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 Western Australia (WA), represented by the Minister for Health (known as the Parties to this Implementation Plan).

5. This Implementation Plan may be varied by written agreement between authorised delegates.

6. This Implementation Plan will cease on completion of the specified program, including the acceptance of final performance program reporting and processing of final payments against performance benchmarks specified in this Implementation Plan.

7. 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 for the Healthy Workers initiative is $31.11 million. Payments will be structured as 50 percent facilitation and 50 percent reward. The reward payments are conditional on achievement against performance benchmarks specified in the National Partnership.

10. Facilitation payments will be payable in accordance with Table 1 from July 2011 to 2014 in accordance with the National Partnership. All payments are exclusive of GST.

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

Facilitation Payment		Due date	Amount
(i)	Facilitation payment	July 2011	3.606
(ii)	Facilitation payment	July 2012	6.724
(iii)	Facilitation payment	July 2013	3.254
(iv)	Facilitation payment	July 2014	1.970
Reward Payment *		Due date	Amount
(v)	Reward payment	2013-2014	6.222
(vi)	Reward payment	2014-2015	9.332

* note the actual amount of reward payment is conditional on assessment of achievement against performance benchmarks as set out in the National Partnership

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

Table 2: Estimated overall program budget ($million)

Expenditure item	Year 1	Year 2	Year 3	Year 4	Total
Activity 1: WA Healthy Workplace Support Service	1.669	2.397	2.418	2.246	8.730
Activity 2: Specialist Service Provider Capacity Building	1.643	1.570	1.764	1.847	6.824
TOTAL	3.312	3.967	4.182	4.093	15.554

Notes:

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

PROGRAM OVERVIEW AND OBJECTIVE

14. **Western Australian Healthy Workers Initiative**

15. The objective of the Western Australian Healthy Workers Initiative (WA HWI) is to contribute to the prevention of chronic disease and overweight and obesity amongst Western Australian workers by addressing four modifiable lifestyle risk factors: poor nutrition, physical inactivity, smoking and harmful alcohol consumption. This will occur by facilitating the delivery of healthy lifestyle interventions targeting these risk factors in or through workplaces.

16. The Western Australian Healthy Workers Initiative is inclusive of the following activities:

    a) Activity 1: WA Healthy Workplace Support Service
    b) Activity 2: Specialist Service Provider Capacity Building

    Both activities and their elements form part of the comprehensive multifaceted and integrated approach required for effective and sustainable statewide workplace health promotion. The WA HWI has been developed to take into account Western Australian specific conditions and existing programs. It has been developed through extensive consultation with a range of agencies within and outside of government.

17. The senior contact officer for this program is:

    Chronic Disease Prevention Directorate
    Public Health Division
    Department of Health, Western Australia
    PO Box 8172
    Perth Business Centre WA 6849
    Telephone: (08) 9222 4478
    Email: CDPD.Admin@health.wa.gov.au

ACTIVITY DETAILS

18. **Activity 1: WA Healthy Workplace Support Service**

19. **Overview:**

The WA Healthy Workplace Support Service will provide a number of free services that support workplaces across the state to make changes that result in positive lifestyle behaviour changes amongst their employees. Key elements to be delivered by the Support Service will be:

- **Tailored practical advice and support** available to all workplaces via a range of mechanisms on developing, implementing and evaluating workplace healthy lifestyle interventions.
- **Practical tools, resources and guidance materials** to support workplaces to implement policies, activities and programs.
- **Incentive funding for workplaces** in the form of seed funding to 'kick start' new workplace health interventions.
- **Workforce development and training** for workplace staff, health professionals and other stakeholders working with workplaces on best practice approaches and strategies.
- **Marketing and communication strategies** to reach, motivate and engage workplaces, employees and stakeholders in the initiative.
- **Workplace recognition schemes** to celebrate workplaces' successes, increase recognition amongst peers and employees, and encourage and drive continued enhancement of their interventions.

20. **Outputs:**

Element	Description	Timeframe
Tailored practical advice and support to workplaces	• A WA Healthy Workplace Support Service will be created and delivered by an organisation from the not-for-profit sector, to provide all workplaces across the state with advice and support free of charge. • Advice and support will be offered via a range of mechanisms (e.g. phone, email, face to face). • Advice will be provided to support workplaces in making changes in the workplace to enable behaviour change among employees. • Advice will be reinforced and supported by the other elements of this Activity (e.g. practical tools and resources, incentive funding, workforce development and training, marketing and recognition scheme).	WA Healthy Workplace Support Service to be launched July 2012
Practical tools, resources and guidance materials	• Development of new and collation of existing tools and guidance materials to support workplaces to implement healthy lifestyle initiatives. • May include things such as how to guides, policy templates, assessment tools, menu of best practice strategies and case studies.	Available from July 2012 to June 2015
Incentive funding for workplaces	• Provision of seed funding to encourage workplaces to establish and or participate in healthy lifestyle initiatives. • Funds to be made available through a grants scheme (to be developed).	Available from July 2012 to June 2015

Element	Description	Timeframe
Workforce development and training	• Provision of a range of workforce development and training opportunities for relevant stakeholders (e.g. workplace staff, health professionals) on best practice approaches and strategies for workplace healthy lifestyle interventions.	Available from July 2012 to June 2015
Marketing and communication strategies	• Development of a range of marketing and communication strategies to: - engage workplaces, employers, employees and other key stakeholders in the initiative - promote the WA Healthy Workplace Support Service and the services available through Activity 2 - raise awareness and acknowledgement of the benefits and value of addressing health in the workplace - engage and motive employer and employee participation in the WA Healthy Worker Initiatives. • Creation of a website to provide access to information, tools, resources, grants information, etc.	To be commenced early 2012. Website to be launched July 2012.
Workplace recognition schemes	• Provision of a variety of opportunities to celebrate workplaces' successes and provide recognition for their efforts.	Available from July 2012 to June 2015

21. **Outcomes:**

Activity	Long term outcomes (2014-15)
Activity 1: WA Healthy Workplace Support Service	• Increased proportion of adults at healthy weight • Increased mean number of daily serves of fruit and vegetables consumed by adults • Increased proportion of adults participating in 30 minutes moderate intensity physical activity on five or more days of the week • Reduced proportion of adults smoking daily • Reduced harmful alcohol consumption

22. **Rationale:**

The WA HWI seeks to create positive change around values, attitudes, cultural norms and resource allocation for workplace health. Approaches will take both a multi risk factor approach as well as address specific risk factors separately. To maximise sustainability of investment beyond the scope of the National Partnership Agreement on Preventive Health (NPAPH) the WA HWI will be built around a capacity building framework that aims to improve organisational capacity and equip workplaces with the knowledge, skills and tools to develop their own structures, systems, people and skills that support employee health and wellness. Creating policy, environmental and cultural changes in workplaces is an important element of addressing individual behaviour change. This approach, supported in the National Preventative Health Strategy, has been successfully adopted through other Australian and international health promotion projects [1, 2].

Analysis of local industry data and consultation identified the wide range of Western Australian workplaces across a geographically and culturally diverse state, and the need for approaches that

combine flexibility with cost effective provision of standard tools and information. Even when workplaces believe in the value of healthy lifestyle programs, they may not take action because they are discouraged by a lack of information, support, best practice examples and resources to develop programs[3, 4]. Recent reviews have consistently identified the need to move away from a 'one size fits all' approach towards a tailored and targeted approach that meets the needs of each workplace to increase the effectiveness of investment [1, 3-8]. Small to medium enterprises face additional challenges with relatively limited resources to invest in workplace health[1, 4, 9].

As well as tailored advice, workplaces need easily accessible, practical information and guidance tools to understand the range of options, strategies, programs and processes that work best in different situations[6, 8]. Through Activity 1, the WA Healthy Workplace Support Service will enhance and expand on existing national and state tools and develop new resources to fill identified gaps. In developing this Plan, workplaces running programs were consulted and they identified that there is a need for a central 'one stop shop' to access information, tools and resources. Most workplaces have access to a computer and the internet[10] making the proposed Healthy Workers website a cost effective mechanism for sharing these.

Experience in WA has shown that while for some workplaces the availability of advice and support is sufficient motivation, for others there is the need for additional incentives to encourage their involvement in healthy lifestyle interventions[8]. One of the key barriers to participation in healthy workplace initiatives, particularly for small and some medium size enterprises, is the lack of resources to get started[1, 4-6, 9, 11]. The provision of seed funding can help to facilitate and kick start workplace interventions by providing the ability to pilot a workplace intervention, see the benefits and thereby increase understanding and support amongst senior management and create commitment for increased effort[3]. Western Australian consultation showed strong stakeholder support for the concept of seed funding.

It is acknowledged that one of the critical components of successful workplace health initiatives is achieving strong management involvement and support[3, 6, 8, 12-16]. However employers' willingness to invest in workplace health is often limited by a lack of understanding on how it directly benefits their organisation[4]. The concept of wellness at the corporate level is often misunderstood and subsequently many employers do not value workplace health initiatives, feel that the effort is too great, or do not feel that it is achievable in their type of workplace[8]. Increasing employers' awareness and recognition of the benefits of and return on investment for workplace health interventions will be a major component of the marketing and communications strategy that is developed as part of Activity 1[3, 4, 6, 8, 9].

Anecdotal information suggests that existing workplace healthy lifestyle initiatives are currently delivered by a variety of different individuals and agencies, but to varying degrees of quality. There is a need to build capacity within WA to ensure efforts to deliver these types of initiatives and encourage workplace involvement follow best practice approaches. Workplace healthy lifestyle initiatives with the greatest likelihood of success are those based on sound rationale, evidence and theory. In addition, professional development facilitates valuable networking opportunities, enabling those working in similar fields to learn from each other and further build their capacity. The workforce development element of Activity 1 aims to provide a range of professional development and training opportunities to relevant groups, delivered through multiple channels to ensure access by regional and remote staff. Groups to be targeted for professional development will have significant roles in influencing the success of workplace healthy lifestyle interventions, and may include (but are not limited to):

- Those with roles or responsibilities around workplace/employee wellness (e.g. OHS, workplace program coordinators, human resources staff).
- Senior and middle management.
- Those who currently deliver workplace wellness initiatives and or work with workplaces and employers.

Local stakeholder consultation highlighted the importance of local recognition of workplaces that implement programs, to motivate them to continue and/or build upon their efforts. While the literature lacks information around the most effective types of recognition schemes, awards or certificate schemes that recognise workplaces that implement best practice health programs, policies, environments and culture have been identified as a possible success strategy[11].

Based on the literature, consultation findings and successful use of similar models, the model of developing the WA HWI around a central support service that can provide a range of tools and services, including more intensive support to individual workplaces if required, appears to be the most cost effective approach to providing workplaces with healthy lifestyle advice and support[6, 7, 11]. The WA HWI will build on established positive relationships between the occupational health and safety (OHS) sector, employee organisations, industry and government.

23. **Contribution to performance benchmarks:**

Activity 1 will contribute to the NPAPH performance benchmarks for adults relating to:

- The proportion at a healthy weight.
- The mean number of daily serves of fruit and vegetables consumed.
- The proportion who participate in at least 30 minutes of moderate physical activity on five or more days of the week.
- The proportion who smoke daily.

While there is no associated performance benchmark, Activity 1 will also contribute to reducing harmful alcohol consumption and alcohol-related harm.

It is also anticipated that there may be flow on effects through the workplace into the home setting with the potential to impact on children's eating and physical activity habits.

24. **Policy consistency:**

Activity 1 is consistent with the outputs, scope and principles of the Healthy Workers Scoping Statement and Guiding Policy Principles. It focuses on addressing poor nutrition, physical inactivity, smoking and risky alcohol consumption amongst adults in paid employment in or through workplaces. The WA HWI is based around the available evidence and feedback from extensive consultation and includes a comprehensive mix of interventions aimed at developing supportive policy, environmental, cultural, educational and behavioural interventions. It considers Western Australian specific barriers, enablers and characteristics to ensure access to programs and services by different types of workplaces, taking in to consideration variations across size, industry, location and resourcing.

The WA HWI also supports and is consistent with a broad range of policies, strategic directions and legislation such as the National Healthcare Agreement, the *Australia: the healthiest country by 2020* (National Preventative Health Strategy), the *Western Australian Health Promotion Strategic Framework*, the *Occupational Health and Safety Act 1984 (WA*) and the *Tobacco Products Control Act Amendments 2009 (WA).*

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

The WA HWI aims to reach employed Western Australian adults in or through workplaces. There are approximately 1.1 million Western Australians currently employed in around 196,000 workplaces. The WA Healthy Workplace Support Service and associated elements will be available and accessible to all WA workplaces, taking into account variations in workplace size, geographic location and industry type. There will be a particular focus on engaging workplaces that:

- are positive (or at least not negative) to the concept of adopting healthy lifestyle approaches;
- have less capacity to deliver healthy lifestyle initiatives;
- are in industries or geographical locations with poorer health behaviours;
- belong to industries or occupations whose nature creates additional barriers; and or
- belong to the public sector to demonstrate government leadership in workplace wellness.

Key target audiences within workplaces include employees, senior and middle management, others who could take a leadership role or act as 'champions', and those who have a role in or responsibility for employee health and wellbeing (e.g. OHS, human resources, workplace program coordinators).

26. **Stakeholder engagement:**

A wide range of stakeholders will be engaged using a variety of appropriate strategies, including:

- Formal and informal groups.
- Existing stakeholder networks and communication mechanisms.
- Regular updates and briefings provided through a variety of channels (e.g. workshops, meetings, email, website updates).
- Ongoing consultation and engagement in the development and delivery of activities.
- Regular discussions to ensure consistency and promote synergies between agencies activities.
- Distribution of resources and materials.

Key stakeholders to be engaged via these strategies include, but are not limited to:

- Employers and employees.
- Employer and employee groups and industry bodies.
- Key government agencies.
- Other government agencies and not-for-profit organisations who provide healthy lifestyle-related programs and services.
- Occupational Health and Safety (OHS) organisations and representatives.
- Other agencies and professionals who work directly with workplaces, and or provide workplace healthy lifestyle programs.

27. **Risk identification and management:**

Risk	**Level**	**Mitigation Strategy**	**Responsibility**
Delays in tender and approval processes delay project commencement	Low	• Ensure necessary paperwork for tender processes is completed and ready for use in a timely manner. • Schedule adequate time to complete tender process and contract negotiations.	WA Department of Health (WA DoH)
Failure to recruit suitable external provider	Low-med	• Ensure tender documents are clear and concise while still providing adequate information to potential providers. • Ensure adequate time is allowed for development of quality tender submissions. • Ensure tender is widely advertised.	WA DoH
Operational date for the commencement of the WA Healthy Workplace Support Service may not be met by the delivery	Low	• Tender assessment criteria to include a need for tenderers to demonstrate organisational capacity to deliver within specified timeframes. • Ensure adequate time is provided for the	WA DoH Delivery agency

Risk	Level	Mitigation Strategy	Responsibility
agency		tender and contract negotiation process.	
Delivery agency unable to meet project timeframes/objectives	Low	• Ensure tender documentation clearly describe required timeframes and objectives. • Ensure good communication with delivery agency to monitor progress. • State contract management processes applied with regular review of progress and achievement of milestones. • Assessment of contract reports to ensure issues are identified and addressed with the delivery agency in a timely manner.	WA DoH Delivery agency
Limited interest or uptake by workplaces/employers	Low-med	• Design based on early consultation with positive support already obtained. • Range of services and initiatives available to meet differing needs of individual workplaces. • Use of multiple proactive engagement approaches, including active support from key stakeholders. • The delivery agency will be required to develop a marketing and communication plan to address perceived employer barriers. • Workplace participation in the initiative to be as simple as possible with services provided free of charge.	Delivery agency
Small businesses do not have capacity to participate	Med-high	• Initiative provides specific strategies and support for small business.	Delivery agency

28. **Evaluation:**

Evaluation is a major component of the WA HWI. Approximately ten per cent of the budget for Activity 1 has been allocated to evaluation. In conjunction with the WA DoH, the agency contracted to deliver the WA Healthy Workplace Support Service and its elements will develop and implement an appropriate evaluation plan, incorporating (but not limited to) the following elements as appropriate:

- Use of formative research to inform the development of key approaches, resources, etc.
- Use of both quantitative and qualitative evaluation methodologies.
- Collection and analysis of process and impact measures.
- Alignment with the national evaluation framework and tools, where possible and appropriate.

How evaluation of Activity 1 will contribute to any state-wide evaluation of the WA HWI is still under discussion.

29. **Infrastructure:**

The majority of funding for Activity 1 will be allocated to the development and implementation of the WA Healthy Workplace Support Service, its associated elements and their evaluation. A small proportion of Activity 1 funding will be retained by the WA DoH for essential soft infrastructure costs, including a 0.5 FTE project officer.

30. **Implementation schedule:**

Table 3: Implementation schedule

Deliverable and milestone		Due date
(i)	WA Healthy Workplace Support Service launched	July 2012
(ii)	WA healthy workers website live	July 2012
(iii)	Roll out of practical tools, resources and guidance materials	July 2012 – June 2015
(iv)	Incentive funding for workplaces available	July 2012 – June 2015
(v)	Workforce development and training available	July 2012 – June 2015
(vi)	Workplace recognition schemes available	July 2012 – June 2015

Notes:

31. **Contact details:**

Chronic Disease Prevention Directorate, Public Health Division, Department of Health, Western Australia, PO Box 8172, Perth Business Centre, WA, 6849. Telephone: (08) 9222 4478, Email: CDPD.Admin@health.wa.gov.au.

32. **Activity budget:**

Table 4: Activity project budget ($ million)

Expenditure item	Year 1	Year 2	Year 3	Year 4	Total
(i) Activity 1: WA Healthy Workplace Support Service	1.669	2.397	2.418	2.246	8.730
TOTAL	1.669	2.397	2.418	2.246	8.730

33. **Activity 2: Specialist Service Provider Capacity Building**

34. **Overview:**

As part of its activities, the WA HWI aims to facilitate employee referral to, and participation in, a range of existing, effective specialist healthy lifestyle programs and services in and through workplaces. Through Activity 2, capacity building support will be provided to a number of existing government and non-government specialist service providers to meet the increased demand from workplaces and employees created through the WA HWI. The WA Healthy Workplace Support Service created under Activity 1 will promote and facilitate referral to these specialist services.

35. **Outputs:**

Element	Description	Timeframe
Increased workplace and employee access to a range of specialist healthy lifestyle support services and programs	• Capacity building funding will be used to extend the (free of charge) delivery of a range of existing, appropriate specialist healthy lifestyle support services to a greater number of workplaces and employees. • The specialist services will cover a range of healthy lifestyle factors in line with the HWI scope. NSW's Get Healthy Information and Coaching Service is potentially one of the services to be funded. • The specialist services will be offered through a range of mediums (e.g. direct delivery within the workplace, telephone counselling, web-based programs). • The WA Healthy Workplace Support Service created under Activity 1 will promote and encourage workplace and employee take-up of these specialist services.	Available from July 2012

36. **Outcomes:**

Activity	Long term outcomes (2014-15)
Activity 1: WA Healthy Workplace Support Service	• Increased proportion of adults at healthy weight • Increased mean number of daily serves of fruit and vegetables consumed by adults • Increased proportion of adults participating in 30 minutes moderate intensity physical activity on five or more days of the week • Reduced proportion of adults smoking daily • Reduced harmful alcohol consumption

37. **Rationale:**

While the WA Healthy Workplace Support Service to be created under Activity 1 will provide workplaces with a range of advice, support and resources to facilitate their implementation of appropriate interventions, it is expected that there will be a proportion of workplaces and employees who require a level of specialist expertise that the Support Service will not be able to provide. Additionally, the role of the Support Service does not include direct provision of programs to workplaces and employees. Within WA, there are already a number of agencies who provide this specialist healthy lifestyle support to a variety of audiences including workplaces, though most deliver within finite resources and some are required to charge fees on a cost recovery basis. As already acknowledged, cost is one of the key barriers to participation in

healthy workplace initiatives, particularly for small and some medium size enterprises[1, 4-6, 9, 11]. Even when workplaces believe in the value of healthy lifestyle programs, they may be discouraged from taking action due to a lack of resources to develop and provide programs[3, 4]. To overcome this barrier, facilitate worker participation in specific healthy lifestyle interventions and to prevent duplication of services, Activity 2 will provide capacity building funding to appropriate services providers. This funding will be used by providers to expand service delivery to an increased number of workplaces and employees, and to provide their services free of charge to these groups.

Given the geographical and cultural diversity of Western Australian workplaces, it is essential that the specialist services are accessible to a wide variety of workplaces. As most workplaces and employees have access to a computer and the internet[10], Activity 2 will invest in existing, appropriate WA web-based healthy lifestyle behaviour change programs, refining them to meet the specific needs of workplaces. In addition, the efficacy of telephone interventions aimed at promoting lifestyle behaviour change in relation to nutrition and physical activity is supported by strong evidence[7] with tailored telephone counselling showing positive results[17-20]. The NSW Get Healthy Information and Coaching Service (GHICS) is a confidential phone coaching service for employees wishing to change their lifestyle, particularly in relation to diet, physical activity and weight. Preliminary results have been promising and the service is successfully reaching NSW adults who are most in need. Currently in Western Australia there is no systematic phone coaching and information support service around nutrition, physical activity and healthy weight. An evidence-based healthy coaching phone service has the potential to fill the gap with the difficult to reach owner operators, sub contractors and very small workplaces, where the feasibility of introducing a workplace program is low. Local consultation has also identified telephone as a key mechanism to ensure equitable support to healthy lifestyle support in regional and remote areas of the state. The most cost effective approach to implementing this type of service would be to purchase the existing NSW GHICS and establishing a mechanism for delivery of this program to Western Australians. For this reason Western Australia proposes to investigate the potential usefulness of adopting the NSW GHICS.

As mentioned previously, strong management involvement and support is essential to the success of workplace health initiatives[3, 6, 8, 12-16], though employers are often unable to see the benefits to their organisation[4]. Both Activity 1 and 2 will allow employers to gain first hand experience of implementing healthy lifestyle initiatives within their organisation, and the benefits they bring, for minimal/no outlay, with the expectation that this will encourage them to invest in their own workplace initiatives in the future.

38. **Contribution to performance benchmarks:**

Activity 2 will contribute to the NPAPH performance benchmarks for adults relating to:

- The proportion at a healthy weight.
- The mean number of daily serves of fruit and vegetables consumed.
- The proportion who participate in at least 30 minutes of moderate physical activity on five or more days of the week.
- The proportion who smoke daily.

While there is no performance benchmark in this area, it will contribute to reducing harmful alcohol consumption and alcohol-related harm.

It is also anticipated that there may be flow on effects through the workplace into the home setting with the potential to impact on children's eating and physical activity habits.

39. **Policy consistency:**

Activity 2 is consistent with the outputs, scope and principles of the Healthy Workers Scoping Statement and Guiding Policy Principles. It focuses on addressing poor nutrition, physical

inactivity, smoking and risky alcohol consumption amongst adults in paid employment in or through workplaces. The WA HWI is based around the available evidence and feedback from extensive consultation and includes a comprehensive mix of interventions aimed at developing supportive policy, environmental, cultural, educational and behavioural interventions. It considers Western Australian specific barriers, enablers and characteristics to ensure access to programs and services by different types of workplaces, taking in to consideration variations across size, industry, location and resourcing.

The WA HWI also supports and is consistent with a broad range of policies, strategic directions and legislation such as the National Healthcare Agreement, the *Australia: the healthiest country by 2020* (National Preventative Health Strategy), the *Western Australian Health Promotion Strategic Framework*, the *Occupational Health and Safety Act 1984 (WA*) and the *Tobacco Products Control Act Amendments 2009 (WA)*.

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

The WA HWI aims to reach employed Western Australian adults in or through workplaces. There are approximately 1.1 million Western Australians currently employed in around 196,000 workplaces. While the specialist healthy lifestyle support services to be provided under Activity 2 will be available and accessible to all WA workplaces (taking into consideration issues around workplace size, industry, location and resourcing), there will be a particular focus on engaging workplaces that:

- are positive (or at least not negative) to the concept of adopting healthy lifestyle approaches;
- have less capacity to deliver healthy lifestyle initiatives;
- are in industries or geographical locations with poorer health behaviours;
- belong to industries or occupations whose nature creates additional barriers; and or
- belong to the public sector to demonstrate government leadership in workplace wellness.

Key target audiences within workplaces include employees, senior and middle management, others who could take a leadership role or act as 'champions', and those who have a role in employee health and wellbeing (e.g. OHS, human resources, workplace program coordinators).

41. **Stakeholder engagement:**

A wide range of stakeholders will be engaged using a variety of strategies including:

- Formal and informal groups.
- Existing stakeholder networks and communication mechanisms.
- Regular updates and briefings provided through a variety of channels (e.g. emails, workshops/seminars, website updates).
- Regular discussions to ensure consistency and promote synergies between agencies activities.
- Distribution of resources and materials.

Key stakeholders to be engaged via these strategies include, but are not limited to:

- Employers and employees.
- Employer and employee groups and industry bodies.
- Key government agencies.
- Other government agencies and not-for-profit organisations who provide healthy lifestyle-related programs and services.
- Occupational Health and Safety (OHS) organisations and representatives.
- Other agencies and professionals who work directly with workplaces, and or provide workplace healthy lifestyle programs.

42. **Risk identification and management:**

Risk	Level	Mitigation Strategy	Responsibility
Delays in contracting and agreement processes delay the availability of specialist services' to workplaces.	Low	• Ensure necessary paperwork is completed and ready for use in a timely manner. • Schedule adequate time to complete contract and agreement processes and negotiations.	WA DoH
Failure to recruit suitable external providers	Low-med	• Early discussions with appropriate potential delivery agencies indicates strong willingness to be involved. • Provide potential delivery agencies with clear and concise information regarding service requirements.	WA DoH
Limited interest or uptake by workplaces/employers	Low-med	• Design based on early consultation and positive support already obtained. • Use of multiple proactive engagement approaches, including support from key stakeholders and promotion through the WA Healthy Workplace Support Service in Activity 1. • Range of services and initiatives available to meet differing needs of individual workplaces. • Workplace participation in the WA HWI initiatives to be as simple as possible with services provided free of charge.	Delivery agencies
Delivery agencies unable to deliver project outputs	Low-med	• Ensure good communication with delivery agencies to monitor progress. • State contract management processes applied with regular review on progress and milestones. • Assessment of contract reports to ensure issues are identified and addressed with the delivery agencies in a timely manner.	WA DoH Delivery agencies
Small businesses do not have capacity to participate	Med-high	• Initiative provides specific strategies and support for small business.	Delivery agencies

43. **Evaluation:**

Evaluation is a major component of the WA HWI. Approximately ten per cent of the budget for Activity 2 has been allocated to evaluation. In conjunction with the WA DoH, the agencies contracted to deliver the specialist healthy lifestyle support services will develop and implement appropriate evaluation plans, incorporating (but not limited to) the following elements as appropriate:

- Use of formative research to inform the development of key approaches, resources, etc.
- Use of both quantitative and qualitative evaluation methodologies.
- Collection and analysis of process and impact measures.
- Alignment with the national evaluation framework and tools, where possible and appropriate.

How evaluation of Activity 2 will contribute to any state-wide evaluation of the WA HWI is still under discussion.

44. **Infrastructure:**

The majority of funding for Activity 2 will be allocated to the provision of specialist healthy lifestyle support services to workplaces, and their evaluation. A small proportion of Activity 1 funding will be retained by the WA DoH for essential soft infrastructure costs, including a 0.5 FTE project officer.

45. **Implementation schedule:**

Table 3: Implementation schedule

Deliverable and milestone	Due date
(i) A range of specialist healthy lifestyle support services to be available to WA workplaces	July 2012 – June 2015

46. **Contact details:**

Chronic Disease Prevention Directorate, Public Health Division, Department of Health, Western Australia, PO Box 8172, Perth Business Centre, WA, 6849. Telephone: (08) 9222 4478, Email: CDPD.Admin@health.wa.gov.au.

47. **Activity budget:**

Table 4: Activity project budget ($ million)

Expenditure item	Year 1	Year 2	Year 3	Year 4	Total
(i) Activity 2: Specialist Service Providers	1.643	1.570	1.764	1.847	6.824
TOTAL	1.643	1.570	1.764	1.847	6.824

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

48. The Commonwealth is responsible for providing incentive-based funding to reward improved performance, as outlined in the Agreement.

Role of the State

49. 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.

50. 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

51. 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.

52. 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.

53. The performance benchmarks for the State will be monitored and independently assessed by the COAG Reform Council.

54. The performance reports are due within two months of the end of the relevant period.

ATTACHMENT A

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.[i] 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.[ii] 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.[iii] Research indicates that sedentary lifestyles can also lead to more work-related illness and prolonged recovery periods as well as increased morbidity and mortality.[iv]

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.

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[i] Workforce statistics form 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.

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

[iii] 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.

[iv] 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.*[v]

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 2006[vi] 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

[v] www.socialinclusion.gov.au/Documents/SIToolKit.pdf
[vi] National Public Health Partnership (2006); *The Language of Prevention, Melbourne*

- *Secondary prevention* - reduction of progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention.

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.

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

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