

Implementation Plan for Social Marketing

NATIONAL PARTNERSHIP AGREEMENT ON PREVENTIVE HEALTH

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

PRELIMINARIES

1. This Implementation Plan is created subject to the provisions of the National Partnership Agreement on Preventive Health and should be read in conjunction with that Agreement. The objective in the National Partnership is to address the rising prevalence of lifestyle-related chronic diseases, by:

- 1.1 laying the foundations for healthy behaviours in the daily lives of Australians through social marketing efforts and the national roll out of programs supporting healthy lifestyles; and
- 1.2 supporting these programs and the subsequent evolution of policy with the enabling infrastructure for evidence-based policy design and coordinated implementation.

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

2. The *Measure Up* initiative provides funding to support implementation of healthy lifestyle programs to complement the national social marketing campaign by providing reinforcing local level activities that support campaign messages.
3. Under the *Measure Up* initiative jurisdictions are responsible for developing programs that may include a range of different activities. Some of these activities may be grouped according to similarities.

TERMS OF THIS IMPLEMENTATION PLAN

4. This 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 Tasmania, 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 in Tasmania is \$420,000.
9. Facilitation payments will be payable in accordance with Table 1 on 1 July from 2010 to 2014 in accordance with the National Partnership. All payments are exclusive of GST.

Table 1: Facilitation Payment Schedule (\$ million)

Facilitation Payment	Due date	Amount
(i) Facilitation payment	1 July 2010	0.14
(ii) Facilitation payment	1 July 2011	0.14
(iii) Facilitation payment	1 July 2012	0.14

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	Year 4	Total
(i) Integrating <i>Measure Up</i> with existing and planned Tasmanian initiatives.	0.14	0.14	0.14		0.42
TOTAL	0.14	0.14	0.14		0.42

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 of this program is to encourage and help Tasmanians - especially those with chronic disease risk factors – to make and sustain positive changes to their lifestyle by increasing physical activity and improving their eating habits.
15. The Social Marketing Initiative is inclusive of the following activity:

Activity 1: Integrating *MeasureUp* with existing and planned Tasmanian initiatives.

This activity will 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*.

In order to maximise reach and sustainability throughout and beyond the NPAPH funding period, emphasis will be on stakeholder engagement. Tasmania also intends to continue to build on and support current and planned social marketing investment in physical activity (*Find 30®*), the *Get Healthy Tasmania Information and Coaching Service* and healthy eating (*Go for 2 & 5®*).

16. The senior contact officer for this program is:

Carole Owen
Deputy Director Population Health
Department of Health and Human Services
Tasmania
Telephone (03) 6222 7383; Email: carole.owen@dhhs.tas.gov.au

ACTIVITY DETAILS

17. **Activity:** Integrating *Measure Up* with existing and planned Tasmanian initiatives.
18. **Overview:**

This activity will build on the interest created by the *Measure Up* campaign and link to programs and initiatives that will encourage Tasmanians to make positive lifestyle changes.

Through this activity, staff and organisations delivering health promotion services and/or services and programs to at-risk groups will be encouraged and supported to integrate *Measure Up* messages and resources into their normal work practices. Emphasis will be on stakeholder engagement, especially organisations working with disadvantaged and vulnerable communities or those at risk of preventable chronic disease; or whose role provides opportunities to promote the *Measure Up* messages through their normal work.

Output	Quality	Timeframe
<p>19.2 Provision of information to stakeholders</p>	<ul style="list-style-type: none"> • Nationally-developed <i>Measure Up</i> information and resources (“Community Kits”) will be distributed face-to-face to relevant stakeholders, using existing mechanisms and networks. Such ‘warm’ hand-over of resources will enable discussion about <i>Measure Up</i> and the Get Healthy Tasmanian Information and Coaching Service. • <i>Measure Up</i> will be discussed at meetings and forums between key stakeholders and DHHS, and further opportunities for promotion of <i>Measure Up</i> messages will be explored. • Regional stakeholder workshops will be held in 2010-2011, and offered in subsequent years. The workshops will: <ul style="list-style-type: none"> ○ inform staff about <i>Measure Up</i> and the resources available, and encourage staff to use and build on campaign messages and materials as part of their normal practice ○ facilitate exchange of ideas for promotion of healthy living.. ○ foster linkages between relevant initiatives ○ include training opportunities relating to Tasmania’s Health Promotion Framework: <i>Working in Health Promoting Ways</i> ○ support forward planning including information sharing and support strategies, workforce needs and the design of the Tasmanian Health Promotion Network. 	<p>July - December 2010</p> <p>July 2010 and ongoing</p> <p>Oct 2010 (and 2011 and 2012)</p>

Output	Quality	Timeframe
<p>19.3 Integration of Measure Up promotion with the Get Healthy Tasmania Information and Coaching Service and other relevant social marketing initiatives.</p> <p>The <i>Get Healthy Tasmania Information and Coaching Service</i> is expected to commence on 1 July 2010.</p> <p>The Service will be provided by NSW Health and funded by the Tasmanian Government through a separate budget to the budget provided through this Implementation Plan.</p> <p>Existing NSW <i>Get Healthy Coaching Service</i> information and promotional resources will be re-badged for use by <i>Get Healthy Tasmania</i> and a Tasmanian resource guide will be developed for use by the Health Coaches.</p> <p>The Service will be evaluated through existing mechanisms in place in NSW.</p>	<ul style="list-style-type: none"> • Advertising of the <i>Get Healthy Tasmania Information and Coaching Service</i> and other relevant campaigns will be scheduled to complement <i>Measure Up</i> whenever possible. E.g. during advertising bursts for <i>Measure Up</i>, advertisements for the <i>Get Healthy Tasmania Information and Coaching Service</i> will be scheduled so it follows <i>Measure Up</i> advertisements. • The phone number for the <i>Get Healthy Tasmania Information and Coaching Service</i> will be added to the end of the <i>Measure Up</i> advertisements in Tasmania. Note: this activity assumes that, following national formative research, there will be opportunities to link Measure Up Phase 2 with other relevant Tasmanian campaigns. • Information re the <i>Get Healthy Tasmania Information and Coaching Service</i> will be added to the nationally-developed <i>Measure Up</i> Community Kits for stakeholders in Tasmania. • An overarching Tasmanian Health Promotion Social Marketing Calendar will be created for each financial year, showing planned advertising schedules (including state and national media promotion), workshops and events. 	<p>July 2010, and ongoing, dependent on advertising schedule for <i>Measure Up</i>.</p> <p>July – Sept 2010</p> <p>When the kits are available from the Department of Health and Ageing.</p> <p>Oct – Nov 2010 and ongoing.</p>

20. **Outcomes:**

Table 4: Outcomes

Activity	Short Term Outcomes <i>Anticipated timeframe Years 2 & 3: 2011 - 2013</i>	Medium Term Outcomes <i>Anticipated timeframe Year 4: 2013 - 2014</i>	Long Term Outcomes <i>Anticipated timeframe 2014 -2015</i>	How success will be measured
Integrating <i>MeasureUp</i> with existing and planned Tasmanian initiatives.	Stakeholders are informed about the <i>MeasureUp</i> campaign aims, resources and messages, and equipped with resources.	Increased understanding and use of campaign messages and resources by workers who support those at risk of chronic disease and those promoting healthy living.	Increased integration of campaign messages and resources into normal practice.	Online survey of DHHS staff in June 2010 and in subsequent years.
	Increased proportion of Tasmanians understand the increased health risks associated with poor diet and inactivity and the benefits associated with making small incremental lifestyle changes.	Increased proportion of Tasmanians intending to make positive lifestyle changes or achieving positive lifestyle changes in relation to physical activity and diet.	Increased proportion of Tasmanians taking the recommended amounts of physical activity and eating well.	National evaluation of <i>Measure Up</i>

21. **Rationale:**

The limited funding available for this activity will be enhanced by better linkages with existing and planned initiatives, thus gaining reach and embedding *Measure Up* across the range of programs and initiatives in Tasmania, with a particular focus on how to facilitate behaviour change. In particular, linking with the *Get Healthy Tasmanian Information and Coaching Service* will provide opportunities for individuals to seek support for the behaviour changes being advocated through the *Measure Up* campaign.

Linking *Measure Up* with existing and planned initiatives will enhance the reach, accessibility and sustainability of the program, consistency of messages and the frequency of message distribution. Evidence has shown one-off campaigns are not effective. This is supported by *Measure Up* evaluation data re fruit and vegetable consumption and physical activity. Linking *Measure Up* to existing programs and services will support behaviour change into the future.

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 those who work with adults at risk of chronic disease to help clients with a lower propensity for making lifestyle changes
- linking this component of the NPAPH to existing initiatives
- leveraging off existing infrastructure, relationships and communication channels
- providing support for local relevant activities

Achievement of the listed activities is dependent on employment of a full time Social Marketing Coordinator for three years, located within Population Health, DHHS. There is no existing capacity for social marketing in DHHS or capacity for the stated activities to be undertaken with existing resources.

The activities listed in the Plan will be supported by *Working in Health Promoting Ways*, Tasmania's health promotion framework. The seven priority areas for action in *Working in Health Promoting Ways* include:

- Promoting physical activity and active communities.
- Improve access to nutritious, safe and affordable food.

22. Contribution to performance benchmarks:

The limited funding available for this activity will be enhanced by better linkages with existing and planned initiatives, thus gaining reach and embedding *Measure Up* across the range of programs and initiatives in Tasmania. With the range of activities underway (especially the launch of the *Get Healthy Tasmania Information and Coaching Service*) it will be difficult to ascertain how much progress is directly attributable to *Measure Up*.

23. Policy consistency:

In July 2006, COAG agreed that all governments would commence implementation of a 4-year, \$500 million, national program called Australian Better Health Initiative (ABHI). The ABHI identified five priority areas for action that together should help shift the focus of the Australian health care system towards promoting good health and reducing the burden of chronic disease. The five priorities were to (1) promote healthy lifestyles; (2) support early detection of lifestyles and chronic disease; (3) support lifestyle and risk modification; (4) encourage active self-management of chronic disease; and (5) improve integration and coordination of care. ABHI supported a range of activities to improve health outcomes across the care continuum, from the well population to those with advanced chronic conditions.

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

The National Partnership Agreement on Preventative Health builds on COAG's existing Australian Better Health Initiative which was announced in November 2006. Under the NPAPH, the *Measure Up* campaign was extended by three years and funded to increase its reach and target 'at risk' groups. States and Territories will receive funding to implement local level activities that support the national campaign messages.

- 24. Target group(s):** The *Measure Up* campaign's primary target group is 25 – 50 year olds who have children. A secondary target audience is 45 – 60 year olds. This includes Tasmanian Aborigines, people from culturally and linguistically diverse communities and people at risk of chronic disease, including Type 2 diabetes.

Tasmanian Aborigines will be targeted through existing mechanisms such as the Tasmanian Aboriginal Health Forum and the Tasmanian Aboriginal Health Reference Group.

25. Stakeholder engagement:

Key stakeholder groups are DHHS staff, General Practitioners, private hospitals, allied health practitioners, the Tasmanian Chronic Disease Prevention Alliance, the Tasmanian Association of Community Houses, working and steering groups for other NPA initiatives, Eat Well Tasmania, , the Premier's Physical Activity Council (PPAC), multicultural and indigenous support organisations and Local Government.

Stakeholders will be engaged through face-to-face meetings and presentation of materials, workshops and newsletter articles.

Ongoing engagement will be facilitated by the Tasmanian Health Promotion Database and Health Promotion Network (to be created).

26. Risk identification and management:

Table 5: Risk identification and management

Risk	Mitigation strategy	Responsibility	Resolution Timeframe
That Tasmania does not achieve the stated performance measures (taken from the NPAPH) because the measures bear a tenuous relationship to the Social Marketing Implementation Plan and the <i>Measure Up</i> campaign, and extend beyond the stated funding period.	Raise with the Campaign Reference Group (CRG); consider creation of new performance measures for jurisdictional activity.	Social Marketing Coordinator with Deputy Director Population Health	July 2010
That Tasmania does not achieve the stated performance measures because the performance measures will be difficult to measure in a statistically robust way.	Liaise with the CRG and the CRG Evaluation Group.	Social Marketing Coordinator with Deputy Director Population Health	Ongoing
That it will be difficult to ascertain how much progress is directly attributable to <i>Measure Up</i> because of the range of complementary activities underway, especially the launch of the <i>Get Healthy Tasmania Information and Coaching Service</i> .	Track uptake of/ referral source to services through existing data collection processes where possible (e.g. the <i>Get Healthy Tasmania Information and Coaching Service</i>)	Social Marketing Coordinator with Deputy Director Population Health	Ongoing

Risk	Mitigation strategy	Responsibility	Resolution Timeframe
<p>That the focus on weight (which is contrary to Tasmania's expressed position):</p> <ul style="list-style-type: none"> • will stigmatise those who are overweight or obese • will cause disordered eating • neglects the need to emphasise physical activity and good nutrition • will normalise obesity • will cause those within the healthy weight range to ignore important messages re nutrition and physical activity. 	Continue to advocate for sensitivity in developing materials and a focus on physical activity and health eating.	Social Marketing Coordinator with Deputy Director Population Health	Ongoing
That there will be inadequate resources to enable DHHS to meet the expectations of stakeholders including DoHA.	Use resources efficiently by linking with and building on existing initiatives and engaging stakeholders.	Social Marketing Coordinator with Deputy Director Population Health	Ongoing
That the resources available do not meet the needs of the 67% of Tasmanians with poor or very poor levels of health literacy.	<p>Assess the appropriateness of resources and provide feedback to DoHA.</p> <p>Encourage health promotion initiatives that provide opportunities for one-on-one discussion.</p>	Social Marketing Coordinator with Deputy Director Population Health	Ongoing

27. Evaluation:

This initiative will be evaluated as part of the broader NPA program. This may include qualitative evaluation if additional funding or opportunities become available.

With the funding available, a population-based survey is not possible. Given the focus on up-skilling the workforce (government and non-government) a survey of DHHS staff will be conducted to assess changes in awareness and practice.

Because of the strategy of linking *Measure Up* with existing and planned initiatives, achievement of outcomes is unlikely to be totally attributable to *Measure Up*.

28. Infrastructure:

N/A

29. **Implementation schedule:**

Table 6: Implementation schedule

Deliverable and milestone	Due date
(i) Social Marketing Coordinator appointed	31 July 2010
(ii) Individual stakeholders identified and engaged	30 Sept 2010 and ongoing
(iii) Stakeholders informed	31 Dec 2010 and ongoing
(iv) Promotion of <i>Get Health Tasmania</i> is integrated with <i>Measure Up</i> promotion.	30 August 2010 and ongoing

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

Carole Owen
Deputy Director Population Health
Department of Health and Human Services
Tasmania
Telephone (03) 6222 7383
Email: carole.owen@dhhs.tas.gov.au

31. **Activity budget:**

Table 7: Activity project budget (\$ million)

Expenditure item	Yr 1	Yr 2	Yr 3	Total
(i) Social Marketing Coordinator (salary and related costs)	0.102	0.102	0.102	0.306
<i>GST inclusive</i>	<i>0.1122</i>	<i>0.1122</i>	<i>0.1122</i>	<i>0.3366</i>
(ii) Social Marketing Coordinator operating expenses (training, work place rent, communication, travel and other expenses)	0.028	0.028	0.028	0.084
<i>GST inclusive</i>	<i>0.0308</i>	<i>0.0308</i>	<i>0.0308</i>	<i>0.0924</i>
(iii) Stakeholder workshops	0.01	0.01	0.01	0.01
<i>GST inclusive</i>	<i>0.011</i>	<i>0.011</i>	<i>0.011</i>	<i>0.011</i>
TOTAL COMMONWEALTH FUNDING	0.14	0.14	0.14	0.42
<i>GST inclusive</i>	<i>0.154</i>	<i>0.154</i>	<i>0.154</i>	<i>0.462</i>
Funding from the Tasmanian Government to support additional healthy living social marketing activities, including the <i>Get Healthy Tasmania Information and Coaching Service</i>.	0.41	0.51	0.51	1.43
<i>GST inclusive</i>	<i>0.451</i>	<i>0.561</i>	<i>0.561</i>	<i>1.471</i>

Note: budget figures provided for Year 2 and Year 3 do not include indexation. The amount of indexation is not known at this stage.

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

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

Role of the State

33. The State is responsible for all aspects of program implementation, including:
- (a) fully funding the program, after accounting for financial contributions from the Commonwealth and any third party;
 - (b) completing the program in a timely and professional manner in accordance with this 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.
34. The State agrees to participate in the Campaign Reference Group.

PERFORMANCE REPORTING

35. The State will provide performance reports to the Commonwealth to demonstrate its achievement against the following performance benchmarks as appropriate to the initiative at 30 June 2013 and 31 December 2014:
- a) Increase in proportion of children at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of children at healthy weight returned to baseline level by 2015.
 - b) Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each State by 2013; 0.6 for fruits and 1.5 for vegetables by 2015.
 - c) Increase in proportion of children participating in at least 60 minutes of moderate physical activity every day from baseline for each State by five per cent by 2013; by 15 per cent by 2015.
 - d) Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of adults at healthy weight returned to baseline level by 2015.
 - e) Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015.
 - f) Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5 per cent from baseline for each state by 2013; 15 per cent from baseline by 2015.

- g) Reduction in state baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.
36. The requirements of performance reports will be mutually agreed following confirmation of the specifications for measuring performance benchmarks by the Australian Health Minister's Conference.
 37. The performance reports are due within two months of the end of the relevant period.