaign messages to their work, reach and target group.</p>	<p>Commencing August 2010</p> <p>Quarterly email newsletter to key organisations</p> <p>6 monthly briefings to key regional contacts.</p>



**48. Outcomes:**

<p><b>Short Term Outcomes</b> <i>Anticipated Timeframe Year 2&amp;3: 2011-2013</i></p>	<p><b>Medium Term Outcomes</b> <i>Anticipated Timeframe Year 3:2012-2013</i></p>	<p><b>Long Term Outcomes</b> <i>Anticipated Timeframe 2013-2014</i></p>
<p>South Australians living outside the metropolitan area are informed about the campaign aims and messages.</p> <p>South Australians living in SA rural areas are exposed to campaign messages through:</p> <p>a) local events/activities.</p> <p>b) advertisements/ advertorial in local newspapers.</p> <p>c) information provided through the post to their residence.</p> <p>Increased awareness of local health and other key organisations and staff of the healthy choices that can help protect people from chronic diseases, beginning with physical activity and fruit and vegetable consumption.</p>	<p>Increased community awareness of campaign messages among South Australians living in regional areas.</p> <p>Increased awareness of local programs and services in regional South Australia.</p> <p>Increased uptake of local services and programs in regional South Australia.</p> <p>Increased intention to make lifestyle changes.</p> <p>Increased referrals to lifestyle and chronic disease management programs.</p>	<p>More South Australian adults achieving healthy eating and physical activity guidelines.</p> <p>Positive changes to social norms supporting healthy eating and physical activity behaviours and their links with health improvement.</p> <p>Increased number of South Australian adults with chronic disease risk factors making positive lifestyle changes as part of chronic disease management strategies.</p> <p>Effective management of chronic disease.</p>

**57. Implementation schedule:**

**Table 3: Implementation schedule**

<b>Deliverable and milestone</b>	<b>Due date</b>
(xiv) A plan for complementary social marketing activities in each region, matched with on the ground activities, is developed (includes advertising in regional newspapers).	December 2010 and ongoing
(xv) Advertorial in regional press	Jan-Dec 2011 Jan-Dec 2012 Jan-June 2013 (Note – this activity will be aligned with the national media schedule recommended by Universal McCann, as well as SA’s media schedules)
(xvi) Household mail outs	March 2012 (Note – this activity will be aligned with the Measure Up national media schedule as recommended by Universal McCann, as well as SA’s media schedules)
(xvii) Regional contacts identified for Network	Commencing October 2010 through June 2013