

Implementation Plan for the Healthy Workers initiative

NATIONAL PARTNERSHIP AGREEMENT ON PREVENTIVE HEALTH

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

PRELIMINARIES

1. This Implementation Plan 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 Healthy Workers initiative provides funding to support implementation of healthy lifestyle programs in workplaces across Australia.
3. Under the Healthy Workers initiative jurisdictions are responsible for developing programs that may include a range of different activities. Some of these activities may be grouped according to similarities.

TERMS OF THIS IMPLEMENTATION PLAN

4. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Ageing, and the State of Tasmania, represented by the Minister for Health or the position of the Minister's authorised delegate (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 or termination of the National Partnership, including the acceptance of final performance reporting and processing of final payments against performance benchmarks specified in this Implementation Plan.
7. Either Party may terminate this agreement by providing *30 days* notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to the State is limited to payments associated with performance benchmarks achieved by the State by the date of effect of termination of this Implementation Plan.
8. The parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the parties' commitment to this Implementation Plan.

FINANCIAL ARRANGEMENTS

9. The maximum possible financial contribution to be provided by the Commonwealth as facilitation payments to Tasmania for the Healthy Workers initiative is \$4.99 million.
10. The maximum possible financial contribution to be provided by the Commonwealth as reward payments to Tasmania for the National Partnership is \$3.56 million. Reward payments will be made following the COAG Reform Council's assessment of Tasmania's achievement against the seven performance benchmarks specified in the National Partnership. Facilitation and reward payments will be payable in accordance with Table 1 from July 2011 to 2018 in accordance with the National Partnership. All payments are exclusive of GST.

Table 1: Facilitation and Reward Payment Schedule (\$ million)

Facilitation Payment for Healthy Workers initiative		Due date	Amount
(i)	Facilitation payment	July 2011	\$0.74
(ii)	Facilitation payment	June 2012	\$0.91
(iii)	Facilitation payment	July 2012	\$0.48
(iv)	Facilitation payment	July 2013	\$0.57
(v)	Facilitation payment	July 2014	\$0.57
(vi)	Facilitation payment	July 2015	\$0.57
(vii)	Facilitation payment	July 2016	\$0.57
(viii)	Facilitation payment	July 2017	\$0.57
Reward Payment for NPAPH		Due date	Amount
(ix)	Reward payment	2016-2017	\$1.78
(x)	Reward payment	2017-2018	\$1.78

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

OVERALL BUDGET

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

Table 2: Overall program budget (\$ million)

Notes: Figures have been rounded to 2 decimal points.

Expenditure item	Year 1 11/12	Year 2 12/13	Year 3 13/14	Year 4 14/15	Year 5 15/16	Year 6 16/17	Year7 17/18	TOTAL
Healthy Workplaces	1.64	0.48	0.57	0.57	0.57	0.57	0.57	4.99
	1.64	0.48	0.57	0.57	0.57	0.57	0.57	4.99

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

PROGRAM OVERVIEW AND OBJECTIVE

14. **Healthy Workplaces Tasmania**

15. The objective in this program is to use a structured evidence-based approach to facilitate the development of workplace settings that promote, facilitate and support healthy eating and physical activity, and a reduction in smoking and alcohol consumption; through the policy, practice and environmental changes.

Tasmanian Context: The development of the activities under the Healthy Workers Initiative has been designed to extend and provide complementary activities to the programs and strategic directions of the Tasmanian Government and the Department of Health and Human Services (DHHS). This initiative will build on work that is underway to address chronic disease prevention and the reduction of risk factors.

In recognition of the importance of the use of the workplace setting in the promotion of health and wellbeing, DHHS has agreed to provide additional funding to enable an early start to the activities under the NPAPH, commencing 2010/2011 financial year. This has enabled some of these following programs to commence earlier than July 2011.

16. Healthy Workplaces is inclusive of the following sub-activities:

- Healthy Workplaces program development
- Get Healthy Service® promotion in workplaces

17. **Contact Officer:**

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ACTIVITY DETAILS

18. Activity: Healthy Workplaces Tasmania

Overview: **Healthy Workplaces Tasmania** will bring together and build on a range of initiatives that are under way in Tasmania. This work will be complemented by the integration of new initiatives to ensure statewide implementation and sustainability. The evidence-based *Get Moving at Work Kit*, developed by the Premier's Physical Activity Council (PPAC) will inform the development of the Healthy Workplaces resource, which will be expanded to address healthy eating, tobacco and alcohol use in line with State and NPAPH aims and objectives. This new resource will incorporate a recognition framework. This approach will acknowledge existing efforts in workplaces to promote the health and wellbeing of their workers, whilst guiding them towards achievement of other criteria based on sound needs assessments, policy and practice. The evidence base for effective Smokefree Workplace programs continues to grow and a particular focus of the resource will be to develop practical strategies to address and support tobacco cessation amongst workers. The provision of Healthy Workplaces regional support will provide localised support and links to other services, providers and information that will assist employers in the attainment of the Healthy Workplaces Recognition Award criteria.

Employee behavioural change will be supported through long-term goal setting and strategies provided to employees through the Get Healthy Information and Coaching Service®. This service will be promoted in workplaces as a low cost option for employers to support their staff to make changes, to complement broader policy and environment changes in the workplace.

Outputs: Please refer to the chart below:

Output	Quantity	Quality	Timeframe
Healthy Workplaces program development	Number of workplace surveys undertaken Number of workplaces engaging in the programs Number of workplaces meeting the Healthy Workplaces Recognition Award criteria	See evaluation, outcomes and performance benchmarks	2017/18 Final report
Get Healthy Service® in workplace promotion	Number of workers contacting the Get Healthy Service® Number of workplaces actively promoting the Get Healthy Service® in their workplace	See evaluation, outcomes and performance benchmarks	2017/18 Final report

19. Outcomes: Refer to Attachment A: Tasmanian Implementation Plan Program Logic Map

Activity	Long Term Outcome
Healthy Workplaces Program	Tasmanian Adults make improvements towards the NPAPH Benchmarks

20. Rationale: Healthy Workplaces program development

The Healthy Workplaces program will build on the valuable work already undertaken to date by a variety of stakeholders in Tasmania. The focus will be on creating a Healthy Workplaces framework and resources that promote health and wellbeing in workplaces. Evidence indicates that the most effective interventions to bring about behaviour change at an individual level are those that work on many levels and provide supportive infrastructure (Hillier, 2005). People are likely to make healthy choices more frequently if their surrounding environment is supportive (WHO, 2006). This model is based on this evidence and will facilitate a process where management support and engagement is enlisted; an initial needs assessment is undertaken; priorities are determined; and a structured plan is developed to implement, evaluate and monitor the outcomes and impacts.

A key component to the Healthy Workplaces program will be regional implementation and support. In Tasmania, 99% of employers are classified as small or medium sized business (ABS 1321.0). With this in mind, it is important that support and resources are available to assist small and medium enterprises to implement workplace health and wellbeing approaches. Support will be provided across the state by Healthy Workplace Advisors, in partnership with WorkCover Tasmania, to assist businesses to implement the Healthy Workplaces program. Tasmania has three main regions - North, North West and South. The North and North West regions have a higher than average prevalence of risk factors (smoking, poor nutrition, physical inactivity, unhealthy weight and risky alcohol intake) compared to both the South and the state average. They also have a higher than average proportion of male workers compared to the South and state averages. With these higher than average risk factors it is important that there is strong support within the workplace to encourage changes to health behaviour.

The Public Health Act 1997 prohibits smoking in Tasmanian workplaces but many worksites have designated areas where staff can smoke during breaks. There is a well-established evidence base that employees in completely smokefree worksites have a lower smoking prevalence and, among continuing smokers, lower cigarette consumption than those in worksites which permit smoking (Fisher et al 1993, Hopkins 2010).

Restricting opportunities to smoke can result in physical and emotional symptoms of nicotine withdrawal, so it is important to provide information and practical support for existing smokers. A supportive attitude from management and colleagues along with access to cessation support or subsidised nicotine replacement therapy (NRT) can encourage smokers who want to quit. For those not ready to quit, providing information about the benefits may encourage them to contemplate quitting. A smokefree worksite provides a safer environment for employees, benefits to employers due to lower rates of absenteeism and productivity increases, and further de-normalises smoking to young people entering the workforce. The Smokefree resource will provide an evidence-based practical guide for organisations to implement their own smokefree worksite programs.

Get Healthy Information and Coaching Service® (GHS) promotion in workplaces: The GHS provides a low cost, accessible service for adults either at work or in conjunction with other

workplace health & wellbeing initiatives. The workplace also provides a supportive environment for people to make sustainable change.

There is strong evidence supporting the effectiveness of telephone counselling services, especially those that are individually tailored and evidence based in achieving lifestyle change. Results from NSW (where the Service has been operational since February 2009) indicate participants report increased consumption of fruit and vegetables, decreased consumption of take-away food, increased levels of physical activity and reduced weight and waist circumference. The service has also shown to engage participants from a wide demographic mix (including age, gender, socio-economic status and geographic areas).

References:

Australian Bureau of Statistics 1321.0 – Small Business in Australia, 2001. Retrieved September 2010, from www.abs.gov.au/ausstats/abs@.nsf/0/97452F3932F44031CA256C5B00027F19?OpenDocument

Hillier, D., Fewell, F., Cann, W., and Shephard, V (2005). Wellness at Work: enhancing the quality of our working lives. *International Review of Psychiatry*, 17(5). P419-431

WHO (World Health Organisation). (2006). The challenge of obesity in the WHO European Region and the strategies for response. (Report supplied as background material for the WHO European Ministerial Conference on Counteracting Obesity (Istanbul, 15-17 November 2006).

Hopkins DP, Razi S, Leeks KD, Kalra GP, Chattopadhyay SK, Soler RE. (2010) ‘Smokefree Policies to Reduce Tobacco Use: A Systematic Review, *American Journal of Preventive Medicine*’, Volume 38, Issue 2, Supplement

Fisher EB Jr, Lichtenstein E, Haire-Joshu D, Morgan GD, Rehberg HR (1993) ‘Methods, successes, and failures of smoking cessation programs’. *Annual Review of Medicine*, Vol 44: pp481-513.

21. Contribution to performance benchmarks:

This activity will contribute to achieving:

- increase the proportion of adults at healthy body weight;
- increase the proportion of adults meeting national guidelines for healthy eating and physical activity;
- reduce the proportion of adults smoking daily;
- reduce risky consumption of alcohol.

It is also anticipated that there may be flow on effects through the workplace back into the home setting, with the potential to also impact on children’s and other family members eating and physical activity habits, which would then link to the NPAPH benchmarks for children.

22. Policy consistency:

The Healthy Workplaces program is consistent with the objectives and outputs of the NPAPH to improve nutrition in adults, increase the levels of physical activity in adults, reduce the prevalence of adults smoking, increase the proportion of adults at a healthy body weight and reduce the risky consumption of alcohol. The program targets both workplaces and workers in the workplace

setting focused on preventive health activities which is consistent with the scope outlined in the NPAPH Healthy Workers Scoping Statement and Guiding Policy Principles. The Healthy Workplaces program is an adaptation and expansion of current successful work within the state. It is consistent with similar programs in other settings and is designed to be implemented across all business sizes, demonstrating it is consistent with policy principles outlined in the NPAPH Healthy Workers Scoping Statement and Guiding Policy Principles (Attachment B).

The Healthy Workplaces program is also consistent with a broad range of Tasmanian preventive health policies and strategic directions which align with similar national policies.

23. Target group(s):

Specific target groups will be determined once the program has commenced and in consultation with partners and key stakeholders.

Tasmanian public service employees make up 14.7% (33 000 employees) of the workers in the state. The Healthy Workplaces program will build on the existing program already in place targeting public sector employees, and will expand these approaches beyond the public sector.

Small and medium enterprises make up 99% of the employers in the state. The Healthy Workplaces program will target these groups.

24. Stakeholder engagement:

A range of stakeholders will be engaged using a variety of strategies as appropriate.

STAKEHOLDERS

ENGAGEMENT STRATEGIES

- | | |
|---|--|
| • Premier’s Physical Activity Council | • Healthy Workers Initiative Advisory Governance Group |
| • Public Sector Management Office | • Orientation or presentation sessions |
| • Unions Tasmania | • Meetings/Regional Networks |
| • Workcover | • Resource/materials distribution (eg. GHS pamphlets, workplace kits etc.) |
| • Tasmanian Chamber of Commerce and Industry | • Letters of Agreement or contracts |
| • Private providers | • Internet site |
| • Regional health and community workers | • Newsletters |
| • UTAS and NHMRC Project and Staff | • Virtual network |
| • Health and community workers in the non government / local government sectors | • Seminars and workshops |
| • Employers | • Training programs/sessions |

- Employees
- Human Resources professionals and professional bodies

25. Risk identification and management:

Activity	Risk	Level	Mitigation strategy
Healthy Workplaces Program	Stakeholders fail to engage with the programs	Medium	Pilot programs in selected sites
	Employers do not support/promote health promotion programs in workplace	Medium	Communication and marketing strategy
	High attrition rates amongst participants	Medium	Identify employees/employers to champion programs.
	Unrealistic stakeholder expectations regarding resources for workplace health promotion programs	High	Create/Strengthen existing networks between employee/employer organisations
	Existing workplace programs are fragmented and uncoordinated.	Medium	Create a distinctive brand for Healthy Workplaces Program Establish / strengthen coordination and communication mechanisms
	Small business do not have capacity to participate	High	Provide specific strategies / support for small business

26. **Evaluation:**

Activity	Methodology	Timeframe	Responsibility
Healthy Workplaces	Process evaluation and discrete program level evaluation of Healthy Workplaces and GHS (eg numbers participating, achievement/maintenance of awards, changes to policy and practice).	Annual activity data report	DHHS in Partnership with WorkCover, Menzies Research Institute
	Get Healthy Service® referral numbers form workplaces	Data reports on referral sources	University of Sydney / DHHS
	Qualitative evaluation of impact of Healthy Workplaces through key informant interviews in selected workplaces	12 months post resource development	DHHS in Partnership with WorkCover, Menzies Research Institute
	Action research on environmental and policy barriers/enablers to healthy eating and physical activity levels in the workplace	Ongoing	DHHS in Partnership with WorkCover, Menzies Research Institute /
	Action research on capacity building strategies to support integration of workplace cultural change	Ongoing	

27. **Infrastructure:**

The Tasmanian State government is providing a variety of infrastructure to support the successful implementation of this activity, including a Ministerial Direction from the Premier requiring that all public sector organisations have a Workplace Health and Wellbeing Policy and Plan. State government funding has also been provided for both the Public Sector Healthy Workplaces program and the Premier's Physical Activity Council *Get Moving at Work* program. Resource already developed which will be useful for this program include the *Get Moving at Work* kit, the employee online survey, and workplace environment audit tool.

28. **Implementation schedule:****Table 3: Implementation schedule**

Deliverable and milestone	Due Date
State Workplace Health and Wellbeing Program Advisory Group established	July 2011
Strategic partnership with WorkCover Tasmania for regional implementation established	July 2011
Priority industry sectors/employee groups/workplaces determined	Dec 2011
Communication strategy developed	Dec 2011
Smokefree resources completed	July 2012
Healthy Workplaces framework and resources completed	Dec 2012
Capacity Building Framework developed	Dec 2013
Recognition Framework piloted and developed	Dec 2014
Workplan of rollout of interventions developed	June 2012
Business plan for each program developed outlining KPI's and milestones	June 2013
Annual review of business plans and reporting of progress against milestones and KPI's	Annually - 2018

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

Notes: DHHS has also agreed to cash-flow the funds from the Commonwealth more evenly across the period of the agreement, to enable better planning and implementation of programs.

Expenditure item	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	TOTAL
	11/12	12/13	13/14	14/15	15/16	16/17	17/18	
Healthy Workplaces program	0.2	0.2	0.2	0.21	0.215	0.225	0.24	1.49
• <i>Healthy Workplaces resource</i>	0.12	0.12						0.24
• <i>Smokefree resource</i>	0.01	0.01						0.02
• <i>Healthy Workplaces Regional support</i>	0.22	0.27	0.2	0.2	0.2	0.2	0.2	1.49
Get Healthy Service®	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75
TOTAL	0.8	0.85	0.65	0.66	0.665	0.675	0.69	4.99

Note: Figures are rounded to 2 decimal points. Accordingly, individual years may not sum perfectly to the total shown.

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

30. 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

31. 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.
32. The State agrees to participate in the Healthies Steering Committee or other national participation requirements convened by the Commonwealth to monitor and oversee the implementation of the initiative, if relevant.

PERFORMANCE REPORTING

33. 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 2016 and 31 December 2017:
- a) Increase in proportion of children at unhealthy weight held at less than five per cent from baseline for each state by 2016; proportion of children at healthy weight returned to baseline level by 2018.
 - 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 2016; 0.6 for fruits and 1.5 for vegetables by 2018.
 - 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 2016; by 15 per cent by 2018.
 - d) Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2016; proportion of adults at healthy weight returned to baseline level by 2018.
 - 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 2016; 0.6 for fruits and 1.5 for vegetables from baseline by 2018.

- 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 2016; 15 per cent from baseline by 2018.
 - 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.
34. 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.
35. The performance reports are due within two months of the end of the relevant period.

Attachment A: Tasmanian Implementation Plan Logic Map

Initiative	Activity	Sub activities	Settings	Interventions	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes (NPA benchmarks)
NPAPH Healthy workers	Healthy Workplaces	Healthy workplace resources	Work places	Healthy Workplace Resource developed	Employers and employees engage with the Healthy Workplaces Resource	healthy Workplaces framework informs nutrition, physical activity and Smokefree policy and practice in workplaces	Changes in eating, activity and smoking behaviours as measured by the NPAPH Benchmarks in 2011 and 2018
				Health and Wellbeing Advisory service implemented	Employers and employees engage with the Healthy Workplaces recognition scheme	Increase in number of organisations/ companies achieving Healthy Workplaces recognition status	
		Health and wellbeing advisory service		Smokefree Worksites resource developed	Key regional stakeholders engage with Healthy Workplaces	Proportion of organisations/ companies maintaining healthy Workplace status	Healthy weight benchmark
		Healthy Workplace Capacity Building		Healthy Workplaces recognition scheme tested and implemented	Key stakeholder partnerships (HWB Advisory Group)		Physical Activity benchmark
				Communication/ marketing strategy for Healthy Workplaces	Employers and employees engage with the Smokefree Worksites Resource		Consuming fruit and vegetable benchmark
				Cross sector regional networks established			Smoking prevalence benchmark
				H&WB Capacity Building in workplaces	Workplaces have Increased awareness of healthy eating/activity levels		
					Workplaces have Increased awareness of health risks of smoking		
		Get Healthy Service (GHS)		Communication/ promotional strategy targeting employers/employees	Employees/employers engage with the GHS	Increased use of GHS amongst workers	
				Partnerships established with existing employee services	Workplaces support/promote GHS to employees	Increased number of organisations companies who support/promote GHS	
					Workers use GHS		

National Partnership Agreement on Preventive Health

HEALTHY WORKERS

Scoping Statement and Guiding Policy Principles

PART 1: INTRODUCTION AND OVERVIEW

1.1 Purpose

This document, developed in consultation with states and territories, is designed to provide guidance in developing jurisdictional implementation plans and encourage a consistent approach to the implementation of the Healthy Workers initiative under the National Partnership Agreement on Preventive Health (NPAPH).

1.2 Objectives

The objective of the NPAPH is to reduce the risk of chronic disease by reducing the prevalence of overweight and obesity, improving nutrition and increasing levels of physical activity in adults, children and young people through the implementation of programs in various settings. The NPAPH provides funding for:

- settings based interventions in pre-schools, schools, workplaces and communities to support behavioural changes in the social contexts of everyday lives and focusing on improving poor nutrition, and increasing physical inactivity. For adults also focusing on smoking cessation and reducing harmful and hazardous alcohol consumption;
- social marketing for adults aimed at reducing obesity and tobacco use; and
- the enabling infrastructure to monitor and evaluate progress made by these interventions, including the National Preventive Health Agency and research fund.

1.3 Outputs

To support these objectives the Healthy Workers initiative will fund:

(i) States and territories to facilitate delivery of healthy living programs in workplaces:

- a) focusing on healthy living and covering issues such as physical activity, healthy eating, the harmful/hazardous consumption of alcohol and smoking cessation;
- b) meeting nationally agreed guidelines for addressing these issues, including support for risk assessment and the provision of education and information;
- c) which could include the provision of incentives either directly or indirectly to employers;

- d) including small and medium enterprises, which may require the support of roving teams of program providers; and
- e) with support, where possible, from peak employer groups such as chambers of commerce and industry.

(ii) Commonwealth to develop a national healthy workplace charter with peak employer groups, to conduct voluntary competitive benchmarking, supporting the development of nationally agreed standards of workplace based prevention programs and national awards for healthy workplace achievements. Commonwealth in consultation with the states and territories, may consider taking responsibility for national employers.

1.4 Evidence Base

The workplace is a setting where most adults spend around half of their waking hours, and there is potential through the workplace to reach a substantial proportion of the population who may not otherwise respond to health messages, may not access the primary health care system, or may not have time to make sustained changes to their behaviour, such as participating in more regular exercise.

Nearly 11 million Australian adults are in paid employment, with around 70 per cent in full time employment.¹ Approximately five million (2004-05) Australian employees are overweight or obese (of whom 1.3 million are obese). Obesity was associated with an excess 4.25 million days lost from the workplace in 2001.² Obesity rates are highest among mature age workers aged 45-64, who comprise almost a third of the labour force. As obese people age, sick leave increases at twice the rate of those who are not obese.³ Research indicates that sedentary lifestyles can also lead to more work-related illness and prolonged recovery periods as well as increased morbidity and mortality.⁴

Key factors emerging from the international and national literature that can determine the success and sustainability of workplace health promotion programs include:

- *Management involvement and support* from senior management through to middle and line managers across an organisation ensures equal access, opportunity and support to all workers, regardless of position or job type.
- *Integrated workplace health promotion* with existing business planning and values.
- *Well established project planning and implementation* and a participatory approach helps to create employer and worker ownership and longer term success.
- *Effective and consistent communication* of the aims and purpose of the program from employers to workers builds positive engagement.
- *Multi-component programs* can ensure a variety of behavioural risk factors, issues and strategies are addressed to increase participant engagement with different preferences and health needs and ensure lasting change.
- *Monitoring and evaluation* of all program components should be established during program planning and inception.

¹ Workforce statistics from the ABS, cited in: *Overweight and Obesity: Implications for Workplace Health and Safety And Workers' Compensation*, Australian Safety and Compensation Council, August 2008, p 8-9.

² *Overweight and Obesity: Implications for Workplace Health and Safety And Workers' Compensation*, Australian Safety and Compensation Council, August 2008, p 8-9.

³ An American study reported that the profile of obese workers with respect to cardiovascular risk factors as well as work limitations resembled that of workers as much as 20 years older. Also see *Overweight and Obesity: Implications for Workplace Health and Safety And Workers' Compensation*, Australian Safety and Compensation Council, August 2008.

⁴ McEachan, Lawton et al. 2008

PART 2: HEALTHY WORKERS

Terminology, Scoping Statement and Guiding Policy Principles

2.1 Terminology

For the purposes of the Healthy Workers initiative, the following terms are defined:

Access and equity is about ensuring that individuals and populations are not further disadvantaged in a health and social sense through the programs and activities delivered as part of the NPAPH. It requires consideration of a range of factors that can impact on access to, reach of and appropriateness of programs for certain populations, removing or reducing barriers to health and access to health-based activities. Programs must support equity of outcomes for all by increasing opportunities and removing or reducing barriers for participation. There are a number of interacting factors at both the organisational and individual level that must be considered in addressing access and equity, for example:

- the type of organisation, industry or enterprise and the structural characteristics of the workforce (does the business operate 24 hours per day or involve shift work; are those working in the industry full-time, part time, seasonal or casual; is the workforce or worker geographically isolated or mobile);
- the size of the organisation or enterprise, relative capacity and decision making autonomy to take up and implement programs and make organisational change;
- consideration of the characteristics of workers at both a group and individual level including gender, cultural and linguistic background, Aboriginal and Torres Strait Islanders, people with a disability, physical location and socio-economic status. For example, the workforce of mining operations can be physically isolated, largely male and may be drawn from culturally and linguistically diverse backgrounds. These factors should be considered in program design, delivery and evaluation;
- equity of outcome that considers all the elements above in relation to the outcomes for individuals and organisations (e.g., were there organisations and individuals who experienced better results than others in the same cohort); and
- elements outlined in the Australian Government's *Social Inclusion Toolkit*.⁵

Healthy living programs are those programs that cover physical activity, healthy eating, the harmful/hazardous consumption of alcohol and smoking. The use of the term 'program(s)' is inclusive of activities targeting individual workers, groups of workers and activities that are of an organisational wide, enabling or capacity building nature. It also includes workplace policy enhancement, system change and minor supporting infrastructure improvements directly related to the implementation in the specific setting that are made to facilitate and support the health of workers and associated behavioural changes. The following language will be used to describe the hierarchy of elements of the NPAPH:

1. NPAPH initiatives, such as Healthy Workers;
2. jurisdictional programs (i.e., state and territory programs or activities implemented according to an agreed plan); and
3. activities within jurisdictional programs, local government programs or pilot programs.

Primary and secondary prevention definitions are drawn from *The Language of Prevention*, National Public Health Partnership 2006⁶ and in the context of Healthy Workers mean:

- **Primary prevention** - limiting the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departure from good health, control exposure to risk and promote factors that are protective of good health; and
- **Secondary prevention** - reduction of progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention.

⁵ www.socialinclusion.gov.au/Documents/SIToolKit.pdf

⁶ National Public Health Partnership (2006); *The Language of Prevention*, Melbourne

Quality assurance frameworks, accreditation and standards are currently being developed by the Australian Government under the NPAPH. Programs and program providers (whether this is the employer or a third party on behalf of the employer) will be encouraged to have regard to relevant accreditation processes in order to receive funding under the initiative from jurisdictions. Note that once these processes are fully established consideration will be given to making them a requirement.

Workers, for the purpose of this initiative, are defined as individuals of working age currently in paid employment in Australia. The primary target age range for this initiative is 35 to 55 years. Other age ranges outside of this group in the workplace context can also be considered. It is acknowledged that there are differing arrangements in jurisdictions relating to age for entry into the workforce and that there is no compulsory retirement age.

2.2 Scope

Consistent with the objectives and expected outcomes of the NPAPH, the policy scope for the Healthy Workers initiative is summarised below:

- 2.2.1 The focus of the initiative is the prevention of lifestyle related chronic disease through addressing the modifiable lifestyle risk factors of smoking, poor nutrition, physical inactivity and hazardous and harmful alcohol consumption through sustained behaviour and organisational changes in working Australians and their workplaces.
- 2.2.2 The wider community, children and those who are unemployed or in an unpaid position are not a specific target population under this initiative. However, if a program through a participating worker or workplace, can also reach families, or other members of the community then this is encouraged.
- 2.2.3 The primary target age range for this initiative is people in paid employment aged 35 to 55 years old. Other age ranges outside of this group can also be considered. A lower and upper age limit is not specified under the initiative.
- 2.2.4 Programs should focus on preventive health activities. Programs with a tertiary management focus (i.e. managing existing chronic conditions) are not within the preventive scope of the initiative. However, individuals already participating in tertiary treatment programs are not to be excluded. Note that only preventive programs will attract funding.
- 2.2.5 Mental health is not included as a performance benchmark under the NPAPH. While programs may have a mental health element, this should not be the sole focus of the program.
- 2.2.6 Health promotion programs can be implemented in and through workplaces with workers as the primary target audience. There must be a direct connection with the workplace. For example, policies on food and vending machines in the workplace or a lunchtime walking group organised by workers and undertaken during working hours. A community program that is attended by a worker on the weekend, and does not have the support or endorsement of an employer (e.g., a subsidy) and is otherwise unconnected with employment, would be out of scope.
- 2.2.7 Needs assessments can include consideration of the policy environment, workplace culture and infrastructure as they relate to the delivery of a program. An audit of policies and infrastructure that support healthy lifestyle choices and work-life balance to identify areas for development and determine appropriate activities could be implemented as part of a program. For example, in considering the implementation of an active transport to work program, an audit may identify whether supporting infrastructure such as bike racks in the workplace are available.
- 2.2.8 Investment in substantial built environment or hard infrastructure improvements is beyond the scope of the NPAPH. Substantial infrastructure improvements (i.e., change facilities and shower blocks) will need to be funded by the employer. Minor infrastructure (i.e., bike racks) may be permitted following consultation with the Commonwealth.
- 2.2.9 Whilst volunteers are not a specific target population under the initiative, if volunteers are in the workplace they should not be excluded from participating in programs.

- 2.2.10 Funding may be used, among other things, to provide direct incentives to employers to provide programs (e.g. through the provision of subsidies to purchase programs; develop jurisdiction wide programs that can be picked up by employers; or to assist existing providers) or adapt existing programs to suit a wider range of workplaces or to target specific groups.
- 2.2.11 Programs should cover a range of businesses regardless of size. Large business should not be the sole focus of programs and consideration should be given to the needs of small to medium enterprises.

2.3 Policy Principles

General

- 2.3.1 Programs under the initiative should be focused on primary and secondary prevention.
- 2.3.2 Funding for programs should be invested in:
- significant enhancements or expansions to existing program(s) that have already demonstrated they are efficacious;
 - new programs that have demonstrated efficacy elsewhere that are directly translatable to the initiative setting;
 - programs that can demonstrate significant innovation and/or promise from initial results, but lack formal evidence to demonstrate effectiveness; and
 - programs that have a high likelihood of being sustainable beyond the funding received under this initiative, should the program be effective and there is a demonstrated continuing need.
- 2.3.3 Programs should reflect the requirements of the Australian Government's *Social Inclusion Toolkit*.
- 2.3.4 Access and equity in terms of both access to programs and equity of outcomes as a result of participation in programs must be a key consideration.
- 2.3.5 Participation in NPAPH programs is voluntary. However, the voluntary participation requirement does not override specifications of existing or new workplace legislative requirements or policies (e.g., food supply, no smoking, alcohol management policies, banning of alcohol).
- 2.3.6 Programs and associated evaluations should not further stigmatise obesity and other applicable health conditions or behaviours.
- 2.3.7 Measures must be in place to protect the privacy of individuals as appropriate. Programs must comply with applicable legislation in relation to consent to collect personal and health information and the use, access, storage and disclosure of this information.
- 2.3.8 Program providers may be expected to comply with specified requirements, including quality assurance frameworks, standards or other guidance in existence or currently being developed under the NPAPH.
- 2.3.9 Programs should be developed and implemented in consideration of relevant local enablers and barriers (i.e. appropriate stakeholder consultation and support, infrastructure issues, and different industry and workforce requirements).
- 2.3.10 Funding under the initiative may be used to extend existing programs or create new programs. However, the duplication of funding already allocated at a state and territory level, or by an organisation, should not be permitted.
- 2.3.11 Programs will not be funded if they support, promote or utilise sponsorship of food or beverage products considered to be high in sugar, salt and saturated fat, or of tobacco and/or alcohol or promote sedentary behaviour.

- 2.3.12 Consistency and complementarity with programs already in place should be considered. An assessment of possible efficiencies and effectiveness should be undertaken that recognises activities in other settings (i.e. schools, early childhood settings or other organisations in the community).
- 2.3.13 Programs should have monitoring systems in place to ensure they are capable of reporting in an accurate and timely way on the achievement of program outputs in accordance with performance monitoring and evaluation requirements under the NPAPH.
- 2.3.14 Programs should have mechanisms in place for continuous quality improvement. Monitoring and evaluation arrangements should, where possible, be developed to help facilitate evaluation at a national level.

And in addition for the Healthy Workers initiative

- 2.3.15 Programs that have a clinical risk assessment component should have identified clear and appropriate referral pathways in place that include complementary support activities that aim to address and lead to a reduction in identified lifestyle risk factors.
- 2.3.16 Programs should recognise the diversity of workplaces in Australia and the diversity of Australian workers.
- 2.3.17 Employers should consider the effect of programs across their entire workforce where an employer operates in more than one jurisdiction to ensure that all employees have the opportunity to access programs.
- 2.3.18 Inter-jurisdictional collaboration should be considered when the employer has a workforce operating in a number of jurisdictions or is a national employer.

Activities and programs implemented by each jurisdiction will need to be accessible and appropriate for small to medium enterprises, as well as large businesses.