

# 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 *Measure Up* initiative provides funding to support implementation of healthy lifestyle programs to complement the national social marketing campaign by providing reinforcing local level activities that support the campaign messages.
3. Under the Social Marketing: 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 Western Australia, represented by Minister for Health (known as the Parties to this Implementation Plan).
5. This Implementation Plan may be varied by written agreement between authorised delegates.

6. This Implementation Plan will cease on completion of the specified program, including the acceptance of final performance program reporting and processing of final payments against performance benchmarks specified in this Implementation Plan.
7. Either Party may terminate this agreement by providing 30 days notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to the State is limited to payments associated with performance benchmarks achieved by the State by the date of effect of termination of this Implementation Plan.
8. The parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the parties' commitment to this Implementation Plan.
9. This plan, submitted for approval by the Government of Western Australia as per the National Partnership Agreement, contains considerable detail to facilitate the assessment of the proposed activities. Western Australia recognises that reporting requirements will remain those specified in the overarching National Partnership Agreement.

## FINANCIAL ARRANGEMENTS

10. The maximum financial contribution to be provided by the Commonwealth for the Social Marketing: Measure Up initiative to Western Australia is \$1.818 million.
11. 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 (\$)**

Facilitation Payment	Due date	Amount
(i) Year 1: 2010-11	1 July 2010	\$606,000
(ii) Year 2: 2011-12	1 July 2011	\$606,000
(iii) Year 3: 2012-13	1 July 2012	\$606,000

Notes:

12. 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

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

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

Expenditure item	Year 1	Year 2	Year 3	Total
(i) Noongar Tomorrow Program	260,000	250,000	250,000	760,000
(ii) Local Measure Up Support Program	256,000	266,000	260,000	782,000
(iii) NESB Measure Up Program	90,000	90,000	96,000	276,000
<b>TOTAL</b>	<b>606,000</b>	<b>606,000</b>	<b>606,000</b>	<b>1,818,000</b>

Notes:

14. 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

15. **Western Australian Measure Up Program**
16. The objective in this program is to reinforce the reach, messages and impact of the national Measure Up social marketing campaign on the Western Australian adult population, particularly Aboriginal people, those living in regional areas, people from low socioeconomic groups and non-English speaking people. Key objectives of the Western Australian Measure Up Program include:
  - ❖ Increasing the awareness of the link between chronic disease risk and lifestyle related issues such as physical activity, diet and weight.
  - ❖ Raising the priority of the need for lifestyle change.
  - ❖ Increasing positive attitudes towards adopting a healthy lifestyle and the associated benefits.
  - ❖ Increasing confidence in achieving these changes.
  - ❖ Increasing trial and adoption of the dietary and physical activity guidelines for adults.
17. The Western Australian Measure Up Program is comprised of the following activities:
  - Activity 1:** Noongar Tomorrow Program
  - Activity 2:** Local Measure Up Support Program
  - Activity 3:** NESB Measure Up Program

The proposed activities will be linked to and complement the following state and national initiatives, as well as other relevant Western Australian programs:

  - ❖ Other elements of the National Partnership Agreement on Preventive Health (NPAPH) including Healthy Children, Health Workers and Healthy Communities.
  - ❖ A comprehensive range of healthy lifestyle programs and campaigns funded by the Department of Health (WA) and implemented by the non-government sector and Government public health agencies. This includes statewide social marketing that targets healthy eating (particularly fruit and vegetable consumption), physical activity and healthy weight, as well as community based programs in these areas.
  - ❖ The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.
18. The senior contact officer for this program is:

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## ACTIVITY DETAILS

### 19. **Activity 1: Noongar Tomorrow Program**

#### 20. **Overview:**

The Noongar Tomorrow Program will explore and identify culturally appropriate strategies that will improve the engagement, understanding and participation of Aboriginal people in the practice of healthy lifestyle behaviours.

The Program aims to enhance the reach and impact of the Tomorrow People component of the national Measure Up campaign by developing local and culturally appropriate approaches to engage and influence Noongar Aboriginal people living in Perth, acknowledging that the campaign will also be of interest to Noongar people living in the Wheatbelt and South West areas of WA.

This initiative will utilise multi-faceted strategies including:

- ❖ Consultation with Aboriginal community members and key stakeholder organisations to develop and deliver the project outputs.
- ❖ Educational tools, resources and promotional/mass communication materials which are culturally appropriate, include Noongar language and developed in partnership with the local community to extend and support the Tomorrow People campaign messages.
- ❖ Conducting a range of practical local initiatives such as community events, storytelling and art workshops to promote and disseminate these resources at a local level.
- ❖ Funding for Aboriginal Community groups to develop their own events to support the program.

This Program will encourage and support organisations and staff who work with the Aboriginal community to integrate campaign messages and materials into their practice and programs, and thereby to extend the campaign messages into the broader community. This will enhance access to information on lifestyle risk factors and contribute to increasing community knowledge, skills and positive behaviours towards healthier lifestyles.

#### 21. **Outputs:**

The Noongar Tomorrow Program will be jointly managed by the North and South Metropolitan Public Health Units (NMPHU, SMPHU).

An Aboriginal Project Officer will be appointed. The hosting agency will be either an Aboriginal Community Controlled Health Organisation (ACCHO)/Non-government organisation (NGO) or one of the two Public Health Units, to be determined during early planning and negotiations. The key role of the officer will be to undertake all key project outputs; manage any contracted agencies; work closely with the Local Measure Up Support Program (Activity 2); work with relevant organisations and members of the community to develop the campaign messages, materials and locally devised strategies and interventions in line with the Tomorrow People, Go for 2&5<sup>®</sup> and *be active* campaigns; lead implementation of a number of community events; manage the grant process; organise media scheduling; coordinate project evaluation; and prepare reports are required .

A Project Steering Committee will ensure the project delivers culturally appropriate interventions and that outcomes are consistent with national requirements and frameworks.

Outputs	Quantity	Quality	Timeframe
<p><b>Stakeholder engagement and consultation</b> Promotion and distribution of Tomorrow People materials.</p> <p>Initial consultation with Aboriginal stakeholders, e.g. ACCHOs, community groups, and mainstream NGOs to identify existing activities, resources and opportunities for linkages/synergies with project/Tomorrow People activities.</p>	<p>Email updates to twenty agencies in NMAHS and twenty in SMAHS and dissemination of 2,000 resources</p> <p>6 monthly updates on progress of project to 20 agencies</p> <p>2 consultation sessions with 20 stakeholders</p>	<p>Done in timely manner to support national media phases</p> <p>Consultations conducted according to DOHWA cultural sensitivity requirements</p>	<p>Sept 2010 on</p> <p>Oct-Dec 2010</p>
<p><b>Community engagement</b> Consultation sessions with local Aboriginal communities across the Perth metropolitan area, to review Tomorrow People materials/resources and national campaign research (when available) and provide input into the development of locally based approaches, strategies and activities.</p>	<p>8 sessions with District Aboriginal Health Action Groups (SMAHS) and Aboriginal Planning Forums (NMAHS) (approx. 50 participants).</p>	<p>Engagement of culturally secure research agency</p> <p>Consultations conducted according to DOHWA cultural sensitivity requirements</p> <p>Consideration of national qualitative research outcomes</p>	<p>Oct-Dec 2010</p>
<p><b>Development of campaign/project materials and activities</b> Development of culturally appropriate educational tools, resources and promotional materials, including advertising (radio and press)(if appropriate) for the Noongar Aboriginal community-wide education campaign to support Tomorrow People. Pilot testing of messages and materials.</p> <p>Development of Storytelling themes</p>	<p>8 sessions with District Aboriginal Health Action Groups (SMAHS) and Aboriginal Planning Forums (NMAHS) (approx. 50 participants) to conduct formative testing for new materials with peer and stakeholder review</p> <p>Five yarning</p>	<p>Engagement of culturally secure advertising/marketing agency</p> <p>Culturally sensitive community consultation processes used to identify culturally appropriate strategies</p>	<p>Jan-Jun 2011</p> <p>Jan-June</p>

Outputs	Quantity	Quality	Timeframe
<p>and possibly arts/culture activities supporting key messages with pilot testing.</p> <p>Identification of appropriate local individuals who might share their stories to champion the program's messages.<sup>1</sup></p>	<p>sessions in NMAHS and five sessions in SMAHS</p> <p>4 champions established</p>	<p>Champions are used to assist with communicating key information/ messages.</p>	<p>2011</p> <p>Recruit Mar-April 2011</p> <p>Engage in activities July 2011 to June 2013</p>
<p><b>Program/campaign activities</b></p> <p>Launch of Noongar Tomorrow program to coincide with Noongar Walking for Tomorrow annual walk.</p> <p>Local community events (led by project officer) that entail a cultural component (e.g storytelling, walking, arts and cultural events, other Aboriginal events where key messages can be included).</p> <p>Implementation of culturally appropriate media advertising and PR in Noongar radio and community newspapers.<sup>2</sup></p>	<p>Media release</p> <p>Up to 200 Aboriginal people participating in the event</p> <p>10 scheduled events across metro area</p> <p>Scheduling of local identified campaign messages in local Noongar community radio and press.</p> <p>Twenty newspaper editorials and advertorials. Ten weeks radio scheduling in the second two years and five interviews.</p>	<p>Culturally sensitive community consultation processes used to identify culturally appropriate strategies.</p> <p>Activities to incorporate Tomorrow People and Noongar Tomorrow messages using culturally appropriate vehicles to encourage healthy lifestyle</p> <p>Aligned with Tomorrow People messages</p> <p>Timing to provide maximum reinforcement of national Tomorrow People scheduling where possible</p>	<p>Coincide with National Apology Day Celebration (Feb 2011)</p> <p>Mar 2011 – June 2012</p> <p>June 2011- June 2013</p>

<sup>1</sup> These will complement any national role models rather than replace these. It is not intended that these are expected to be used in national materials/approaches.

<sup>2</sup> The project aims to supplement the Tomorrow People advertising and resources rather than replace these.

Outputs	Quantity	Quality	Timeframe
<p><b>Grants scheme</b> Disseminate information and provide support to apply for small grants to facilitate community events/programs Aboriginal community organisations would be eligible to work with their PHU to develop a grant submission.</p> <p>Implementation of a local grants program to be administered and managed by the Project Coordinator and supported by the Project Steering Committee (e.g. storytelling, walking, health checks arts and cultural events, other Aboriginal events where key messages can be included)</p>	10 x \$5,000 grants	<p>Grants processes based on Activity 2</p> <p>Activities to incorporate Tomorrow People and Noongar Tomorrow messages using culturally appropriate vehicles to encourage healthy lifestyle</p> <p>Timing to provide maximum reinforcement of national Tomorrow People scheduling where possible</p>	<p>May-June 2012</p> <p>Applications Jul –Aug 2012</p> <p>Implementat- ion of local projects Sept 2012- Jun 2013</p>
<p><b>Inclusion of messages in other programs</b> Delivery of key campaign messages to clients and the broader Aboriginal community through existing health/chronic disease related programs such as the Living Improvements For Everyone (LIFE), Living with Diabetes, COACH program.</p> <p>Inclusion of campaign messages into various Aboriginal Health website links.</p> <p><b>Evaluation</b> See later section</p>		Promotion through consultation processes	Ongoing from Jan 2011

**Sustainability:** The above activities will strengthen relationships between the Noongar community and service providers. This will build the capacity of both to better manage health issues related to lifestyle behaviours and help ensure long term sustainability of the Noongar Tomorrow program and its messages. Sustainability will also be enhanced through the incorporation of key healthy lifestyle messages into culturally appropriate resources, and through the integration of these resource with existing state funded programs for Aboriginal people, such as Living with Diabetes and Living Improvements For Everyone (LIFE).



22. **Outcomes:**

Short term outcomes	Intermediate outcomes	Long term outcomes
<p>Amongst Aboriginal NGOs /ACCHOs/ Aboriginal groups and other health professionals:</p> <ul style="list-style-type: none"> <li>❖ Increased awareness of Tomorrow People campaign, key campaign messages and how to reduce risk factors.</li> <li>❖ Increased perceived relevance of these to Aboriginal people.</li> </ul> <p>Amongst Aboriginal people:</p> <ul style="list-style-type: none"> <li>❖ Increased awareness of Tomorrow People campaign, key campaign messages and how to reduce risk factors.</li> <li>❖ Increased awareness of the link between chronic disease risk and lifestyle related issues (physical activity, diet and weight).</li> </ul>	<p>Amongst Aboriginal NGOs /ACCHOs/ Aboriginal groups and other health professionals:</p> <ul style="list-style-type: none"> <li>❖ Increased perceived relevance of Tomorrow People messages to agency's/ professional's work.</li> <li>❖ Increased use of Tomorrow People/Noongar Tomorrow messages in agency programs and activities/increased conduct of activities that promote these messages.</li> <li>❖ Increased collaboration between DOHWA and Aboriginal organisations on these issues.</li> </ul> <p>Amongst Aboriginal people:</p> <ul style="list-style-type: none"> <li>❖ Increased acceptance of/personal relevance of the Tomorrow People messages.</li> <li>❖ Increased perceived priority of the need for lifestyle change.</li> <li>❖ Increased positive attitudes towards adopting a healthy lifestyle.</li> <li>❖ Increased trial and adoption of appropriate dietary and physical activity behaviours.</li> </ul>	<p>Amongst Aboriginal NGOs /ACCHOs/ Aboriginal groups and other health professionals:</p> <ul style="list-style-type: none"> <li>❖ Increased inclusion of prevention/messages into core organisational practices.</li> </ul> <p>Amongst Aboriginal people:</p> <ul style="list-style-type: none"> <li>❖ Increased proportion of adult population who comply with fruit/vegetable consumption and physical activity guidelines, and who are healthy weight.</li> </ul>

23. **Rationale:**

Addressing the considerable inequalities in health among Aboriginal people in Western Australia is a priority for Western Australia. The poorer health status of Aboriginal people compared to other parts of the Australian community is well documented. Not only are there higher rates of chronic disease, particularly those affected by lifestyle, but many of these diseases, particularly type 2 diabetes, occur at a much younger age. Rates of diabetes are as high as 50% for older Aboriginal people<sup>3</sup>.

There is a wide range of evidence which demonstrates the burden of disease amongst ATSI Australians and the impact of this on their overall wellbeing. The distinct differences in the health

<sup>3</sup> V Hoad. North Metropolitan Area Health Service Aboriginal Health Profile: Epidemiology to Guide the Strategic Direction and Operational Planning of the NMAHS Public Health Unit. DoHWA, Perth, 2007.

and wellbeing of ATSI Australians compared to other Australians has been acknowledged by the Federal Government response to the 'Closing the Gap' initiative with the intent to: *within a generation reduce the life-expectancy gap, currently 17 years, between Aboriginal and Torres Strait Islander people and other Australians*<sup>4</sup>.

These issues have been recognised by the metropolitan Aboriginal population. A Health Profile report (2007)<sup>5</sup> estimates 25,627 Aboriginal people currently live in the Perth greater metropolitan region. Of these, 11,985 reside in the North Metropolitan Area Health Service (NMAHS) catchment area. In 2006 the NMAHS the Aboriginal population was estimated to be 1.4% of the total NMAHS population. The NMAHS Aboriginal mortality rates for cardiovascular disease and diabetes were significantly higher than for the State Aboriginal population. These rates were also significantly higher when compared to non-Aboriginal counterparts. In addition NMAHS Aboriginal residents experienced significantly higher hospital separation rates than the non-Aboriginal population for diabetes, cardiovascular disease, respiratory diseases, kidney disease and cancer. In 2007 3.4% of North Metropolitan residents who presented at an Emergency Department were Aboriginal<sup>6</sup>.

In 2007, although the Aboriginal population in the South Metropolitan Health Service (SMAHS) area was estimated to be 1.9% of the total SMAHS population, it accounted for 7% of hospital admissions which equated to 12,261 patients being admitted to hospitals in the region.<sup>7</sup> Aboriginal people also accounted for 6% of hospital bed-day occupancy in the area, equating to 35,743 bed days in total. In addition, Aboriginal people made up 6% of Emergency Department admissions in the area equating to 10,192 in total. The Aboriginal population living in the SMAHS has a significantly poorer health status compared with other Australians in the state and the nation. Chronic diseases, including circulatory disease, diabetes, mental health and tobacco related illnesses are major contributors to mortality and morbidity for Aboriginal people in the region. Aboriginal people can expect to die at a younger age than non-Aboriginal people in the SMAHS, for males 13 years earlier and for females 13.4 years earlier.

National data shows that levels of obesity among Aboriginal people are higher than in the non-Indigenous population in all adult age groups. The differences between Indigenous and non-Indigenous people are statistically significant in all areas including underweight. The proportion of overweight and obese Indigenous Australians has increased from 51% in 1995 to 60% in 2004-2005.<sup>8</sup>

Physical inactivity was associated with 8.4% of the total Indigenous burden of disease in 2003<sup>9</sup>. In 2004-05, approximately 47% of Indigenous persons aged 15 years and over in non remote areas of Australia reported their exercise level as sedentary in the two weeks prior to survey, 28% as 'low', 18% as 'moderate' and 7% as 'high'. In 2004-05 in non-remote areas, after adjusting for differences in age structure, approximately 51% of Indigenous persons aged 15 years and over reported their exercise level as 'sedentary' (very low or no exercise), 27% as 'low' and 21% as 'moderate' or 'high'. This compared to 33%, 36% and 31% of non-Indigenous Australians respectively<sup>10</sup>.

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<sup>4</sup> Department of Health (WA). National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes: Implementation Plan. DoHWA, Perth, 2007.

<sup>5</sup> V Hoad. North Metropolitan Area Health Service Aboriginal Health Profile: Epidemiology to Guide the Strategic Direction and Operational Planning of the NMAHS Public Health Unit. DoHWA, Perth, 2007.

<sup>6</sup> Ibid.

<sup>7</sup> Department of Health. South Metropolitan Area Health Services Aboriginal Health Action Plan 2010. DoHWA, Perth, 2009.

<sup>8</sup> Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework: 2006 Report. AIHW, Cat. No. IHW20. Canberra, 2007.

<sup>9</sup> Vos, T, Barker, B, Stanley, L, Lopez, A The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003. School of Population Health, The University of Queensland, Brisbane, 2007.

<sup>10</sup> Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework: 2006 Report. AIHW, Cat. No. IHW20. Canberra, 2007.

The Tomorrow People campaign was developed in response to the need to approach the issues addressed in the national Measure Up campaign in a culturally appropriate way for Aboriginal people. Key issues identified nationally at that time included:

- Despite recognition that lifestyle related chronic disease is a problem for their communities, Aboriginal people did not see lifestyle change as a high priority.
- The risk of chronic disease was seen to be a symptom of broader problems related to cultural displacement and resulting social problems.
- Lifestyle related conditions were related to diet, smoking and alcohol, and to a lesser extent, lack of physical activity.
- Conditions such as type 2 diabetes were seen as the norm and to be 'expected' at some stage for most people.

As a result, a different more holistic approach was proposed for the Tomorrow People campaign, with emphasis on adapting the messages and campaign execution to be culturally appropriate and to resonate with Aboriginal values and beliefs in this area, particularly around the concept of creating hope and a future for Aboriginal people and their families (i.e. 'Tomorrow's people').

To date no evaluation information is available for the Tomorrow People campaign and its appropriateness and impact on Aboriginal people. Anecdotal feedback from professionals working closely with Aboriginal people in Western Australia suggests that the campaign materials were more appropriate for urban than remote populations, and did not capture the attention or interest of a large proportion of the target group. The role models used were not familiar to Western Australian Aboriginal people.

It is understood that the Tomorrow People resources are being adapted based on feedback from the national Indigenous Working Group and that these will be 'evaluated' after the next phase. New approaches will be developed after the release of the national research being conducted as part of the joint Tomorrow People and Closing the Gap Indigenous research around lifestyle and smoking issues in 2010. These research findings will be integrated into the Noongar Tomorrow project planning when available.

The factors that determine the risk of harmful lifestyle practices and risk of injury in Aboriginal people are embedded into the broader cultural, social, economic and environmental history and conditions, including the impact of colonisation, family dispersal and the disadvantaged socioeconomic circumstances under which many live<sup>11</sup>.

Policy and program planning and development to address chronic disease and injury among Aboriginal people should reflect a holistic perspective that encompasses not only physical wellbeing, but also the social, emotional, spiritual and cultural wellbeing of the whole community. These need to be supported by partnerships to engage Aboriginal people and communities and will need to include a focus on self-determination, cultural security, community needs and greater collaboration and partnerships at all levels. The similarities and differences among Aboriginal cultures and circumstances (including geographical location) need to be acknowledged, along with the importance of developing local ownership and capacity within communities to plan and implement interventions.

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<sup>11</sup> Department of Health (WA). Western Australian health promotion strategic framework 2007 – 2011. DoHWA, Perth, 2007.  
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The Aboriginal concept of health recognises health as relating to strong spiritual and social connections<sup>12</sup>. For Aboriginal people, the experience of health is as much related to the well being of the community as to that of the individual. This concept is being increasingly recognised amongst health service providers, and is reflected in a holistic approach to health care for Aboriginal peoples. These approaches are emphasised in the Western Australian Health Promotion Strategic Framework 2007-2011. Embedding Cultural Respect into health services and their delivery will lead to:

- ❖ improved outcomes and quality;
- ❖ more efficient and effective services;
- ❖ expenditure reduction; and
- ❖ improved satisfaction with services and programs.

In alignment with the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health<sup>13</sup>, the program will engage community groups into **localised decision-making**: in which health will devolve decision-making capacity to local Aboriginal communities to define their health needs and priorities and arrange for them to be met in a culturally appropriate way in collaboration with Aboriginal specific and mainstream health services.

Using storytelling as a medium further supports the traditional way stories were passed with Aboriginal communities. Traditional Aboriginal culture was passed on to others through oral traditions, art, dance and rituals. Aboriginal Legends have served an important purpose in the teaching and learning for Aboriginal people, adding to their understanding, connection and interpretation of the world in which they live. Stories are a means by which knowledge and understanding is passed from generation to generation. As they live with such a close connection to the country and seasons, know it so intimately, the stories, songs and culture are inextricably linked to the land<sup>14</sup>.

Close linkages will be made with ongoing related programs targeting smoking and healthy lifestyle in the Perth area including:

- ❖ Local Measure Up Support Program (Activity 2).
- ❖ Healthy lifestyle programs for general population (NGOs such as Heart Foundation (WA), Cancer Council WA and Diabetes WA).
- ❖ State Aboriginal healthy lifestyle programs funded under the Closing the Gap National Partnership Agreement.
- ❖ Aboriginal Healthy Lifestyle and Tobacco Workers (Closing the Gap National Partnership Agreement).
- ❖ Australian Better Health Initiative (ABHI) Healthy Lifestyle Project in Peel
- ❖ Metropolitan Aboriginal women's healthy lifestyle program (Women's Health Care Association).
- ❖ Journey of Living with Diabetes (SMAHS).
- ❖ Screening and chronic disease management programs.
- ❖ GP Aboriginal Health Checks.
- ❖ LIFE Program (NMAHS).
- ❖ Tobacco Control Initiative in Rockingham/Kwinana (ABHI).

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<sup>12</sup> Department of Health (WA). North Metropolitan Area Health Service Aboriginal Cultural Respect and Security Framework. DoHWA, Perth, 2008.

<sup>13</sup> Australian Health Ministers' Advisory Council, Standing Committee on Aboriginal and Torres Strait Islander Health Working Party. Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2004 – 2009. AHMAC, 2004.

<sup>14</sup> Australian Heritage Commission. Nourishing Terrains: Australian Aboriginal views of Landscape and Wilderness. Report prepared by R Bird. Canberra, 1996.

Given the significant outputs, a dedicated project officer is needed to implement this project. The officer ideally will be an Aboriginal person, who can work directly with local Aboriginal agencies, groups and communities.

The use of a small proportion of the funding (\$50,000) in the third year will provide incentives for engagement and allow the further dissemination of this projects' materials for community based activities and will result in at least ten projects tackling lifestyle behaviours. The grants scheme will be based on that outlined in Activity 2, representing a saving in developmental costs for grant processes.

**24. Contribution to performance benchmarks:**

The Noongar Tomorrow Program will support the Tomorrow People campaign and contribute to the National Partnership Agreement adult performance benchmarks relating to the proportion of adults who:

- ❖ Meet the national physical activity guidelines of at least half an hour activity a day.
- ❖ Meet the national guidelines of two serves of fruit and five serves of vegetables each day.
- ❖ Are a healthy weight.

**25. Policy consistency:**

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

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

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

The National Partnership Agreement on Preventative Health also builds on other aspects of the Australian Better Health Initiative and the National Reform Agenda Type 2 Diabetes initiative. The overall Agreement and this specific program support the National Healthcare Agreement's focus on prevention and progress its objectives.

In addition, this initiative is consistent with the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

At a state level the National Partnership Agreement on Preventative Health supports the following state policy and targets:

- ❖ Western Australian Health Promotion Strategic Framework 2007-11, highlighting the priority needed for addressing the chronic disease related risk factors among Aboriginal people.
- ❖ Western Australian Aboriginal Cultural Respect Implementation Framework.
- ❖ SMAHS Reconciliation Action Plan
- ❖ SMAHS Aboriginal Health Action Plan.

## 26. Target group(s):

The **primary target groups** for the program are Aboriginal people of the Noongar culture and language group, specifically adult Noongar Aboriginal people living in the Perth metropolitan area. The Noongar people are the predominant Aboriginal community and traditional owners of the land in the Perth metropolitan area (see map below). It is also acknowledged that Aboriginal people from other Aboriginal cultural groups live in the area, for example those from Wongi, Yamatji, Pilbara, Kimberley and Torres Strait Islander country. The Noongar language and its many dialects were spoken throughout Noongar country and many Noongar words have been used to name local plants, animals and places.

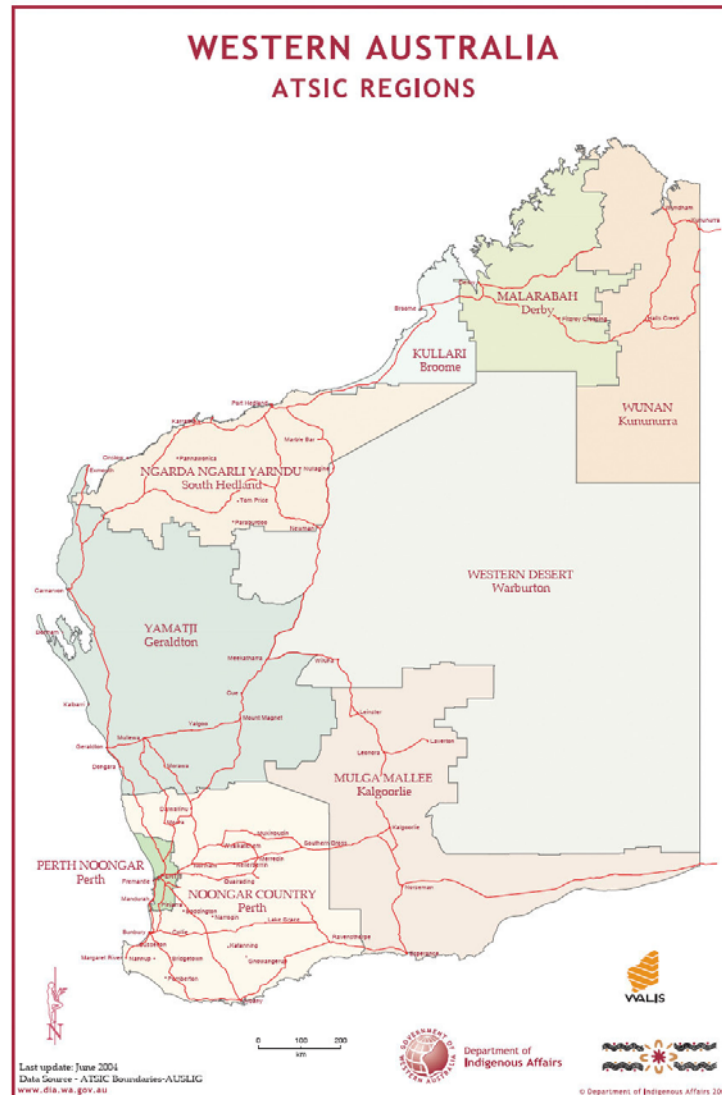
The **secondary target group** is health professionals and agencies working with Aboriginal people in the Perth metropolitan area.

The Noongar cultural and language group represents a significant proportion of Aboriginal people within Western Australia<sup>4</sup>, including the vast majority of Aboriginal people living in Perth, the Wheatbelt and South West areas. In 2007 the Aboriginal population of Western Australia was estimated to be 72,000, representing around 3.4% of the total Western Australian population. Nearly two fifths of Aboriginal people (27,086) live in the Perth metropolitan area. Approximately 12,000 lived in the North Metropolitan Area (1.4% of the population) and 14,500 lived in the South Metropolitan Area (1.9%)

Of the 44,901 Aboriginal people living outside Perth, approximately 7,000 live in the Wheatbelt and South West areas<sup>15</sup>.

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<sup>15</sup> Department of Health 2010, *Downloads – Wheatbelt and South West Areas*, Epidemiology Branch, Perth, viewed 19 Feb 2010 , <[http://intranet.health.wa.gov.au/corpdocs/hic/Epidemiology/New\\_Epi/downloads/index.asp](http://intranet.health.wa.gov.au/corpdocs/hic/Epidemiology/New_Epi/downloads/index.asp)>.



## 27. Stakeholder engagement:

Underpinning all the project strategies will be an extensive consultation process with both Aboriginal and non-Aboriginal providers of services to the Aboriginal community, and the Aboriginal community itself. The project will be led by the Project Steering Committee. Extensive consultation will occur with appropriate key Aboriginal community members and elders and staff from key stakeholder organisations who implement healthy lifestyle programs in the Aboriginal community, alongside strong involvement and participation by groups interested in culture and art.

The infrastructure for this consultation exists as a result of the state planning process to apply for the Closing the Gap funding. The five District Aboriginal Health Action Groups (in SMAHS) and two Aboriginal Planning Forums (in NMAHS) have been meeting and planning with key service providers over the last twelve months. In these Aboriginal Health Planning meetings convened by the metropolitan Public Health Units, the Aboriginal community clearly identified the need for an increased well-supported Aboriginal workforce and the need for prevention programs on all diseases and risk factors.

In addition, there are over thirty Aboriginal organisations incorporated in the SMAHS area and a further ten known NGOs that provide health programs and services specifically for Aboriginal

people. These organisations are located in the most disadvantaged suburbs where there are reported higher rates of smoking, risky alcohol consumption, obesity, physical inactivity and developmental vulnerabilities in children. There are also higher rates of unemployment, low levels of education and poor access to transport.<sup>16</sup> Prevention and primary health care services could be added to the suite of programs provided by culturally appropriate community based organisations. The services provided in these community organisations are holistic, culturally appropriate, provided in a familiar environment, promote traditional activities, address underlying social activities, recognise history, are provided in realistic timeframes and understand community constraints.<sup>17</sup> They therefore follow best practice and the principles of cultural security in design.

<b>Stakeholders</b>	<b>Engagement Strategy</b>
Aboriginal Health Action Groups and Planning Forums in SMAHS and NMAHS	<ul style="list-style-type: none"> <li>• Meetings to input into the development of strategies and activities.</li> <li>• Meetings to consult on suitability of project materials/resources.</li> </ul>
Organisations who work with Aboriginal people in Perth area (e.g. ACCHOs, AHCWA, AMSs, local government) including the 'Closing the Gap' Lifestyle Coordinators	<ul style="list-style-type: none"> <li>• Consultation about current programs and how the Noongar Tomorrow/Tomorrow People/Measure Up messages can be integrated into these.</li> </ul>
Other Aboriginal programs in the NMAHS and SMAHS – such as LIFE and Living with Diabetes	
Aboriginal communities and groups	<ul style="list-style-type: none"> <li>• Involvement in the consultation, development, implementation of storytelling and other cultural activities.</li> </ul>
WA Country Health Service to ensure linkages with programs funded by the Australian and State Government under the Closing the Gap NPA	<ul style="list-style-type: none"> <li>• Early discussions around the project and links to key activities and identify synergies and links.</li> <li>• Dissemination of project updates, information, resources, toolkits, etc. as relevant.</li> </ul>
Other parts of DOHWA – such as Public Health Division chronic disease prevention policy area, Office of Aboriginal Health	
Non government organisations (NGOs) running major health promotion campaigns and programs (e.g. Red Cross, Heart Foundation (WA), Cancer Council WA, Diabetes Association)	<ul style="list-style-type: none"> <li>• Consultation about current programs and how the /Noongar Tomorrow/Tomorrow People/Measure Up messages can be integrated into these.</li> </ul>
Other government agencies	<ul style="list-style-type: none"> <li>• Meetings to investigate potential use of the Noongar Tomorrow branding and linkages for other department programs, such as Healthway sponsorships.</li> </ul>

<sup>16</sup> Department of Health. South Metropolitan Public Health Unit Background document to the Strategic Plan 2008 – 2011. DoHWA, Perth, 2008.

<sup>17</sup> R Howie, Formative Evaluation of the Kuwinywardu Aboriginal Resource Unit Gascoyne Healthy Lifestyle Program. School of Population Health, University of Western Australia, Perth, 2004.



28. **Risk identification and management:**

<b>Risk</b>	<b>Level</b>	<b>Mitigation strategy</b>	<b>Responsibility/ timeline</b>
Time constraints in preparing this plan limited engagement of community and relevant organisations and professionals in development and may lead to reduced willingness to engage in project.	Med	Emphasis on consultation in first few months of commencement, with sufficient time to engage stakeholders and communities before finalising project.  Continual engagement and linkage to other Aboriginal health consultation processes.	Project Coordinator with the support of the Project Steering Committee Jan-Feb 2011  NMPHU and SMPHU representatives (Immediate)
Delays in recruiting Project Coordinator while waiting for notice of approval of funding by end June 2010.	Med	Ensure necessary paperwork ready to go as soon as approval received.  Advertise the position within key agencies and through community networks.	NMPHU and SMPHU representatives Jul 2010 – Sept 2010  Project Steering Committee Jul-Sept 2010
Use of funds for equity reduces chance of achieving NPAPH benchmarks for rewards.	Med	Continue WA funding of whole of population approaches using state funding to achieve targets (e.g. NGO contracts).	Population Health Policy Branch Ongoing
Difficulty retaining staff, particularly at the later stages of the project.	Med	Link the project with ongoing work funded by Health to ensure momentum is maintained and seek to ensure engagement of hosting organisation and Project Steering Committee.	Host Agency / Project Steering Committee Jun 2012-Jul 2013
One or both Area Health Services unable to maintain commitment to project for some reason.	Med	Ensure engagement of hosting organisation and Project Steering Committee.	Host Agency Project Steering Committee Ongoing

29. **Evaluation:**

Key performance measures for the program evaluation are listed in the table below.

The program will be evaluated through the following mechanisms:

- ❖ Assessment of partnerships created and strengthened via this program.
- ❖ Contracting of independent evaluator to design the overall evaluation, key evaluation tools and stakeholder surveys, and undertake work where suitable.
- ❖ Stakeholder surveys to provide feedback on professionals' awareness, relevance and use of the Tomorrow People and Noongar Tomorrow campaigns and related program messages, materials and processes.

- ❖ Evaluation proformas/processes for community events and activities funded under grants scheme<sup>18</sup>. This will include:
  - ❖ Core questions about attendance and participation.
  - ❖ Feedback questionnaires for participants in courses and programs.
- ❖ Project activity reports by Project Coordinator about number and nature of Tomorrow People and Noongar Tomorrow activities conducted.

In addition, there is a significant formative evaluation component – that is, consultation with Aboriginal agencies, professionals and people to ensure the materials and activities are appropriate and effective.

<b>Indicators</b>	<b>Methodology</b>	<b>Timeframes</b>
<b>Engagement of health professionals and Aboriginal agencies</b>		
Number of organisations and professionals briefed about the campaign	Project activity report	Annual
Number of consultation sessions and agencies involved	Project activity report	2011
Stakeholder awareness of Noongar Tomorrow/Tomorrow People campaigns and key messages	Stakeholder surveys	2011-13
Stakeholder use of Noongar Tomorrow/ Tomorrow People key messages/resources in programs	Stakeholder surveys	2011-13
Number, strength and suitability of partnerships formed	Stakeholder surveys	2011-13
<b>Community engagement</b>		
Number of community consultation sessions conducted	Project activity report	2011
Acceptability of Noongar Tomorrow program and resources to Noongar community	Qualitative feedback from consultations during development	2011-12
<b>Program/campaign materials and activities</b>		
Number of Tomorrow People resourced distributed, to whom and for what use	Project report	Annual
Number of Noongar Tomorrow resources developed, printed and distributed	Project report	Annual
Use of materials by health professionals and Aboriginal agencies	Stakeholder survey Resource distribution monitoring	June 2012 June 2013
Reach of media advertising (paid and unpaid)	Media monitoring for expected campaign reach	Annual report, 2012, 2013

<sup>18</sup> Using Activity 2 materials adapted to this project.

Indicators	Methodology	Timeframes
Reach and impact of community events [facilitated by Project staff] <ul style="list-style-type: none"> <li>number and type of events/programs</li> <li>total number of people attending/reached by target group</li> <li>attendee recognition of the campaign and key messages being promoted</li> <li>impact of activity on knowledge, skills, attitudes and/or behaviour intentions</li> </ul>	Activity evaluation template (used where possible)  Questionnaires for attendees at activities /courses/skill development /physical activity programs (used when possible)  Questionnaires for attendees at events or activities (used when possible)	Annual report, 2012, 2013
<b>Grants scheme</b>		
Suitability of application processes and guidelines	Qualitative feedback through consultation with key stakeholders and potential grants users	Before finalisation of guidelines
Appropriateness of support available for developing suitable funded projects	Qualitative and quantitative feedback from key stakeholders and grant holders/applicants	May-June 2013
Reach and impact of grant funded projects <ul style="list-style-type: none"> <li>Number and type of events/programs</li> <li>total number of people attending /reached by target group</li> <li>attendee recognition of the campaign and key messages being promoted</li> <li>impact of activity on knowledge, skills, attitudes and/or behaviour intentions</li> </ul>	Standard project evaluation template (Activity 2) (used where possible)  Questionnaires for attendees at activities /courses/skill development /physical activity programs (used when possible)  Questionnaires for attendees at events or activities (used when possible)	End of grant reporting requirements

### 30. Infrastructure:

The NMAHS and SMAHS Public Health Units within the Department of Health (WA) will provide the infrastructure to establish and monitor this initiative. Costs for infrastructure other than those provided in the budget below will be met by the Department of Health.

### 31. Implementation schedule:

**Table 3: Implementation schedule**

Deliverables and milestones	Due date
Finalise hosting agency and establish project officer position	Aug-Sept 2010
Establish Project Steering Committee	Aug-Sept 2010
Initial dissemination of information about Tomorrow People campaign	Sept 2010
Initial consultation with Aboriginal stakeholders/community	Oct-Dec 2010
Engagement of culturally secure marketing/research agency(ies)	Oct 2010

Development of evaluation procedures	Jan 2011
Project advertising/resources/approaches developed	Jan-June 2011
Project launch	Feb 2011
Community events conducted (project officer led)	Mar 2011–June 2012
Media promotions/advertising implemented	Jun 2011-June 2013
Continued cycle of information dissemination around national campaigns	2011-13
Small grants applications available	July-Aug 2012
Activities funded under grants scheme	Sept 2012 on

**32. Responsible officers and contact details:**

Clory Carrello  
 A/Exec Director South Metropolitan Public Health Unit  
 South Metropolitan Area Health Service, Department of Health, Western Australia  
 Tel 08 94310200  
 Fax 08 9431 0227  
 Email PHPBadmin@health.wa.gov.au

Roslyn Elmes  
 Exec Director North Metropolitan Public Health Unit  
 North Metropolitan Area Health Service, Department of Health, Western Australia  
 Tel 08 9380 7701  
 Fax 08 9380 7719  
 Email PHPBadmin@health.wa.gov.au

**33. Activity budget:**

**Table 4: Activity project budget (\$) (GST excluded)**

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
<b>TOTAL</b>	\$260,000	\$250,000	\$250,000	\$760,000

34. **Activity 2: Local Measure Up Support Program**

35. **Overview:**

The project aims to increase the impact of the national Measure Up campaign through a number of approaches:

- ❖ Enhancing dissemination of information about the Measure Up and Tomorrow People campaigns, available resources and key messages to health professionals and other relevant agencies.
- ❖ Provision of advice/information to agencies and professionals wanting to run local support activities related to the Measure Up campaign.
- ❖ Development and dissemination of a new resource for professionals promoting key messages and available programs and resources.
- ❖ Strengthening the linkages, consistency and integration of the Measure Up campaign and state funded campaigns and programs to ensure maximum impact and synergy of both the state and national investment.
- ❖ Increasing the number of local community activities to support the national campaign, through engaging community and local health professionals and providing funding through small grants.

36. **Outputs:**

A project officer will be employed by the lead NGO to deliver the outputs. Key roles of the officer will be to organise all briefings; provide advice/information/practical support to agencies wanting to promote the Measure Up messages or apply for grants; act as executive officer for the Advisory Committee; oversee the development of the health professional resource; manage the grants scheme; organise any advertising or promotion; coordinate the project evaluation; and all reporting to the Department of Health (WA).

An Advisory Committee would be established, with representation from the relevant NGO(s), Department of Health, the NESB project officer (Activity 3) and Noongar Tomorrow project officer (Activity 1), to ensure linkages at community and statewide program level, facilitate common issues, such as the grants scheme and evaluation and avoid duplication. In addition, 3-6 monthly meetings will be held between senior staff involved in the three Activities, including Department of Health staff.

The Department of Health (WA) will oversee the contract for the program, sit on the Advisory Group, provide warehousing and distribution costs for national campaign resources and sit on any national advisory or working groups for this element of the National Partnership Agreement.

The key outputs of the program will be:

- ❖ **National campaign information dissemination and practical support:**
  - ❖ Briefings and the dissemination of information for the Measure Up (including NESB) and Tomorrow People campaigns to health professionals and agencies working in prevention, chronic disease management healthy lifestyle promotion across Western Australia using existing established networks.<sup>19</sup>

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<sup>19</sup> Briefing of professionals and agencies working with Aboriginal people in the Perth metropolitan area about the Tomorrow People campaign will be undertaken under Activity 1. More intense contact with health professionals who work directly with people from NESB backgrounds is covered under Activity 3.

- ❖ Provision of advice, information, tools and resources to health and other professionals wanting to be involved in the Measure Up campaign and or run local support activities that support the campaign's aims (e.g. practical advice, distribution of 'kits'<sup>20</sup> of resources, preparation of standard tools such as editorial for local newspapers to support local events). Support for state campaigns such as Go for 2&5<sup>®</sup> and Find Thirty<sup>®</sup> every day will be provided through existing contracts for these programs.
- ❖ Warehousing and distribution of Measure Up and Tomorrow People resources to agencies and professionals.
- ❖ **Strengthen linkages to and integration with other state based activities.**
  - ❖ Development of a new health professional information resource that links the Measure Up and state based campaigns and programs. This will promote all key messages in a simple and consistent manner, identify available resources and community programs, and encourage integration of these with individual health professionals' remits. This would be sent to relevant health professionals to increase their understanding of the various activities and enhance engagement in the campaign. It also will be useful for other key projects and agencies including the Healthy Workers initiative, local government and Divisions of GP.
  - ❖ Enhanced website linkage of major campaigns and programs (one site to provide an entry point to other web sites and some of the information in the health professional resource).
  - ❖ Support the NESB project (Activity 3) by:
    - providing health promotion expertise and resources from existing programs and campaigns; and
    - the administration and evaluation of the grants scheme that will include NESB projects.
  - ❖ In addition, through this project there will be enhanced linkages and collaboration between state funded projects. For example, activities that would be strengthened and continued in current/future state funded contracts with the NGOs include:
    - Stronger collaboration and linkages with the Measure Up campaign.
    - Improved consistency of messages being promoted through the national and statewide campaigns and key programs, including ensuring that briefings, campaign/program materials and public relations are aligned and provide the same messages.
    - Increased promotion of and linkage to the Measure Up campaign of state funded lifestyle support programs such as the My Healthy Balance website support program, Get on Track challenge, Heart Foundation walking program and diabetes education sessions.

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<sup>20</sup> A compilation of Australian Government provided resources and state resources may be provided in 'kit' form to those seeking information for activities.

❖ **Community and local support activities funded through grants:**

In order to reinforce the national and state campaigns at local level and to increase the number of community programs consistent with the Measure Up and Tomorrow People campaigns, it is proposed to develop and administer a small grants scheme. This scheme aims to provide incentive and support for agencies to implement locally or culturally appropriate initiatives aimed at improving adults' physical activity levels, healthy eating behaviours and or weight. This scheme would be underpinned by:

- ❖ Grants would be available to agencies such as local government, NGOs (mainstream, Aboriginal and NESB), GP Divisions, pharmacies, community groups and Department of Health regional units.
- ❖ Grants would be from \$1,000 to \$5000, with consideration of some higher value grants in circumstances of higher reach or special need. Grants as low as \$1,000 have proven very productive in the past in WA.
- ❖ Grant applicants would be required to meet one or more of the following objectives:
  - increase local knowledge about physical activity, healthy eating and/or healthy weight
  - increase local involvement in physical activity, healthy eating and/or weight management initiatives
  - improve healthy eating and physical activity habits of community members
  - contribute to a healthier local food supply
  - contribute to a local environment that supports physical activity
  - increase local engagement with relevant social marketing campaigns promoting healthy weight, healthy eating and physical activity.
- ❖ The scheme would encourage grant applicants to apply for funding to run or tie in to an established program in order to encourage best practice activity and maximise return on investment, although modification to local conditions or culture would be possible. Examples include but would not be limited to:
  - Setting up or expanding a local Heart Foundation walking group
  - Promoting local participation in healthy lifestyle programs such as the Diabetes WA Get On Track Challenge or My Healthy Balance
  - Conducting FOODcents training and supermarket tours
  - NESB events such as an ethnic cook off
  - Good Food for New Arrivals
  - Adapting any of the above for a specific NESB or Aboriginal community (e.g. walking for Muslim women)
  - Local resources to support activities (e.g. walking maps)
  - Running a local event relating to physical activity, healthy eating and/or healthy weight.
- ❖ Grants will not be competitive but rather each assessed on its own merit.
- ❖ Grants recipients would have the option to be supported by a Measure Up print advertisement or promotion in their local community paper around the timing of the activity, accompanied by editorial and local media public relations activities. Other major events could also be supported by additional local Measure Up campaign advertising in community newspapers.
- ❖ Grant recipients would be encouraged to time events to complement the autumn and spring Measure Up campaign advertising phases.
- ❖ Funded activities will be free to be branded to match the key messages of the Measure Up, Go for 2&5®, Find Thirty® every day or Draw the Line campaigns, or future related state campaign brands.
- ❖ The grant process would be streamlined by standard guidelines, application processes, kits, menu of key fundable interventions and evaluation templates,

drawing on successful past state schemes. Clear guidelines would be developed for the grants scheme, including what could be and could not be funded through the grant. The aim would be to make this process easy to both apply for and report against.

- ❖ Priority will be given to projects that target priority groups such as those living in low socio-economic areas, regional communities, Aboriginal people and people from non-English speaking communities<sup>21</sup>. No minimum allocation will be set for NESB or Aboriginal programs. However, uptake for programs for these groups will be monitored and greater encouragement and support provided if needed.
- ❖ **Evaluation** of the overall approach, and the outputs, reach and impact of the overall program and the grants scheme.

Outputs	Quantity	Quality	Timeframe
<p><b>Campaign information dissemination and practical support</b> Regular updates by email and face to face briefings where appropriate.</p>	<p>Initial briefing about the Measure Up/Tomorrow People campaigns and this project</p> <p>Regular email briefings about the campaign and new materials/electronic resources/ how to access print copies. 2-4 per year. (To reach minimum of 500 professionals)</p> <p>Updates for progress of this project (at least 2 each year)</p> <p>Agencies/professionals whose role provides opportunity to include Measure Up/Tomorrow People messages:</p> <ul style="list-style-type: none"> <li>• DOHWA public health units (9) (dietitians, allied health, health promotion staff)</li> <li>• DOHWA chronic disease management programs</li> </ul>	<p>Feedback from stakeholder surveys, as well as satisfaction and usefulness feedback to allow continuous quality improvement</p>	<p>First round Sept 2010</p> <p>Ongoing, timed around national campaign phases 2010-2013</p>

<sup>21</sup> It is more efficient to manage NESB grants through this process than operate a separate process.



Outputs	Quantity	Quality	Timeframe
<p>Warehousing and distribution processes for national campaign resources including NESB and Tomorrow People materials.</p> <p>Verbal advice, tools and information for those involved in the campaign/running local activities (including through grants).</p>	<ul style="list-style-type: none"> <li>• Aboriginal health workers</li> <li>• Aboriginal NGOs/AMS outside Perth</li> <li>• Divisions GP (13)</li> <li>• NGOs (7+)</li> <li>• Nutrition and physical activity networks</li> <li>• Public Health Association</li> <li>• Public Health Advocacy Institute WA</li> <li>• Physical Activity Taskforce</li> <li>• Other government agencies (Healthway, Sport and Recreation, Transport)</li> <li>• Local government (141)</li> <li>• Pharmacy network (400)</li> </ul> <p>DOHWA warehousing and distribution centre will be used</p> <p>Previous use of resources expected to increase from approximately 17,000 tapes and booklets to 30,000 per annum<sup>22</sup></p> <p>At least 20 requests each year</p>	<p>Protocols developed in partnership DOHWA and consortium</p> <p>Based on recommended programs for grants and existing campaign information/overseen by Advisory Group</p> <p>Stakeholder feedback for quality</p>	<p>July Aug 2010</p> <p>Ongoing from Nov 2010</p>

<sup>22</sup> WA holds approximately 60,000 brochures and 70,000 tape measures. Equivalent numbers of any new resources will be needed.  
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Outputs	Quantity	Quality	Timeframe
		improvement	
<p><b>Strengthen linkages/integration with other state based activities</b> Integrate Measure Up campaign activities and messages into relevant state funded NGO campaign contracts.</p> <p>Health professional resources – To link the Measure Up and state based campaigns and programs, promote all key messages in a simple and consistent manner, identify available resources and community programs, and encourage integration of these with individual health professionals’ remits</p> <ul style="list-style-type: none"> <li>- new publication</li> <li>- website to link state sites.</li> </ul>	<p>At least 4 existing NGO contracts</p> <p>1 publication – at least 5000 copies printed and distributed</p> <p>1 website page</p>	<p>Relevant contract/MOU outputs to specify integration of Measure Up campaign messages/ collaboration and linkages with state funded programs</p> <p>Pre-testing with health professionals</p> <p>Stakeholder survey feedback</p>	<p>July 2010 (current)</p> <p>June 2011 (future contacts)</p> <p>March 2011</p> <p>April 2011</p>
<p><b>Community events funded under grants scheme</b> Grant scheme commences.</p> <p>Community events/programs funded under grants scheme commence (examples outlined earlier under ‘community and local support activities’).</p> <p>Supporting Measure Up promotions in local community papers linked to events undertaken.</p>	<p>Kit will include objectives, eligibility, standard application form, guidelines, menu of recommended programs</p> <p>Year 1: minimum 16 grants Year 2: minimum 28 Year 3: minimum 24</p> <p>Year 1: minimum 16 grants Year 2: minimum 28 Year 3: minimum 24</p>	<p>Qualitative feedback from key stakeholders and potential grant users in development</p> <p>Administration in line with Department approved protocols, overseen by Advisory Group</p> <p>Criteria for grants align with Measure Up and Tomorrow People objectives and target groups</p> <p>National approvals in line with Measure Up licensing agreement</p>	<p>Dec 2010 on</p> <p>Jan 2011 – 2013</p> <p>Jan 2011 – 2013</p>
<p><b>Evaluation</b> Evaluation conducted</p>	<ul style="list-style-type: none"> <li>• Grants scheme evaluation tools</li> </ul>	Independent agency	2010-13

Outputs	Quantity	Quality	Timeframe
	and data base • Stakeholder surveys As per evaluation section	Base on existing protocols  Overseen by Advisory Group	

**Sustainability:** The activities outlined above will strengthen the consistency of healthy lifestyle messages promoted by different programs and further development of the collaboration between major NGOs delivering state programs. Sustainability will also be increased by the involvement of a wider range of agencies in this work as a result of the communication, funding and related partnerships.

37. **Outcomes:**

Short term outcomes	Intermediate outcomes	Long term outcomes
Among health and other professionals: ❖ Increased awareness of the Measure Up campaign. ❖ Increased understanding of the Measure Up campaign messages. ❖ Increased perceived relevance of the Measure Up campaign to their work. ❖ Increased understanding of how to promote the Measure Up and state campaign messages.  Among adults <sup>23</sup> : ❖ Increased awareness of Measure Up campaign messages. ❖ Increased awareness of the link between chronic disease risk and lifestyle related issues such as physical activity, diet and weight. ❖ Increased personal relevance of the Measure Up campaign messages ❖ Increased positive attitudes towards adopting a healthy lifestyle and the associated benefits.	Among health and other professionals: ❖ Increased use of/links to Measure Up campaign messages and resources in agency programs activities. ❖ Increased conduct of activities that promote the Measure Up campaign messages.  Among adults: ❖ Increased perceived priority of the need for lifestyle change. ❖ Increased confidence in ability to try these changes. ❖ Increased trial and adoption of appropriate dietary and physical activity behaviours.	Among health and other professionals: ❖ Increased inclusion of Measure Up/healthy diet, activity and weight messages, and healthy lifestyle promotion in general, into core organisational practices.  Among adults: ❖ Increased proportion of the adult population who comply with fruit and vegetable consumption guidelines, physical activity recommendations and who are a healthy weight.

<sup>23</sup> Note some outcomes are earlier with the mainstream population than NESB or Aboriginal people as there has already been considerable promotion of healthy lifestyle issues and messages in Western Australia.

### 38. **Rationale:**

The 2008 Health and Wellbeing of Adults in Western Australia report<sup>24</sup> identified that a considerable proportion of Western Australian adults are at increased risk of chronic disease through poor lifestyle, with only 14% of those aged 16 and above eating the daily recommended serves of vegetables and 49% meeting the recommended level of physical activity for good health. Two thirds (63%) reported height and weight measurements that classified them as overweight or obese. Rates of obesity across Western Australia are highest in local government areas with the lowest indicators of socioeconomic disadvantage.<sup>25</sup> Aboriginal people in Western Australia are at even higher risk of chronic disease and ill health associated with obesity.<sup>26</sup>

The Western Australian Health Promotion Strategic Framework 2007-2011<sup>27</sup> identified the need for increased investment and more effective approaches to the prevention of chronic disease through addressing the key risk factors of poor diet, physical inactivity and unhealthy weight.

There are unique opportunities from this project to create synergies and linkages between the national campaign and state based activities. Western Australia currently funds a range of healthy lifestyle programs<sup>28</sup>, delivered by the NGO sector. From July 2011 there will be additional programs funded under the Healthy Workplace and Healthy Children initiatives of the National Partnership Agreement.

It is proposed to fund a leading Western Australian non-government organisation to deliver the mainstream component of the WA Measure Up Program. Under the current Western Australian Government policy for chronic disease and injury prevention program delivery, the Department of Health (WA) outsources the development and implementation of major and statewide programs and campaigns. There is no Department of Health central health promotion agency to directly deliver programs, a factor that has limited the capacity to promote and support the national Measure Up campaign previously.

The NGO will need to be funded to employ a project officer to produce the project outputs. The project would not be able to progress without this officer, as current contracts do not provide sufficient resources to allow the additional activity.

An essential element of the approach is to provide funding to motivate and enable relevant community groups, local government, NGOs, Aboriginal agencies, Divisions of GP and others to deliver nutrition and physical activity activities consistent with the Measure Up and Tomorrow People messages to local communities. The grants scheme is an essential element to this project. The scheme will increase the number of community and local activities that actively support and promote these messages, thereby increasing key target group exposure to healthy lifestyle information and activities that reinforce the Measure Up campaign advertising.

The grants funding approach is based on the following:

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<sup>24</sup> Department of Health (WA). Health and Wellbeing of Adults in Western Australia 2008: Overview of Results. Perth, 2009.

<sup>25</sup> Department of Health (WA). Unpublished data from Health and Wellbeing Survey, 2009.

<sup>26</sup> Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework: 2006 Report. AIHW, Cat. No. IHW20. Canberra, 2007.

<sup>27</sup> Department of Health (WA). Western Australian Health Promotion Strategic Framework 2007-2011. Perth, 2007.

<sup>28</sup> Annually, WA invests approximately \$4 million in nutrition, physical activity and weight related healthy lifestyle programs targeting children and adults – such as the Draw the Line campaign, Go for 2&5<sup>®</sup> campaign, Find Thirty<sup>®</sup> every day campaign, My Healthy Balance website self help program, FOODcents<sup>®</sup> nutrition education program and Get on Track Challenge, to name a few. These are funded until June 2011. After this new three year contracts will define ongoing NGO programs and campaigns targeting these areas.

- ❖ Western Australia invests significant funding each year into healthy lifestyle promotion campaigns and projects. Given this, there is little need to extend the media advertising presence of the Measure Up or other campaigns except to support specific activities.
- ❖ There are a number of key currently state funded NGO delivered healthy lifestyle promotion programs that could be better linked<sup>29</sup> to the Measure Up campaign and this project:

Draw the Line healthy weight campaign	<a href="http://www.drawthelinewa.com.au/Index.aspx">http://www.drawthelinewa.com.au/Index.aspx</a>
Find Thirty® every day campaign	<a href="http://www.findthirtyeveryday.com.au/index.aspx">http://www.findthirtyeveryday.com.au/index.aspx</a>
Go for 2&5® campaign	<a href="http://www.gofor2and5.com.au/">http://www.gofor2and5.com.au/</a> (WA campaign section)
FOODcents® food budgeting community education program	<a href="http://www.foodcentsprogram.com.au/">http://www.foodcentsprogram.com.au/</a>
My Healthy Balance website behaviour change support program	<a href="http://www.myhealthybalance.com.au/">http://www.myhealthybalance.com.au/</a>
Get on Track Challenge worksite and community lifestyle intervention	<a href="http://www.getontrackwa.com.au/">http://www.getontrackwa.com.au/</a>

- ❖ These state funded programs all produce resources (print and web based) that can support the promotion of the Measure Up messages and conduct of local activities.
- ❖ Area health service public health units have established partnerships with agencies such as local government on specific interventions, but have limited capacity to deliver the coordination and programs under this initiative without additional staff resources.
- ❖ Incentives are needed to encourage agencies outside the public health sector to be involved in promoting the campaign and build healthy lifestyle promotion into their ongoing agency roles. ***This support and initial funding is essential to provide an incentive for involvement and to maximise the sustainability of these agencies' commitment and investment in this area.***
- ❖ However, the grants do not need to be large – rather to motivate interested agencies and allow them some initial funding to become involved in the area or seed funding to develop a project.

Western Australia has a good track record and considerable experience with this type of small grants scheme<sup>30</sup>.

The option of additional advertising of the Measure Up campaign or promoting the Measure Up message in community newspapers, tied to grant funded community events, will provide additional exposure to the national campaign. There is significant readership of community papers, particularly in regional areas (both free and commercial). The ad will be linked to editorial promotion of community activities.

The proposed approach would be cost effective as it would build on existing infrastructure already funded under related NGO contracts. The grants scheme is only one component of the several key outputs of the project. Other advantages of the proposed project include:

<sup>29</sup> Linking could include consistency of messages, cross reference, referral and promotion of local programs.

<sup>30</sup> Rosenberg, M, Ferguson, R and Mills, C. Local Activity Grants Program: Evaluation of the Long Term Effects. Health Promotion Evaluation Unit, School of Sport Science, Exercise and Health, The University of Western Australia, Perth, 2009.

- ❖ Linking this component of the National Partnership Agreement to existing funding priorities for the Department of Health (WA).
- ❖ Leveraging off the existing significant investment by the Department of Health (WA) in programs and infrastructure in this area.
- ❖ Leveraging off existing statewide communication channels and relationships.
- ❖ Ensuring funded activities link to the most suitable campaign for the approach taken and community, while still supporting the Measure Up campaign messages and approaches.
- ❖ Increasing engagement among health professionals and streamlining their access to campaign resources and consistent messages.
- ❖ Facilitating agencies and funded groups to integrate key campaign messages into practical and skill enhancing activities such as food purchasing, budgeting and preparation and physical activity events.
- ❖ Increasing sustainability by developing skills and commitment by the funded agencies to healthy lifestyle promotion work.
- ❖ Better synergy between the national investment and state funded activities within Western Australia. This approach is expected to create sufficient concentration of activity to ensure good momentum and maximum impact of all initiatives.
- ❖ Providing a platform onto which to link the Healthy Workers workplace initiatives promoting healthy lifestyle to key national and state campaigns.

The project is expected to extend the benefits of the Healthy Communities initiative rather than duplicate it. The project will support initiatives targeting both the employed and those not in the paid workforce. Grants will not be available where this would duplicate or replace existing funding.

**39. Contribution to performance benchmarks:**

The Local Measure Up Support Program will support the national campaign and reinforce state funded campaigns and programs. Through this it will contribute to the National Partnership Agreement performance benchmarks relating to the proportion of adults who:

- ❖ Meet the national physical activity guidelines of at least half an hour activity a day.
- ❖ Meet the national guidelines of two serves of fruit and five serves of vegetables each day.
- ❖ Are a healthy weight.

**40. Policy consistency:**

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

The Measure Up Campaign is one activity undertaken as part of the priority area (1) promoting healthy lifestyles and aims to raise awareness of the healthy choices that can help protect people from chronic diseases, beginning with physical activity and healthy eating. The objective of the campaign is to encourage Australians to make and sustain positive changes to their behaviour,

increasing their physical activity and adopting healthier eating habits and therefore contribute to reducing morbidity and mortality due to lifestyle related chronic disease.

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

The National Partnership Agreement on Preventative Health also builds on other aspects of the Australian Better Health Initiative and the National Reform Agenda Type 2 Diabetes initiative. The overall Agreement and this specific program support the National Healthcare Agreement's focus on prevention and progresses its objectives. The approach is consistent with the National Public Health Partnership's Nutrition Strategy and Action Plan - Eat Well Australia, 2000-2010 and Be Active Australia policies.

At a state level the National Partnership Agreement on Preventative Health supports the strategic directions and priorities outlined in the Department of Health (WA)'s key chronic disease prevention policy – the Western Australian Health Promotion Strategic Framework 2007-2011. This Framework is the basis for purchasing priorities for resource allocation and purchase of healthy lifestyle promotion programs from the non-government sector.

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

The **primary target group** for the Local Measure Up Support Program is adults aged 25 to 50, particularly those with children. This includes:

- ❖ People living in both metropolitan and regional areas.
- ❖ People living in low socio-economic circumstances.
- ❖ People from non-English speaking backgrounds.
- ❖ Aboriginal people living outside the Perth Metropolitan area<sup>31</sup>.

These groups will be targeted both directly (through activities undertaken under the grants scheme) as well as indirectly through professionals and organisations working with populations or individuals at risk of chronic disease. This will include public health professionals, community and allied health workers, health promotion agencies, pharmacists, Divisions of GP, public health professionals, local community and chronic disease management programs.

The program will target health professionals in all metropolitan and regional public health units, key non-government agencies, the Divisions of GP, pharmacies, local governments and all regional Aboriginal Medical Services.

Based on the national Measure Up campaign evaluation<sup>32</sup>, it appears that 94% of the primary target group of those aged 25-50 with children were aware of the campaign. Within Western Australia, this translates to 629,000 Perth residents aged 25-49 and a further 110,000 regional residents this age. Significant numbers are also exposed to the state campaigns which complement the Measure Up campaign – 62% of 18-65 year olds were aware of the Draw the Line Campaign<sup>33</sup>, 45% the Find Thirty<sup>®</sup> every day campaign<sup>34</sup> and 88% the Go for 2&5<sup>®</sup> campaign<sup>35</sup>.

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<sup>31</sup> Aboriginal people living in the Perth metropolitan area will targeted through Activity 1.

<sup>32</sup> Department of Health and Ageing. Australian Better Health Initiative Phase 1 – Campaign Evaluation, Quantitative Research Report, report prepared by K Miller & A Tuffin. DHAC, Canberra, 2009.

<sup>33</sup> Ivery, P., French, S., Rosenberg, M., Wood, L. Healthy Weight Draw the Line Campaign Evaluation: Qualitative Feedback. The University of Western Australia, Perth, 2009.

The proposed project aims not to extend awareness of these campaigns but to increase their visibility throughout the community and to increase the number and type of ‘experiences’ with the campaigns to provide additional persuasion, education and skill development to reinforce the messages.

#### 42. Stakeholder engagement:

Stakeholders	Engagement Strategy
NGOs	<ul style="list-style-type: none"> <li>• Heart Foundation, Cancer Council WA and Diabetes WA involved in development of project ideas.</li> <li>• Ongoing engagement about linking existing programs to this project into contracts.</li> </ul>
Key personnel from Noongar Tomorrow and NESB programs (Activities 1 and 2)	<ul style="list-style-type: none"> <li>• Early meetings to discuss the project commonalities, communication processes, evaluation and grant documentation.</li> <li>• Ongoing formal regular communication over project period.</li> </ul>
Relevant non-government agencies, local government, WALGA, Divisions of GP and pharmacies	<ul style="list-style-type: none"> <li>• Briefing about the overall campaign and this project at start of project.</li> <li>• Dissemination of campaign updates, information, resources, toolkits, etc. (including NESB components and Tomorrow People).</li> </ul>
DOHWA public health, allied health and other health professionals who work with communities, groups or individuals at risk of chronic disease	<ul style="list-style-type: none"> <li>• Regular updates about progress of the project and other related state activities and how these relate to the Measure Up campaign.</li> <li>• Communication about how to access the grant scheme and practical support to apply for grants.</li> </ul>
Other government departments – Healthway, Department of Sport and Recreation, Physical Activity Taskforce, Transport, Office of Multicultural Interests, Department of Indigenous Affairs	<ul style="list-style-type: none"> <li>• Briefing about the overall campaign and this project at start of project.</li> <li>• Dissemination of campaign updates, information, resources, toolkits, etc. (including NESB components and Tomorrow People).</li> <li>• Regular updates about progress of the project and other related state activities and how these relate to the Measure Up campaign.</li> <li>• Discussions about potential to use the Measure Up branding or messages with other programs such as the Travel Smart program and Healthway sponsorships.</li> </ul>
WA Country Health Service coordinating the Closing the Gap National Partnership Agreement	<ul style="list-style-type: none"> <li>• Briefing about the overall campaign and this project at start of project.</li> <li>• Regular discussions with DOHWA staff leading the two National Partnership Agreements to ensure consistency and promote synergies.</li> <li>• Dissemination of information/resources for the Tomorrow People campaign for use with regional staff.</li> <li>• Communication about the grant scheme, opportunity to link to GAP activities and input into guideline development.</li> </ul>

<sup>34</sup> Barnes, R., Leavy, J., Maitland, C. & Rosenberg, M. Find Thirty every day Campaign Evaluation: Findings from the Post Media Wave Three Survey. Perth, Western Australia, 2009.

<sup>35</sup> TNS Social Research. Research to evaluate the Go for 2&5 campaign. Report prepared by K O'Donoghue & J Davies. Perth, 2009.



Stakeholders	Engagement Strategy
Regional Aboriginal NGOs, medical services and Aboriginal Health Workers  Note: dissemination of information to Aboriginal agencies in the Perth area will occur through Activity 1.	<ul style="list-style-type: none"> <li>Dissemination of information, resources, toolkits, etc. about the Measure Up and Tomorrow People campaigns</li> <li>Communication about how to access the grant scheme and practical support to apply for grants.</li> </ul>
Communications Directorate, Department of Health, WA	<ul style="list-style-type: none"> <li>Briefing about this initiative.</li> <li>Ongoing consultation around linking to national PR locally, distribution of campaign resources and website linkages/promotion of the Measure Up campaign.</li> </ul>
Department of Health and Ageing	<ul style="list-style-type: none"> <li>Informal updates by Department of Health WA.</li> <li>Ongoing involvement of the Department of Health (WA) in the Measure Up Campaign Reference Group, Tomorrow People Indigenous Working Group, NESB Working Group and other working groups as appropriate.</li> </ul>

**Risk identification and management:**

Risk	Level	Mitigation strategy	Responsibility/ timeline
Limited interest in the Measure Up campaign by key stakeholders due to competing demands.	Low - medium	Continually engage stakeholders throughout project, promoting available resources, support and evaluation findings. Promote relevance of campaign to prevention and disease management programs. Ensure project is supported at high level through regular briefings with senior staff in government and NGOs.	NGO consortium Timeline: ongoing  Population Health Policy Branch Timeline: ongoing
Limited interest in grants.	Low-medium	Interest already expressed in grants in some sectors. Widespread promotion of the grants. Grants easy to access and report on. Involvement of key stakeholders in development of the grant guidelines and eligibility criteria. Provision of advice re grant applications. Review of the grants scheme at the end of the first year to assess performance and ongoing suitability.	NGO consortium Timeline: 2010-11, particularly first 6 months
Limited Aboriginal or NESB grant applications.	Med	Inclusion of Aboriginal and NESB needs into grant	NGO consortium Timeline: 2010-11,

<b>Risk</b>	<b>Level</b>	<b>Mitigation strategy</b>	<b>Responsibility/ timeline</b>
		protocols. Support provided by this project and NESB support strategy to develop grant applications.	particularly first half
Duplication with Noongar Tomorrow or NESB support program.	Low	Regular communication established between project staff. Managers to meet 3-6 montly.	NGO consortium Timeline: ongoing, particularly at start
Grant money spent on initiatives that will not progress achievement of benchmarks.	Low – Medium	Advice and support in development of grant applications provided. List of evidence based programs and ideas provided. Clear guidelines about what the grant moneys can and cannot be spent on	NGO consortium Timeline: ongoing
NGO fails to deliver on project outcomes.	Low-med	Normal state contract management processes with regular review on progress and milestones.	Population Health Policy Branch Timeline: ongoing
Overlap between state and national campaigns.	Med	A campaign schedule for WA campaigns will be established at the start of each financial year and all efforts made for local campaigns to be delivered at these times.  Key organisations will be updated regularly about Measure Up campaign media schedules.	Population Health Policy Branch Timeline: ongoing  NGO consortium Timeline: ongoing
Potential or perceived conflict of interest of an NGO managed grant scheme to lead to inequitable grant allocation.	Med	Consortium members not eligible for grants. All grant processes pre approved by DOHWA. At least two independent members (including DOHWA) on assessment panels.	Population Health Policy Branch Timeline: ongoing
National campaign advertising bursts are not as agreed scheduled or delayed significantly, making it difficult to coordinate with local activities.	Med	Consistent messages across key programs means that local support activities can run at any time in the year, including when other local campaigns are occurring.	NGO consortium Timeline: ongoing
Failure to establish suitable consortium.	Low	Alternative partnership arrangements with suitable NGOs will be put in place.	Population Health Policy Branch Timeline: ongoing

#### 43. Evaluation:

The key performance measures for the program evaluation are listed in the table below. These relate to the amount and quality of the information dissemination, support, project materials and extent to which the many state programs are seen to be integrated and consistent; and evaluation of the grants scheme in terms of reach and impact on the target groups.

The program will be evaluated through the following mechanisms:

1. Contracting of an independent agency to design the overall evaluation and key evaluation tools (including Aboriginal and NESB 'friendly'), including stakeholder questionnaires, and undertake other data analysis and reporting as required.
2. Grant evaluation scheme to be implemented by project officer using standard evaluation proformas (data can be collated into one data base and pooled). This will build on the existing templates used by Healthway and the Physical Activity Taskforce small grants schemes. This will include:
  - Core questions about attendance and participation.
  - Feedback questionnaires for participants in courses and programs.
  - Amended feedback questionnaires and methods for NESB and Aboriginal activities.
3. Two to three stakeholder surveys to provide feedback on the level of information, support, materials etc and activities undertaken related to the project and Measure Up campaign.
4. Activity reports by NGO consortium about number and nature of briefings and support services offered, and final contract outputs.

Once the project is approved and relevant agencies appointed, the three projects will meet to discuss evaluation methods, efficiencies and use of one agency as the lead on evaluation, with input from the Activity 1 Aboriginal research agency and Activity 3 NESB officer.

<b>Indicators</b>	<b>Methodology</b>	<b>Timeframes</b>
<b>Information and support</b>		
Number of organisations and professionals briefed about the campaign	NGO contract reports	Annual
Number of resources distributed, to whom and for what use	Distribution reports Stakeholder surveys	Annual
Key stakeholder perceptions of: <ul style="list-style-type: none"> <li>• consistency of messages, approaches</li> <li>• suitability of campaign messages and resources for key target groups</li> <li>• ease of access and suitability of information and support for local activities</li> </ul>	Stakeholder surveys	2011 – 2013
Stakeholder use of Measure Up and state campaigns/program resources to promote Measure Up campaign messages	Stakeholder surveys Distribution records	2011 - 2013
<b>Linkages and common messaging/sustainability</b>		
Number of programs (excluding grant funded) integrating Measure Up campaign messages, branding and cross linkages as part of program delivery and resources	Audit of other NGO contract reports for linkages with related programs and campaigns as part of contract management Stakeholder surveys	Reported annually
<b>Grants scheme/local activities</b>		
Suitability of application processes and guidelines	Qualitative feedback through consultation with key stakeholders and potential grants users	Before and after finalisation of guidelines and

Indicators	Methodology	Timeframes
	Number of grants awarded and breakdown by NESB, Aboriginal, regional and other key groups	round 1 grants  Analysis of final grant outcomes
Suitability of support available for developing and implementing grant projects	Qualitative and quantitative feedback from key stakeholders and grant holders/applicants	3-6 months post allocation of grants in each of the three phases
Number of grants and breakdown by target groups (mainstream, NESB, Aboriginal) and issue (physical activity, nutrition, healthy weight, all)	Grant records	Annual
Reach and impact of grants on target group <ul style="list-style-type: none"> <li>• Number and type of events or programs</li> <li>• Alignment of programs with Measure Up messages</li> <li>• total number of people attending or reached by grant activities</li> <li>• attendee recognition of the campaign and key messages being promoted</li> <li>• impact of activity on knowledge, skills, attitudes and behaviour intentions</li> </ul>	Standard evaluation template developed by research agency for the overall program  Questionnaires for attendees at information or courses/skill development/physical activity programs  Questionnaires for attendees at events or activities	End of grant reporting requirements, collated annually

#### 44. **Infrastructure:**

Infrastructure and contract management will be provided by the Public Health Division, Department of Health (WA). Costs, including warehousing and postage of the national Measure Up and Tomorrow People publications will be paid by the Department.

#### 45. **Implementation schedule:**

**Table 5: Implementation schedule**

<b>Deliverables and milestones</b>	<b>Due date</b>
Collaboration and linkages built into State funded NGO contracts for 2010-11	July 2010
Assignment of NGO responsibility for delivery	July-Aug 2010
Establishment of Advisory Committee	Aug 2010
Establishment of partnership with the Noongar Tomorrow (Activity 1) and NESB (Activity 3) projects	Aug 2010
Initial briefing and dissemination of information for national Measure Up and Tomorrow People campaigns	Sept 2010
Development of grant processes and tools	Nov 2010
Development of evaluation tools	Dec 2011
Grants become available	Dec 2010
Grants provided and funded community activities commence	Jan 2011 on
Health professional resource released	Mar 2011
Ongoing dissemination of information around every Measure Up and Tomorrow People campaign phases	2011-13
Collaboration and linkages built into new state funded NGO contracts 2011-14	June 2011

Notes:

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

Susan Leivers  
 Manager, Population Health Policy Branch  
 Public Health Division, Department of Health, Western Australia  
 Telephone: (08) 9222 4478  
 Fax: (08) 9222 6820  
 Email: PHPBadmin@health.wa.gov.au

**47. Activity budget:**

**Table 6: Activity project budget (\$) (GST excluded)**

Expenditure item	Year 1	Year 2	Year 3	Total
Project officer (1.0FTE) <sup>36</sup> including salaries and on costs	\$91,000	\$95,000	\$99,000	\$285,000
Resources for health professionals, kits, printing, distribution and website costs	\$40,000	\$21,000	\$21,000	\$67,000
Grants and Measure Up promotion* in local community newspapers to support local activities	\$80,000	\$140,000	\$120,000	\$355,000
Evaluation	\$45,000	\$10,000	\$20,000	\$75,000
<b>TOTAL</b>	<b>\$256,000</b>	<b>\$266,000</b>	<b>\$260,000</b>	<b>\$782,000</b>

Notes: \* around \$7-15,000 of grant money each will be allocated for the promotion of Measure Up campaign in local community newspapers to support local activities and programs. Unspent funds will be used for grants.

<sup>36</sup> NGO contract project officer position, annual pay increase 4% and 30% on costs. Provided by HF Feb 22.

#### 48. **Activity 3: NESB Measure Up Program**

#### 49. **Overview:**

The project will increase the reach of the Measure Up campaign in people from non-English speaking backgrounds (NESB) through targeting health professionals and organisations who work with NESB communities. A focus will be on engaging bilingual health professionals, migrant health nurses and others employed by NESB organisations, local government and health agencies to work with groups and communities to generate interest in the Measure Up message and promoting its messages. Training about the Measure Up campaign, and access to the grants program in Activity 2, will provide these professionals with the capacity and commitment to undertake culturally appropriate education sessions and create opportunities for physical activity and healthy eating promotion.

#### 50. **Outputs:**

The key outputs of the NESB Measure Up Program will be:

##### ❖ **Information dissemination:**

- ❖ Briefings and dissemination of information about the Measure Up campaign to health professionals, NESB community organisations and NGOs, bilingual health professionals and others working with NESB communities, including the establishment of new networks. While some NESB material will be circulated as part of the broader campaign briefings through Activity 2, the NESB Measure Up Program will focus on getting this information to those who work **directly** with NESB populations and likely to undertake educational or other initiatives with this group.

##### ❖ **Training and capacity building of professionals working with NESB adults:**

- ❖ Promotion of issues and training for those working with NESB groups about the Measure Up campaign/resources/approaches to increase their capacity and willingness to conduct culturally appropriate activities using the Measure Up NESB resources.<sup>37</sup> Local training would extend any national workshops conducted in this area. Where possible this will be timed to maximise local involvement in the national campaign phases.
- ❖ In partnership with the NGO consortium undertaking Activity 2, provide practical support and advice to those wishing to run activities that support the campaign's aims.

- ❖ **Promotion of the small grants scheme** (undertaken by the NGO consortium as part of Activity 2). Under this scheme, community groups, health professionals and local government will be able to access funding to implement initiatives aimed at improving NESB adults' physical activity levels, healthy eating behaviours and weight. For example, the grants could be used to fund the development of culturally appropriate programs for specific language and culture groups (e.g. to run walking activities for Muslim women, supermarket tours for newly arrived refugees, ethnic cook-off events, or to provide the Good Food for New Arrivals training<sup>38</sup>). Standard application guidelines and evaluation tools will be modified to address cultural appropriateness and English literacy issues of applicants.

- ❖ Promotion of relevant programs and services to which NESB people could be referred or have access.

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<sup>37</sup> Building, where available, on any national Measure Up campaign NESB workshops and resources.

<sup>38</sup> This initiative aims to improve access to nutrition information available to newly arrived humanitarian and refugee families with young children.

- ❖ **Evaluation** of the reach, impact and effectiveness of the project to engage and motivate those working with NESB populations at risk of chronic disease and reach NESB people.

It is proposed to place a part-time officer in an appropriate NESB non-government agency. The officer's role would be to undertake and manage all outputs under this program; work closely with the NGO consortium undertaking the Local Measure Up Support Program (Activity 2); provide input into the local grants scheme and assessments; and provide practical guidance and referral to professionals.

Outputs	Quantity	Quality	Timeframe
<p><b>Information dissemination and coordination</b> Face to face briefings and regular updates by email</p>	<p>Initial briefings about the Measure Up campaign and this project (5 sessions, four metro and one regional teleconference)</p> <p>Regular email briefings about the campaign and new materials/resources (approx 450 agencies and professionals)</p> <p>Regular updates for progress of this project (minimum 2 per year)</p> <p>Agencies and professionals<sup>39</sup> whose role provides opportunity to promote Measure Up campaign and messages:</p> <ul style="list-style-type: none"> <li>• Women's health organisations such as ISHAR and Women's Health Care House</li> <li>• DOHWA professionals (including public health, migrant health, community health nurses, allied health, chronic disease</li> </ul>	<p>Feedback from stakeholder surveys, as well as satisfaction and usefulness feedback to ensure quality improvement</p>	<p>September 2010</p> <p>Ongoing, timed around national campaign phases 2011-13</p>

<sup>39</sup> NGOs and professionals can recommend inclusion of others to be involved to spread influence.

Outputs	Quantity	Quality	Timeframe
<p>Warehousing and distribution processes for national NESB Measure Up campaign resources</p>	<p>management) who work with people form NESB</p> <ul style="list-style-type: none"> <li>• Migrant resource centres and others providing settlement services</li> <li>• Ethno-specific organisations such as Muslim Women’s Support Group, African Community of WA, Burmese Association</li> <li>• Divisions of GP</li> <li>• Other government agencies (Healthway, Sport and Recreation, Office of Multicultural Interests)</li> <li>• Cultural diversity officers in local government (140)</li> </ul> <p>DOHWA warehousing and distribution centre will be used</p>	<p>Protocols developed in partnership DOHWA and consortium</p>	<p>July/Aug 2010 on</p>
<p><b>Training and capacity building</b>                      Training of bilingual health professionals and others working or likely to work with NESB groups about how to use the materials, and related issues and services. Half to one day workshops</p>	<p>English language sessions - 5 training sessions per year (four metro and one country teleconference) (approx 50 people each)</p> <p>Specific culture/language sessions – 5 per year (approx 15-20 people each)</p>	<p>Pre-testing conducted with a range of potential recipients/stakeholders</p> <p>Workshop feedback</p> <p>Stakeholder surveys</p> <p>National resources used<sup>40</sup></p>	<p>Feb 2011 on</p>

<sup>40</sup> Require at least 500 kits of translated NESB resources, 400 kits of printed national campaign (mainstream) resources, and up to 10,000 copies of translated brochures each language each year.



Outputs	Quantity	Quality	Timeframe
<p><b>Support Activity 2 grants scheme</b> Provide advice to NGO consortium to ensure grants processes suitable for NESB groups, and assist in assessing NESB grant applications</p> <p>Promote grants scheme to network of stakeholders</p> <p>Provide advice/information for those involved in local NESB campaign activities</p>	<p>As per Activity 2</p> <p>Annual workshops/briefing sessions</p>	<p>Promoted through wide variety NESB channels</p> <p>Stakeholder surveys</p>	<p>Sept to Nov 2010</p> <p>Grant rounds as occur</p> <p>Ongoing</p> <p>Ongoing</p>
<p><b>Program evaluation</b> Evaluation conducted</p>	<ul style="list-style-type: none"> <li>Stakeholder survey</li> <li>Pre/post training evaluation</li> <li>Training follow-up evaluation</li> </ul>	<p>Call on Activity 2 project and if necessary external evaluation consultant for advice</p> <p>Ensure NESB involvement</p>	<p>2011-13</p>

**Sustainability:** This approach maximises the potential to ensure the sustainability of the project outcomes past the project period. This will be achieved by the involvement of NESB and other agencies in this work, as a result of the communication, funding and the new partnerships, including with mainstream NGOs, established. The project will build the capacity of bilingual and other health professionals to better manage lifestyle related health issues and incorporate these into their roles.

51. **Outcomes:**

Short term outcomes	Intermediate outcomes	Long term outcomes
<p>Among NESB, health and other professionals:</p> <ul style="list-style-type: none"> <li>❖ Increased awareness of the Measure Up campaign.</li> <li>❖ Increased understanding of the Measure Up campaign messages.</li> <li>❖ Increased perceived relevance of these to NESB people.</li> </ul>	<p>Among NESB, health and other professionals:</p> <ul style="list-style-type: none"> <li>❖ Increased perceived relevance of the Measure Up campaign to their work.</li> <li>❖ Increased understanding of how to promote the Measure Up and state campaign messages.</li> <li>❖ Increased use of Measure Up messages in agency programs and activities.</li> </ul>	<p>Among NESB, health and other professionals:</p> <ul style="list-style-type: none"> <li>❖ Increased inclusion of Measure Up/healthy diet, activity and weight messages, and healthy lifestyle promotion into core organisational practices.</li> </ul>

Short term outcomes	Intermediate outcomes	Long term outcomes
<p>Among adults from NESB:</p> <ul style="list-style-type: none"> <li>❖ Increased awareness of Measure Up campaign messages</li> <li>❖ Increased awareness of the link between chronic disease risk and lifestyle related issues such as physical activity, diet and weight.</li> </ul>	<p>Among adults from NESB:</p> <ul style="list-style-type: none"> <li>❖ Increased conduct of activities that promote the Measure Up campaign messages.</li> <li>❖ Increased personal relevance of the Measure Up campaign messages.</li> <li>❖ Increased perceived priority of the need for lifestyle change.</li> <li>❖ Increased positive attitudes towards adopting a healthy lifestyle and the associated benefits.</li> <li>❖ Increased trial and adoption of appropriate dietary and physical activity behaviours.</li> </ul>	<p>Among adults from NESB:</p> <ul style="list-style-type: none"> <li>❖ Increased proportion of the adult population who comply with fruit and vegetable consumption guidelines, physical activity recommendations and who are a healthy weight.</li> </ul>

## 52. Rationale:

Any approaches to NESB groups need to take into account the fact that they often have very low literacy in their original language, poor English skills, very different social and cultural context to issues like food, physical activity and weight, and the inappropriateness of some of our western approaches. Perceptions of health and illness also vary among cultural groups. Understanding of social marketing campaigns also varies among cultural groups with the older more established communities being more receptive to the healthy lifestyle messages. In many cases the lifestyle and weight issues being criticised by the campaign can be some of the aspirations of new arrivals (that is, being able to drive not walk or having plenty of food).

The language barriers, cultural differences and race-related predispositions to chronic diseases mean that customised strategies to provide health information ensure better health outcomes in non-English speaking communities.

In addition, campaign messages are more effective when followed through with face-to-face reiteration of messages and translated materials and reinforced by local community leaders and community health workers.

The Measure Up campaign is one of a limited number of programs that systematically targets people from non-English speaking backgrounds about healthy lifestyle issues. However, anecdotal feedback within Western Australian around the first phase of the Measure Up campaign suggested that, despite the availability of translated advertising and electronic kits for those working with NESB people, there was very low awareness of the campaign's NESB elements and almost no involvement in the campaign by professionals working with NESB people and/or communities. In addition, feedback indicated that there would be significantly greater impact of the campaign if a face to face approach was taken for the promotion of the campaign, and if more training was provided to people to use the written materials.

There is currently no Department of Health (WA) mechanism or resource to brief and disseminate information and recruit and train bilingual health professionals and others to run community sessions. The poor response in phase one is the result of the lack of resources to promote the

NESB campaign. The project will not be able to progress without a dedicated project officer to undertake the projects outputs. The officer will need to have good links with NESB communities and the ability to engage, motivate and train bilingual health workers, migrant health workers and others to promote the campaign messages and integrate this into their work.

For this reason it is proposed to fund a suitable NESB agency. Ideally this would be undertaken by an NGO that already works with NESB people, in partnership with mainstream NGOs providing health promotion services. This has the potential benefits of not only building the NESB NGO's own capacity, expertise and commitment to chronic disease prevention and healthy lifestyle promotion but also in reverse to help the mainstream NGOs to build capacity to better target programs to NESB communities.

Access to the Activity 2 grants offers an ideal opportunity for mainstream programs to be adapted to meet the needs of local communities with respect to language, cultural needs or improved access.

**53. Contribution to performance benchmarks:**

The NESB Measure Up Program will support the national campaign and contribute to the National Partnership adult performance benchmarks relating to the proportion of adults who:

- ❖ Meet the national physical activity guidelines of at least half an hour activity a day.
- ❖ Meet the national guidelines of two serves of fruit and five serves of vegetables each day.
- ❖ Are a healthy weight.

**54. Policy consistency:**

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

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

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

The National Partnership Agreement on Preventative Health also builds on other aspects of the Australian Better Health Initiative and the National Reform Agenda Type 2 Diabetes initiative. The overall Agreement and this specific program support the National Healthcare Agreement's focus on prevention and progress its objectives.

Inclusion of approaches to target people from non-English speaking backgrounds supports the aims of key state policies, particularly the State Government's Policy Framework for Substantive Equality (2005) and the Western Australian Charter of Multiculturalism.

## 55. Target group(s):

Australia has one of the largest proportions of immigrant populations in the world with an estimated 24% of the population born overseas. In 2006, Western Australia had the highest proportion of overseas born population in Australia overall, with 27% of its population born overseas. The top ten countries of birth were England, New Zealand, South Africa, Italy, Malaysia, India, Singapore, Viet Nam, Netherlands and Germany.<sup>41</sup>

In 2006, 12% of Western Australians spoke a language other than English at home, utilising as many as 270 different languages. This represented 227,000 people. Apart from English, the most common languages spoken at home were Italian, Mandarin, Cantonese, Vietnamese, Arabic, German, Indonesian, Croatian, Polish and Spanish.<sup>42</sup> In addition, the top ten languages spoken by humanitarian program arrivals to Western Australia in 2005 were Arabic, African, English, Dinka, Dari, Swahili, Persian/Farsi/Dari and Burmese.<sup>43</sup>

In the last few years, Western Australia has also been the recipient of an increasing number of skilled workers who have been sponsored by business employers and the Australian Government to fill the skills shortage brought about by the mining boom. Coming from non-English speaking countries like India, Korea, and the Philippines, they enter first on a provisional visa for two to four years, following which they may apply for permanent residency.

The proportion of overseas born and those who speak a language other than English at home increased by around 10% between 2001 and 2006<sup>44</sup>.

People from NESB and who do not speak English are often put in the 'too hard' category. The national Measure Up is one of the few significant lifestyle campaigns that specifically targets this group, despite the high risk of chronic disease in some cultural groups and the speed with which new arrivals 'convert' to an unhealthy sedentary lifestyle and western diet.

The National Partnership Agreement identifies the need to target disadvantaged communities and take account of issues around social inclusion. People from NESB, particularly humanitarian program entrants and some new migrants, often struggle socially and economically until they learn English and get employment. They often have restricted access to health care, particularly lifestyle promotion activities. They have low levels of health literacy.

The **primary target groups** for the NESB Measure Up Program will be:

- ❖ Adults from NESB, with a particular focus on:
  - ❖ People who have a low English language proficiency or literacy. The Measure Up campaign offers translated resources and advertising in 20 languages.

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<sup>41</sup> Department of Immigration and Citizenship and the Office of Multicultural Interests. The People of Australia, Statistics from the 2006 Census. Volume 2 – Regional Local Government Areas. Perth, 2009.

<sup>42</sup> Ibid.

<sup>43</sup> Department of Immigration and Multicultural Affairs (2006). Settlement Needs of New Arrivals 2006.

<sup>44</sup> Department of Immigration and Citizenship and the Office of Multicultural Interests, loc cit.

- ❖ Newly arrived communities, such as humanitarian entrants from Africa and Burma. These groups very rapidly adopt harmful lifestyles, are unfamiliar with Western habits and foods, often are illiterate in their own languages and come from remote rural villages and settle in the Perth metropolitan area.
- ❖ NESB communities that have been in Australia for some time and have high lifestyle related conditions such as diabetes and cardiovascular disease, such as Mediterranean, South Pacific and South and South East Asia.

In particular the initiative will focus on **health professionals and NESB community workers, including bilingual health professionals**, currently employed within the Department of Health (WA), NGOs and community organisations, particularly who work with and can reach **women** from these communities for a number of reasons. Women are often easier to reach. They usually have a lead role in cooking, shopping and budgeting. They are more receptive to this type of information as they may be motivated by a number of reasons, such as personal development, care for family and opportunities to interact with other women in activities with others from the same background or with similar issues.

#### 56. Stakeholder engagement:

Stakeholders	Engagement Strategy
NGO to lead the project	<ul style="list-style-type: none"> <li>• Further consultation with agencies to identify interest and capacity to deliver on project between March and June 2010.</li> </ul>
Key personnel from Noongar Tomorrow and mainstream programs (Activities 1 and 2)	<ul style="list-style-type: none"> <li>• Early meetings to discuss the project commonalities, communication processes, evaluation and grant documentation.</li> <li>• Ongoing formal regular communication over project period.</li> </ul>
Professionals within DOHWA who work with people from NESB	<ul style="list-style-type: none"> <li>• Initial briefing session to all key agencies about project and Measure Up campaign.</li> <li>• Regular dissemination of information about the Measure Up campaign and NESB components, including how to access training on talking about the Measure Up campaign with NESB communities.</li> <li>• Information about how to access the grant scheme and practical support to apply for grants.</li> <li>• Consultation about the nature of the grants scheme as it applies to those working with NESB people to ensure suitability/applications.</li> </ul>
Women's health organisations such as ISHAR, Multicultural Women's health Centre, Women's Health Care House, Midland Women's Health Centre	
Migrant Resource Centres and other agencies providing settlement services, including Metropolitan Migrant Resource Centre, Multicultural Services, Edmund Rice Centre, Fremantle Multicultural Services	
Ethno-specific organisations such as Muslim Women Support Group, African Community of WA, Burmese Association	
Local government and NGOs working with people from non-English speaking backgrounds	
Other government departments – Healthway, Department of Sport and Recreation, Office of Multicultural Interests	<ul style="list-style-type: none"> <li>• Regular dissemination of information about the Measure Up campaign and NESB components.</li> <li>• Information about the grant scheme.</li> </ul>

**57. Risk identification and management:**

<b>Risk</b>	<b>Level</b>	<b>Mitigation strategy</b>	<b>Responsibility/ timeline</b>
NGO fails to deliver on project outcomes.	Low-medium	Application of state contract management processes with regular review on progress and milestones. NGO provided support by Department of Health (WA) and NGO consortium delivering Activity 2.	Population Health Policy Branch Timeline: ongoing
NGO takes a long time to start up project.	Medium	Advice and support on project start up provided.	Population Health Policy Branch Timeline: first 6 months
Limited interest in the Measure Up campaign by bilingual health workers and others due to competing demands.	Low-medium	Engage by communication, briefings, linking project to state activities and priorities. Promote grants scheme.	NGO managing program Timeline: ongoing
Limited interest in grants by NESB groups and professionals.	Med	Widespread promotion of the grants. Involvement of key stakeholders in development of the grant guidelines and eligibility criteria. Easy to follow grant application procedures that are not onerous/ added flexibility for these groups re requirements and evaluation. Availability of advice re grant applications. Facilitation of linkages to other agencies such as public health units, local government and NESB NGOs.	NGO managing program Timeline: 2010-11, particularly first half
Use of funds for equity reduces chance of achieving NPAPH benchmarks for rewards.	Med	Continue WA funding of whole of population approaches using state funding to achieve targets (i.e. NGO contracts, good health funding).	Population Health Policy Branch Ongoing

**58. Evaluation:**

The key performance measures for program evaluation are listed in the table below. They relate to the amount and quality of information dissemination, engagement and practical support offered by the project, quality of the training and resources provided, and number of people from NESB who participate in education or activity sessions run by the trained professionals and agencies.

The evaluation will be undertaken by the project officer. However, external consultancy advice may be sought to provide input into the development of the evaluation tools and if possible, will be the agency used for Activity 2 evaluation. In addition the project officer will have input into the evaluation of the grants scheme, to ensure suitability for use with people from NESB.

The program will be evaluated through the following mechanisms:

1. Designing the program evaluation tools (training and partnerships).
2. Two to three stakeholder surveys to provide feedback on the level of information, support, materials, etc. and activities undertaken related to the program and Measure Up campaign.
3. Evaluation of the training, including pre post questionnaires, and later follow-up to determine subsequent activity.
4. Activity reports by contracted agency about number and nature of briefings and support services offered, and final contract outputs.

<b>Indicators</b>	<b>Methodology</b>	<b>Timeframes</b>
<b>Information and support</b>		
Number of organisations and professionals briefed about the campaign	NGO contract report	Annual
Number of resources distributed, to whom and for what use	Distribution records Stakeholder survey	Annual
Stakeholder perceptions of: <ul style="list-style-type: none"> <li>• consistency of messages, approaches</li> <li>• suitability of campaign messages and resources for key target groups</li> <li>• ease of access and suitability of information/support for local activities</li> </ul>	Stakeholder survey	2011-13
Increased stakeholder use of Measure Up and state campaigns and program resources to promote Measure Up campaign messages	Stakeholder surveys Distribution records	2011-13
<b>Sustainability</b>		
Number of agencies who integrate use of Measure Up resources in other programs	Stakeholder survey	May 2013
Number of agencies at end of project who report intention to continue work in this area/integrate these messages into organisational function and practices	Stakeholder survey	May 2013
<b>Training</b>		
Number of professionals trained in delivering Measure Up related education sessions for people from NESB	Training evaluation (pre, post, 3-6 and 12 months later)	Reported annually
% professionals attending training who felt training increased their capacity and motivation to deliver Measure Up sessions	Training evaluation (pre, post, 3-6 and 12 months later)	Reported annually

% trained professionals who deliver Measure Up related education sessions to people from NESB within following 6 and 12 months	Training evaluation (6 and 12 months later)	Reported annually
Number of education sessions run by trained professionals; number of people attending over program period	Training evaluation (6 and 12 months later)	Reported annually
<b>Grants*</b>		
Number of NESB grants taken up/ % grants taken up by agencies or professionals contacted by the NGO	Stakeholder survey	May 2013

Note: \* the grant scheme is evaluated under Activity 2.

#### 59. **Infrastructure:**

Infrastructure and contract management will be provided by the Public Health Division, Department of Health (WA). Costs, including warehousing and postage of the national Measure Up publications will be paid by the Department.

#### 60. **Implementation schedule:**

**Table 7: Implementation schedule**

<b>Deliverables and milestones</b>	<b>Due date</b>
Assignment of NGO responsible for delivery	July/Aug 2010
Establishment of partnership with the Noongar Tomorrow (Activity 1) and Measure Up Local Support Program (Activity 2)	Aug 2010
Initial briefing and dissemination of information for national Measure Up and Tomorrow People campaigns	Sept 2010
Training procedures established	Dec 2010
Evaluation methods established	Jan 2010
Commencement of training sessions	Feb 2011
Continued cycle of information provision around every Measure Up campaign phase	2010-13

#### 61. **Responsible officer and contact details:**

Susan Leivers  
 Manager, Population Health Policy Branch  
 Public Health Division  
 Department of Health, Western Australia  
 Telephone: (08) 9222 4478  
 Fax: (08) 9222 6820  
 Email: PHPBadmin@health.wa.gov.au



62. Activity budget:

**Table 8: Activity project budget (\$) (GST excluded)**

<b>Expenditure item</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total</b>
Project officer (0.5/0.6 FTE) including salaries and on costs	\$65,000	\$68,000	\$73,000	\$206,000
Implementation costs (e.g. travel <sup>45</sup> , training and printing <sup>46</sup> )	\$20,000	\$20,000	\$20,000	\$60,000
Grants <sup>47</sup>	0	0	0	0
Evaluation	\$5,000	\$2,000	\$3,000	\$10,000
<b>TOTAL</b>	<b>\$90,000</b>	<b>\$90,000</b>	<b>\$96,000</b>	<b>\$276,000</b>

Note: \* The evaluation budget is low due to leveraging of expertise and tools prepared under Activity 2.

<sup>45</sup> May involve limited travel within WA to visit towns such as Geraldton and Katanning with high NESB populations.

<sup>46</sup> If required, for example to put together kits. Distribution costs are covered under Activity 2.

<sup>47</sup> Budgeted under Activity 2..

## ROLES AND RESPONSIBILITIES

### **Role of the Commonwealth**

63. 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**

64. 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.
65. The State agrees to participate in Measure Up Campaign Reference Group, the Healthiest Steering Committee and other relevant national participation requirements convened by the Commonwealth to monitor and oversee the implementation of the initiative.

## PERFORMANCE REPORTING

66. 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.
67. 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.
68. The performance reports are due within two months of the end of the relevant period.

ATTACHMENT A

[insert specific initiative policy framework, if applicable]