

preventative health

Strategic Directions 2010–2013

Queensland Health Division of the Chief Health Officer Preventative Health Strategic Directions 2010–2013

Published by Queensland Health

November 2010

© The State of Queensland (Queensland Health), 2010

The Queensland Government supports and encourages the dissemination and exchange of information. However, copyright protects this material. The State of Queensland has no objection to this material being reproduced, made available online or electronically, provided it is for your personal, non-commercial use or use within your organisation, this material remains unaltered and the State of Queensland (Queensland Health) is recognised as the owner.

Enquiries for commercial use or to adapt this material should be addressed

by email to: ip_officer@health.qld.gov.au

or by mail to: The IP Officer

Office of Health and Medical Research

Queensland Health

GPO Box 48

BRISBANE QLD 4001

An electronic copy of this document is available at www.health.qld.gov.au/publications

Preferred citation: Queensland Health (2010)

Division of the Chief Health Officer Preventative Health Strategic Directions 2010–2013

Queensland Government, Brisbane

Contents

Vision	.....	2
Introduction	.....	3
Chapter 1	Collaborating across government and sectors, and enabling infrastructure.....	5
Chapter 2	Healthy communities	17
Chapter 3	Healthy children	27
Chapter 4	Healthy workers	36
Chapter 5	Targeted risk factor modification programs	42
References	.....	49
Key Documents	.....	49
Legend	.....	50
Glossary	.....	50

Vision

Help Queenslanders
adopt healthy lifestyle behaviours
and have low rates
of obesity, smoking, heavy drinking
and unsafe sun exposure

Introduction

Chronic disease (including type 2 diabetes, cardiovascular disease, oral disease and some forms of cancer) is now the major health burden on individuals, communities, the health sector and government in Queensland, Australia and globally. The dominance of chronic disease in Queensland is a relatively recent phenomenon, but looks likely to keep increasing into the future. This increase will reduce the quality of life of Queenslanders and place increased stress on the state's health system.

In 2006, chronic disease caused 88 per cent of the health problems and early deaths in Queensland, with an excess borne by the disadvantaged in the community (including Aboriginal and Torres Strait Islander people, people from diverse cultural backgrounds and people with low socioeconomic status).

Most chronic diseases are preventable. It is estimated about 4,000 premature deaths each year in Queensland could be prevented by people modifying their lifestyle. The major risk factors for chronic disease include poor nutrition, physical inactivity, overweight and obesity, smoking and harmful alcohol use.

Chronic disease risk factors in Queensland: a snapshot

- Queensland, like the rest of Australia, is facing an epidemic of **overweight and obesity** among both children and adults. Levels of obesity in Queensland adults increased by 45 per cent between 2001 and 2008, and it is estimated that 21 per cent of children aged between five and 17 years are overweight or obese.
- Increasing rates of **fruit and vegetable consumption** and **breastfeeding** in Queensland are key priorities. In 2009, only 10 per cent of adults consumed the recommended daily serves of vegetables and 57 per cent consumed the recommended daily serves of fruit. Queensland children's diets are generally too high in sugar and fat and too low in milk and dairy products, fruit and vegetables. Good nutrition is a key means of achieving and maintaining a healthy weight.
- **Physical activity** is essential for physical and mental health and general wellbeing of adults and children. National guidelines for health benefits (rather than fitness) recommend at least 30 minutes of moderate physical activity on most days of the week for adults, and 60 minutes of moderate to vigorous daily activity for children and adolescents. Nearly half of the adults and children in Queensland are not doing enough physical activity.
- **Smoking** rates, and the impact of smoking-related illness on the population, can be reduced by strategies to prevent the uptake of smoking by young people, reduce exposure to environmental tobacco smoke and support smokers to quit. 2009 figures estimate that approximately 16 per cent of Queenslanders smoke daily.
- **Alcohol** is the most commonly used drug in our society. There are two main patterns of drinking that pose a risk to a person's health – excessive alcohol intake on a particular occasion, and consistent high alcohol intake over the long-term. In 2009, 16 per cent of Queensland adults were drinking at levels each month that put them at risk in the short-term, and 11 per cent of adults had a usual consumption that put them at risk over the long-term.
- **Skin cancer** is Australia's most common cancer, and is responsible for an estimated 80 per cent of all newly diagnosed cancers. Queensland has the highest incidence of malignant melanoma and non-melanocytic (basal cell and squamous cell carcinomas) skin cancer in the world. Queenslanders also record some of the highest levels of ultraviolet radiation from sunlight in Australia, placing our population at greatest risk of developing skin cancer.

Reducing the incidence, prevalence and impact of chronic disease leads to other substantial health benefits including increased resistance to infection, improved mental health and decreased risk of falls in older people. The major risk factors for chronic disease are directly and indirectly influenced by the physical, social and economic environment. There are opportunities across government to integrate strategies across a range of settings to address these risks and create supportive environments. Responsibility for supportive environments is shared across many levels and sectors of government. Therefore, preventing chronic disease requires a whole-of-government approach, as reflected in the National Partnership Agreement (NPA) on Preventive Health and strategies contained in Toward Q2: Tomorrow's Queensland (Q2).

The preventative health program of the Division of the Chief Health Officer uses a multi-strategy approach to prevent chronic disease such as creating supportive environments, building organisational capacity, social marketing and communication, and targeted risk modification programs. This approach is implemented in partnership with a wide range of stakeholders including Health Service Districts, other state government departments (including Education, Transport, and Sport and Recreation), local governments, non-government organisations and private industry.

Key performance indicators

This document identifies priority actions for preventative health services over the next three years. Progress against these actions will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Reduce by one-third obesity, smoking, heavy drinking and unsafe sun exposure by 2020	Percentage of the Queensland population who: <ul style="list-style-type: none"> – consume recommended amounts of fruit and vegetables – engage in levels of physical activity for health benefits – consume alcohol at risky and high risk levels – smoke tobacco – adopt ultraviolet protective behaviours – self report sunburn

Chapter 1

Collaborating across government and sectors, and enabling infrastructure

Health is strongly influenced by the complex everyday environments in which people live, work and play. Improving the health of the community requires effort across the three tiers of national, state and local governments and a range of sectors (eg. education, transport, employment, housing and industry) to develop and implement policies and strategies that influence people's everyday environments.

The Queensland Government's Q2 plan has identified the reduction of obesity, smoking, heavy drinking and unsafe sun exposure by 2020 as a priority. Queensland Health (QH) is accountable for driving an integrated cross-government approach for achieving this target.

Queensland has also recently signed the NPA on Preventive Health, which provides for a national approach to address the increasing burden of chronic disease in the community. The key priorities for action are:

- physical activity and nutrition in children
- support for workplaces and communities to implement healthy living programs
- national social marketing campaigns^a
- support for monitoring and reporting.

The division's preventative health program provides high level leadership, governance, advocacy and program coordination for chronic disease prevention which aims to:

- achieve seamless integration of chronic disease prevention strategies into existing government processes
- share accountability for chronic disease prevention across every state government department
- increase investment in effective chronic disease prevention initiatives
- progress the Q2 agenda at statewide and regional levels
- align Queensland's chronic disease prevention activities with the national agenda.

^a Social marketing is 'the application of marketing concepts, tools, and techniques to any social issue'. It provides a platform to change behaviour by increasing health literacy, altering social norms and creating supportive physical and social environments. Successful social marketing campaigns are targeted, evidence-based, linked with policy and incorporate local initiatives that reinforce key messages and provide levers to create supportive environments within the community. Social marketing campaigns provide a basis for collaboration across sectors.

Key performance indicators

This document identifies priority actions for preventative health services over the next three years. Progress against actions regarding collaboration across government and sectors, and enabling infrastructure will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Increased investment and effectiveness of cross-government and cross-sector action to improve the health and wellbeing of Queenslanders	Number of whole-of-government and/or intersectoral policies, plans or programs implemented and evaluated across Queensland
Increased awareness and adoption of healthy lifestyle behaviours that influence the risk of developing chronic disease, and creation of positive social norms through a well coordinated social marketing program	Number and percentage of targeted audiences (at state and local level) who: <ul style="list-style-type: none"> – are aware (able to recall and understand key campaign messages) – report positive behaviour change (categorised by campaign)
A sustainable preventative health monitoring and surveillance system that is able to report on whole-of-population and priority populations, and detect changes over time	Number and percentage of identified priority populations and indicators for which reports are generated (as per endorsed rolling program)

What are we going to do in the next three years?

National collaboration

- Contribute to the national policy agenda and ensure that the needs of Queensland are adequately considered by participating in governance structures for the NPA on Preventive Health, including:
 - advocating for Queensland’s interests in the development of national initiatives, including the National Preventive Health Agency
 - providing technical advice for national monitoring and surveillance activities
- ★ ■ Develop and coordinate delivery of the Queensland implementation plans for the NPA on Preventive Health, including partner communication, governance arrangements and contract management support
- Revise Queensland’s processes for social marketing to align with the national agenda, including managing the transition from a jurisdictional model to a national approach, and implementing an integrated system for coordinated planning, implementation and evaluation of statewide and regional activities
- ★ ■ Develop, implement and evaluate the Queensland response to the national Measure Up and Quit social marketing campaigns
 - Work with the Local Government Association of Queensland to assist local governments to implement key initiatives under the Healthy Community and Healthy Worker Initiatives of the NPA on Preventive Health
- ★ ■ Coordinate implementation of the preventive health components of the NPA on Closing the Gap by working collaboratively with the Aboriginal and Torres Strait Islander Health Branch and assisting with governance arrangements for Queensland’s initiatives
 - Contribute to the redevelopment of the National Drug Strategy and lead the review, redevelopment and monitoring of the Queensland Drug Strategy
 - Coordinate delivery of Queensland’s responsibilities under the Implementation Strategy for the National Falls Prevention for Older People Plan: 2004 Onwards, in collaboration with the Centre for Healthcare Improvement

Statewide and regional collaboration

- ★ ■ Lead the development and implementation of a whole-of-government integrated response to chronic disease prevention and skin cancer prevention across Queensland, including managing the Q2 Target Delivery Plan by:
 - coordinating the Chief Executive Officers Committee for Preventative Health and related reporting structures and requirements
 - analysing other Q2 targets for opportunities to progress the health agenda, and develop strategies to promote these to staff (as relevant)
 - developing, facilitating and/or participating in regional whole-of-government/community partnerships to progress the Q2 targets (as appropriate)
 - supporting local Liquor Industry Action Groups (LIAGs)
- ★ ■ Develop, implement and evaluate Queensland specific social marketing campaigns including regional and local activities for:
 - Quit
 - Alcohol demand and harm reduction
 - Go for 2 and 5[®]
 - Skin cancer prevention
- ★ ■ Coordinate whole-of-government activity to implement the government response to the outcomes of the Smart State Council report on chronic disease¹ and the Social Development Committee inquiries into chronic disease² and cannabis related harm³
 - Lead the implementation of the prevention component of A Trauma Plan for Queensland including providing research grants through the Queensland Injury Prevention Council to build evidence, and organising workforce development opportunities
 - Coordinate a whole-of-government approach to sun safety
 - Contribute to the Queensland response and implementation of strategies to reduce binge drinking, based on the report to the Council of Australian Governments

What are we going to do in the next three years? *(continued)*

Monitoring, reporting, evaluation and research

- ★ ■ Develop a program (and evaluation) framework to demonstrate how Q2 and NPA on Preventive Health chronic disease prevention activities align with desired outcomes to allow progress and achievements to be monitored and communicated
- Evaluate and report on Queensland's response to and progress against the NPA on Preventive Health
- Further develop and undertake routine monitoring and reporting on chronic disease risk factors and skin cancer across the life course, incorporating:
 - self-reported health status
 - measured healthy weight assessment
 - contribution to burden of disease
 - development of reliable estimates for identified priority populations including socioeconomically disadvantaged, children, older persons, and rural and remote groups
 - standardised local area reporting
 - development of other community based indicator programs (eg. The Wellness Footprint)
- Develop nutrition indicators (beyond fruit and vegetable consumption) and commence measurement and reporting
- Review and report on achievements against:
 - Eat Well Queensland: Smart eating for a healthier state 2002–2012
 - Be Active Queensland 2006–2010: A framework for health sector action for physical activity in Queensland
 - Under the Queensland Sun Strategic Plan 2008–2013
- Maintain and improve systems and mechanisms to improve the coordination and uptake of the research investment, including:
 - managing Health Promotion Queensland
 - reviewing governance mechanisms to inform decisions on research projects and evidence assessment
 - developing systems to coordinate and transfer knowledge about completed projects, including impact for practice
 - identifying and investing in strategies which support staff to publish

- ★ ■ Facilitate strategic targeting of existing investment under the Queensland Strategy for Chronic Disease 2005–2015 by:
 - managing the service components of current service agreements and monitoring the quality of services through reporting requirements
 - revisiting the existing investment to identify opportunities for priority targeting within current funding
 - evaluating the strategy

Organisational capacity

- ★ ■ Establish and manage an effective preventative health governance structure for the division and communicate the roles of each of the mechanisms to staff, including:
 - a senior management Preventative Health Strategic Group
 - structures to enable the effective leadership of key initiatives
 - discipline leadership groups
- Continue to implement and enhance strategies to influence chronic disease prevention resources within Health Service Districts (HSDs), non-government organisations and other agencies to ensure effective service delivery, including:
 - providing professional development and networking opportunities
 - assessing opportunities and implications of national health reforms
- Develop, implement and review workforce models/ frameworks and practice guidelines, including:
 - ATOD prevention statement
 - health promotion workforce review
 - priorities and mechanisms for integration with other workforce groups (ie. environmental health workers) to enhance action in discrete Indigenous communities
- Develop a Queensland Stay On Your Feet® falls prevention health service plan across the health continuum and, subject to resourcing, commence implementation of the division's preventative health component in collaboration with the Centre for Healthcare Improvement, including identifying options for regional integration

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
National collaboration		
<p>1.1 Contribute to the national policy agenda and ensure that the needs of Queensland are adequately considered by participating in governance structures for the NPA on Preventive Health, including:</p> <ul style="list-style-type: none"> – advocating for Queensland’s interests in the development of the national initiatives, including the National Preventive Health Agency 	<p>Participate in national governance structures for the NPA on Preventive Health including the following working groups: Implementation, Healthy Children, Healthy Communities, Healthy Workers, Social Marketing, Industry Partnership</p> <p>Chair the National Health and Medical Research Council Dietary Guidelines Working Group</p> <p>Represent state and territory jurisdictions on the Food and Health Dialogue</p>	<p>HLB</p> <p>HLB</p> <p>HLB</p>
<p>★ 1.2 Develop and coordinate delivery of the Queensland implementation plans for the NPA on Preventive Health, including partner communication, governance arrangements and contract management support</p>	<p>Participate in the Population Health Information Development Group and the NPA on Preventive Health Implementation Working Group</p> <p>Finalise development of Queensland implementation plans for the NPA on Preventive Health, including development of Cabinet Budget Review submissions</p> <p>Communicate our approach and desired outcomes to partners, including through the Chief Executive Officers Preventative Health Committee</p> <p>Establish and implement appropriate governance arrangements for delivery of the Queensland implementation plans</p> <p>Coordinate the development, implementation and evaluation of strategies to ensure consistency across regions</p> <p>Define tender specifications for any services to be contracted and participate in vendor selection processes (with Community Services Unit)</p>	<p>HLB, SPEB</p> <p>HLB, TAB (RS)</p> <p>HLB (RS)</p> <p>HLB</p> <p>RS, HLB</p> <p>HLB</p>
<p>1.3 Revise Queensland’s processes for social marketing to align with the national agenda, including managing the transition from a jurisdictional model to a national approach, and implementing an integrated system for coordinated planning, implementation and evaluation of statewide and regional activities</p>	<p>Review current and proposed campaigns to ensure consistency with the national approach</p> <p>Document and implement agreed roles and responsibilities and governance arrangements across Preventative Health Directorate and Regional Services</p>	<p>HLB, TAB</p> <p>HLB, TAB, RS</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
<p>★ 1.4 Develop, implement and evaluate the Queensland response to the national Measure Up and Quit social marketing campaigns</p>	<p>Work with Community Education Unit to plan, implement and evaluate statewide campaigns</p>	<p>HLB, TAB</p>
	<p>Develop a regional plan and work with relevant local agencies to ensure delivery of endorsed activities and meet reporting requirements, including for culturally and linguistically diverse and Aboriginal and Torres Strait Islander populations</p>	<p>RS, HLB</p>
	<p>Coordinate the development of campaign toolkits and sharing of information to support national campaigns</p>	<p>HLB, TAB RS</p>
	<p>Provide reports against national benchmarks</p>	<p>HLB, TAB RS</p>
	<p>Coordinate local level activities to support national Quit campaign activity</p>	<p>TAB, RS</p>
<p>1.5 Work with the Local Government Association of Queensland to assist local governments to implement key initiatives under the Healthy Community and Healthy Worker Initiatives of the NPA on Preventive Health</p>	<p>Support local government applications for NPA on Healthy Communities Initiative funding</p>	<p>HLB, RS</p>
	<p>Provide support for local governments receiving NPA on Healthy Communities Initiative funding</p>	<p>RS</p>
	<p>Fund a Healthy Communities project officer position in Local Government Association of Queensland and develop a work plan to deliver healthy community and healthy worker initiatives</p>	<p>HLB</p>
<p>★ 1.6 Coordinate implementation of the preventative health components of the NPA on Closing the Gap by working with the Aboriginal and Torres Strait Islander Health Branch and assisting with governance arrangements for Queensland's initiatives</p>	<p>Work with the Aboriginal and Torres Strait Islander Health to support implementation of action plans</p>	<p>SPEB, HLB, TAB</p>
	<p>Assist with establishing and managing governance arrangements for Queensland's initiatives</p>	<p>SPEB</p>
<p>1.7 Contribute to the redevelopment of the National Drug Strategy and lead the review, redevelopment and monitoring of the Queensland Drug Strategy</p>	<p>Review final drafts of the National Drug Strategy for endorsement (via the Intergovernmental Committee on Drugs)</p>	<p>TAB</p>
	<p>Coordinate across government development of the Queensland Drug Strategy via the Queensland Drug Coordinating Committee for Cabinet consideration</p>	<p>TAB</p>
<p>1.8 Coordinate delivery of Queensland responsibilities under the Implementation Strategy for the National Falls Prevention for Older People Plan: 2004 Onwards, in collaboration with the Centre of Healthcare Improvement</p>	<p>Participate in and communicate outcomes and actions arising from the National Injury Prevention Working Group of the Australian Population Health Development Principal Committee</p>	<p>HLB</p>
<p>Statewide and regional collaboration</p>		

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
<p>★ 1.9 Lead the development and implementation of a whole-of-government integrated response to chronic disease prevention and skin cancer prevention across Queensland, including managing the Q2 Target Delivery Plan by:</p> <ul style="list-style-type: none"> – coordinating the Chief Executive Officers Committee for Preventative Health and related reporting structures and requirements – analysing other Q2 targets for opportunities to progress the health agenda and develop strategies to promote these to staff (as relevant) – developing, facilitating and/or participating in regional whole-of-government/community partnerships to progress the Q2 targets (as appropriate) – supporting local Liquor Industry Action Groups (LIAGs) 	<p>Ongoing</p> <p>Analyse other Q2 targets for opportunities for the health agenda and develop strategies to promote these to staff</p> <p>Lead or participate in joint activities with other government departments and other agencies, and provide advice</p> <p>Complete evaluation in Central Region to measure the effectiveness of using a structured process to support LIAGs</p>	<p>HLB</p> <p>HLB, SPEB</p> <p>RS</p> <p>TAB</p>
<p>★ 1.10 Develop, implement and evaluate Queensland specific social marketing campaigns, including regional/local activities for:</p> <ul style="list-style-type: none"> – Quit – Alcohol demand and harm reduction – Go for 2 and 5[®] – Skin cancer prevention 	<p>Collaboratively implement and evaluate the My Smoking campaign (with Community Education Unit)</p> <p>Evaluate and implement the Which Way Our Way campaign in north Queensland</p> <p>Collaboratively develop, implement and evaluate a communication strategy, including options for a future campaign (with Community Education Unit)</p> <p>Promote and evaluate the uptake of Go for 2 and 5[®] resources, including through integration with Healthy Communities demonstration sites and cross promotion with Lighten Up and Living Strong programs</p> <p>Collaboratively develop, implement and evaluate a communication strategy, including options for a future campaign (with Community Education Unit)</p>	<p>TAB, RS</p> <p>TAB</p> <p>HLB</p> <p>RS</p> <p>HLB, RS</p>
<p>★ 1.11 Coordinate whole-of-government activity to implement the government response to the outcomes of the Smart State Council report on chronic disease¹ and the Social Development Committee inquiries into chronic disease² and cannabis related harm³</p>	<p>Coordinate whole-of-government activity to implement the government response to the outcomes of the Smart State Council report on chronic disease¹ and the Social Development Committee inquiries into chronic disease² and the cannabis related harm³</p>	<p>HLB, TAB</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
1.12 Lead the implementation of the prevention component of the A Trauma Plan for Queensland providing research grants through the Queensland Injury Prevention Council to build evidence, and organising workforce development opportunities	<p>Participate in the review of A Trauma Plan for Queensland</p> <p>Seek and advocate for an ongoing allocation of resources targeting prevention and promotion components of the healthcare continuum</p> <p>Contribute to workforce development and the evidence base through Queensland Injury Prevention Council investments in the identified priorities of safe children, safe youth, safe old age, safe Aboriginal and Torres Islander people, and safe rural and remote communities</p>	<p>HLB</p> <p>HLB</p> <p>HLB</p>
1.13 Coordinate a whole-of-government approach to sun safety	Develop, promote and support the implementation of sun safe policies and guidelines for outdoor events, use of images, purchase of promotional merchandise, sun safety for outdoor workers and design of capital works	HLB
1.14 Contribute to the state response and implementation of strategies to reduce binge drinking, based on the report to the Council of Australian Governments	Implement endorsed recommendations within required timeframes, following consideration of the report by the Council of Australian Governments	TAB
Monitoring, reporting and evaluation		
★ 1.15 Develop a program (and evaluation) framework to demonstrate how Q2 and NPA on Preventive Health chronic disease prevention activities align with desired outcomes to allow progress and achievements to be monitored and communicated	Define tender specifications and commission the development of an evaluation framework	HLB, TAB, SPEB
1.16 Evaluate and report on Queensland's response to and progress against the NPA on Preventive Health	Contribute to the development and implementation of a national evaluation framework for NPA on Preventive Health, and develop baseline reports	SPEB, HLB, RS
1.17 Further develop and undertake routine monitoring and reporting on chronic disease risk factors and skin cancer across the life course, incorporating: <ul style="list-style-type: none"> – self-reported health status – measured healthy weight assessment – contribution to burden of disease – development of reliable estimates for identified priority populations including socioeconomically disadvantaged, children, older persons, and rural and remote groups – standardised local area reporting – development of other community based indicator programs (eg. The Wellness Footprint). 	<p>Report on adult self-reported health status</p> <ul style="list-style-type: none"> – in Queensland and HSDs – in sub-populations of HSDs and other local areas <p>Nil this year</p> <p>Advocate and secure funding for a tender to calculate the burden of disease attributable for poor nutrition</p> <p>Undertake the 2011 survey of adult and children indicators of self-reported health status, including links to relevant national and state evaluations</p> <p>Determine local area reporting and health status needs and develop processes for standardised reporting</p> <p>Seek funding to implement a pilot of The Wellness Footprint, in collaboration with other partners</p>	<p>SPEB, RS</p> <p>HLB</p> <p>SPEB</p> <p>SPEB, RS</p> <p>SPEB</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
1.18 Develop nutrition indicators (beyond fruit and vegetable consumption) and commence measurement and reporting	Nil this year	
1.19 Review and report on achievements against: <ul style="list-style-type: none"> <li data-bbox="252 678 662 745">– Eat Well Queensland: Smart eating for a healthier state 2002–2012 <li data-bbox="252 857 662 947">– Be Active Queensland 2006–2010: A framework for health sector action for physical activity in Queensland <li data-bbox="252 958 662 1014">– Under the Queensland Sun Strategic Plan 2008–2013 	Nil this year Implement and review the Eat Well Queensland (EWQ) Action Area state steering groups Contribute to the interagency EWQ Implementation Working Group Report on annual achievements Initiate and complete the review of Be Active Queensland Report against annual action plan of the Queensland Public Health Forum Skin Cancer Prevention Working Group	HLB, RS RS HLB, RS HLB, RS HLB
1.20 Maintain and improve systems and mechanisms to improve the coordination and uptake of the research investment, including: <ul style="list-style-type: none"> <li data-bbox="252 1171 566 1227">– managing Health Promotion Queensland (HPQ) <li data-bbox="252 1507 662 1585">– reviewing governance mechanisms to inform decisions on research projects and evidence assessment <li data-bbox="252 1664 662 1742">– developing systems to coordinate and transfer knowledge about completed projects, including impact for practice <li data-bbox="252 1753 662 1809">– identifying and investing in strategies which support staff to publish 	Support the translation of research into practice by: <ul style="list-style-type: none"> <li data-bbox="694 1193 1220 1283">– establishing a HPQ website incorporating case study research information and details of previous/future research investments <li data-bbox="694 1283 1029 1317">– conducting an annual seminar <li data-bbox="694 1317 1173 1373">– disseminating progress and final reports on HPQ projects to key contacts <li data-bbox="694 1373 1220 1451">– investigating other engagement strategies (eg. regional forums) to disseminate HPQ-funded learnings and outcomes to practitioners Work with Community Services Unit to review existing funding contracts Review and establish new governance arrangements as part of new preventative health governance arrangements Nil this year Nil this year	HLB HLB OED, PHSG HLB HLB

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
<p>★ 1.21 Facilitate strategic targeting of existing investment under the Queensland Strategy for Chronic Disease 2005–2015 by :</p> <ul style="list-style-type: none"> – managing the service components of current service agreements and monitoring the quality of services through reporting requirements – revisiting the existing investment to identify opportunities for priority targeting within current funding – evaluating the strategy 	<p>Work with Community Services Unit to monitor and evaluate existing investment</p> <p>Review the existing investment to identify opportunities for priority targeting within the current funding</p> <p>Ongoing</p>	<p>SPEB</p> <p>SPEB</p> <p>SPEB</p>
Organisational capacity		
<p>★ 1.22 Establish and manage an effective preventative health governance structure for the division and communicate the roles of each of the mechanisms to staff, including:</p> <ul style="list-style-type: none"> – a senior management Preventative Health Strategic Group – structures to enable the effective leadership of key initiatives – discipline leadership groups 	<p>Establish Preventative Health Strategic Group and meet as agreed</p> <p>Review existing internal governance structures</p>	<p>OED</p> <p>TAB, HLB, SPEB, RS through PHSG</p>
<p>1.23 Continue to implement and enhance strategies to influence chronic disease prevention resources within Health Service Districts, non-government organisations and other agencies to ensure effective service delivery including:</p> <ul style="list-style-type: none"> – providing professional development and networking opportunities – assessing opportunities and implications of national health reforms 	<p>Provide four course fee scholarships for the Graduate Diploma in Indigenous Health Promotion</p> <p>Assist James Cook University to facilitate the Health Promotion Short Course</p> <p>Participate in QH processes to inform the implementation of national health reforms, particularly in relation to Community Nutritionists, Healthy Weight Coordinators, and Alcohol and Drug Prevention Officers</p>	<p>TRS</p> <p>TRS</p> <p>OED, TAB, HLB, RS</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
<p>1.24 Develop, implement and review workforce models/frameworks and practice guidelines, including:</p> <ul style="list-style-type: none"> – ATOD prevention statement – health promotion workforce review – priorities and mechanisms for integration with other workforce groups (ie. environmental health workers) to enhance action in discrete Indigenous communities 	<p>Continue to use the ATOD Prevention Statement to support the ATOD prevention workforce to implement good practice programs at the local level</p> <p>Review ongoing applicability of content-specific health promotion positions within regional services (in consultation with staff and unions) and implement endorsed recommendations</p> <p>Discuss potential integration opportunities with Health Protection Directorate</p> <p>Determine support and resources requirements to assist Environmental Health Workers undertaking support roles in discrete Indigenous communities</p>	<p>TAB, RS</p> <p>SPEB, RS, HLB, TAB</p> <p>EHB, HLB, RS</p> <p>EHB, HLB, RS</p>
<p>1.25 Develop a Queensland Stay On Your Feet® falls prevention health service plan across the health continuum and, subject to resourcing, commence implementation of the division’s preventative health component in collaboration with the Centre for Healthcare Improvement, including identifying options for regional integration</p>	<p>Collaboratively undertake in-depth development and analysis of a costed, prioritised, evidence-based statewide approach for preventing falls and reducing harm from falls across the care continuum in Queensland for endorsement</p>	<p>HLB, RS</p>

Chapter 2

Healthy communities

People live, work and play in communities. The physical and social aspects of community environments can positively or negatively impact on people's health and wellbeing.

Healthy behaviour can be encouraged by making healthy choices easy choices (or the only choice).

A healthy community is a place where the physical, social and economic environment enables individual and community wellbeing. Policy and planning decisions made at the local, regional and state level positively or negatively impact on these environments.

There is strong national and international health, transport and urban planning evidence demonstrating that environmental and policy approaches can help people develop and sustain healthier behaviours. The World Health Organization estimates that about one-third of current physical inactivity levels in North America and developed regions of the Western Pacific (including Australia) could be prevented through environmental interventions⁴. These include:

- good urban design and land use at the community level (ie. connectivity of streets, population density and green spaces) and street level (ie. lighting and pathway continuity)
- access to places for physical activity (eg. bike paths, walking tracks, end of trip facilities and parks)
- provision of shaded public spaces.

Increased physical fitness has been shown to be associated with positive mental health, which in turn significantly influences physical health, longevity, positive health behaviours and productivity⁵. Physical fitness is also associated with better school attendance rates and fewer disciplinary incidents involving drugs, alcohol, violence or truancy⁴. Local government authorities together with other government agencies and key stakeholders have a key role to play in developing supportive physical and social environments.

Qplan is Queensland's planning, building and development system. It includes a legislative and policy framework from state to street level that is established under the *Sustainable Planning Act 2009*. Part of the Healthy Communities agenda is to facilitate the inclusion of public health interests under this framework.

The division promotes inclusive and connected communities and healthy behaviours by working in collaboration with a range of government and non-government agencies to empower communities to address health problems at the local level. It assists communities to identify innovative and sustainable solutions which can be implemented locally to promote quitting smoking, physical activity, healthy eating, safe drinking, sun protective behaviours, and general wellbeing.

Key performance indicators

This document identifies priority actions for preventative health services over the next three years. Progress against actions regarding healthy communities will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Social and physical environments that are supportive of healthy behaviours	Percentage of the adult population who consume take away food once a week or more
	Number and percentage of Community Plans and Planning Schemes in 27 targeted local governments that include Healthy Living principles
Reduced proportion of older people who experience a fall	Percentage and number of fall-related hospitalisations for older people (aged over 65 years) in Queensland
Improved strength and balance in older people	Percentage of the population aged 40 years and older who engage in a level of physical activity for health benefit

What are we going to do in the next three years?

- Integrate health interests into state and local government policies and planning, by:
 - promoting the Active, Healthy Communities resource and other best practice tools and resources to local governments, planners and developers
 - undertaking a statewide evaluation of the Active Healthy Communities program
 - developing resources for health and social impact assessments, and liaising with developers and council planning assessors regarding the impact of structural considerations in proposals/planning schemes (specifically in new master plans)
 - providing strategic advice and contributing to community consultations, planning and development
 - completing a research project into legislative options for obesity (ie. policy and planning obligations)
 - advocating for the uptake of age-friendly and child-friendly principles
- Undertake consistent statewide implementation of the following evidence-based programs to support community action, including developing resources, policies and other support materials:
 - Good Sports
 - Safer Venues
 - Designated Driver
 - Evidence based walking programs eg. 10,000 Steps Challenge, Just Walk it
 - Healthy Food and Drink Guidelines for Sporting Club Canteens
- ★ ■ Address food security and access issues, particularly in rural and remote communities, by:
 - advocating to the Australian Population Health Development Principal Committee for a national approach to food security, including national Healthy Food Access Basket surveys, as part of a national food and nutrition monitoring and surveillance system
 - assisting remote stores to increase supply and sales of healthy foods and reduce sales of unhealthy foods
 - working collaboratively with regulators, retailers, manufacturers and transporters to address barriers affecting healthy food access for Indigenous and disadvantaged people in remote, rural and urban areas
 - completing development of an assessment toolkit and surveillance system to measure and monitor community food security, and developing strategies to improve access and supply
- Finalise the evaluation of the Which Way, Our Way program in north Queensland Aboriginal and Torres Strait Islander communities, and use results to determine broader application, and implement as agreed
- ★ ■ Continue to implement and enhance reporting associated with the tobacco enforcement program and resolve outstanding issues relating to tobacco laws, including:
 - implementing possible legislative reforms for smoke-free environments
 - developing and implementing a rolling three year program for compliance monitoring and reporting
- ★ ■ Resource and implement a comprehensive multi-strategy approach to address smoking uptake prevention and cessation among Aboriginal and Torres Strait Islander people, by:
 - enhancing SmokeCheck
 - developing and implementing a tailored SmokeCheck program to reach pregnant women through the maternal and child workforce
 - enhancing the cultural competence of the Quitline service
 - implementing the statewide Smoke-free Support Program to increase awareness of smoking risks
 - establishing and providing culturally competent cessation services for offenders in custody
 - exploring options for a culturally appropriate regulatory response for compliance, with a focus on smoke-free environments
- Manage and support awards and grants programs that reward and support community action by:
 - managing the Healthy Queensland Awards and supporting winning organisations to deliver healthy infrastructure projects (in partnership with Keep Australia Beautiful Queensland, Sport and Recreation Services and Education Queensland)
 - contributing to the implementation and evaluation of the Community Partnerships Program Grants (managed by Sport and Recreation Services)
 - encouraging and supporting local communities to apply for awards programs and grants
- ★ ■ Develop, implement and evaluate a cross-agency healthy active ageing approach, focussing on positive mental health, healthy eating and staying active (specifically strength and balance activities) for people aged over 40 years

What are we going to do in the next three years?

- Deliver the prevention components of QH's responsibilities under the Positively Ageless: Queensland Seniors Strategy Action Plan
- Continue to support the implementation and evaluation of community-based injury prevention and safety promotion interventions, including the trials in two discrete Aboriginal communities
- Promote low-risk drinking by raising awareness of the new national guidelines for alcohol consumption
- Integrate the mental health promotion framework into community action for chronic disease prevention
- Promote the adoption of healthy behaviours in priority population groups by:
 - collaborating with local governments and multicultural organisations to develop opportunities for participation in programs for people from diverse cultural backgrounds, including the support of local alliances/collaboratives
 - supporting non-government organisations and other providers to deliver interventions targeting low socioeconomic people, including food literacy by providing access to resources, professional development, evaluation and ongoing program development

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
2.1 Integrate health interests into state and local government policies and planning, by: <ul style="list-style-type: none"> – promoting the Active, Healthy Communities (AHC) resource and other best practice tools and resources to local governments, planners and developers – undertaking a statewide evaluation of the Active Healthy Communities program – developing resources for health and social impact assessments, and liaising with developers and council planning assessors about the impact of structural considerations in proposals/planning schemes (specifically in new master plans) – providing strategic advice and contributing to community consultations – completing a research project into legislative options for obesity (ie. policy and planning obligations) – advocating for the uptake of age-friendly and child-friendly principles 		
	Conduct AHC workshops with councillors/officers across regional councils	RS
	Provide ongoing advice, professional support and advocacy for the development of supportive environments for physical activity and healthy eating in local government planning schemes and planning processes	RS
	Investigate opportunities to trial the AHC program in two discrete Indigenous communities	RS
	Define tender specifications and commission the evaluation	HLB, RS
	Investigate opportunities for the inclusion of alcohol, smoke-free environment and skin cancer prevention strategies	TAB, HLB
	Scope appropriate environmental indicators (initially a walking indicator) on active communities	HLB
	Provide feedback on plans and developments with a focus on the inclusion of physical activity, healthy eating, sun safety, mental health promotion and injury prevention strategies	RS
	Identify opportunities for conducting health impact assessments	RS
	Develop an options paper based on outcomes of the research project	HLB
Provide professional development opportunities to build capacity of the division's regional workforce	HLB, RS	

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
<p>2.2 Undertake consistent statewide implementation of the following evidence-based programs to support community action, including developing resources, policies and other support materials:</p> <ul style="list-style-type: none"> – Good Sports – Safer Venues – Designated Driver – Evidence based walking programs eg. 10,000 Steps Challenge, Just Walk It – Healthy Food and Drink Guidelines for Sporting Club Canteens 	<p>Continue state funding and local engagement in the Good Sports program across Queensland</p> <p>Finalise the development and implementation of a consistent statewide program and database</p> <p>Continue to promote and implement through local partnerships and venues</p> <p>Advocate for, provide advice and support to organisations implementing evidence-based walking programs</p> <p>Pilot local community ‘walkability’ workshops (in partnership with the Heart Foundation)</p> <p>Determine a process and/or program for increasing uptake of canteen guidelines</p>	<p>TAB</p> <p>TAB</p> <p>TAB</p> <p>RS</p> <p>SPEB</p> <p>HLB, RS</p>
<p>★ 2.3 Address food security and access issues, particularly in rural and remote communities, by:</p> <ul style="list-style-type: none"> – advocating to the Australian Population Health Development Principal Committee for a national approach to food security, including national Healthy Food Access Basket surveys, as part of a national food and nutrition monitoring and surveillance system – assisting remote stores to increase supply and sales of healthy foods and reduce sales of unhealthy foods – working collaboratively with regulators, retailers, manufacturers and transporters to address barriers affecting healthy food access for Indigenous and disadvantaged people in remote, rural and urban areas – completing development of an assessment toolkit and surveillance system to measure and monitor community food security, and developing strategies to improve access and supply 	<p>Complete and disseminate results of the 2010 Healthy Food Access Basket survey</p> <p>Fund, monitor and report on implementation of the Store Nutritionist programs in Retail Stores and the Islanders Board of Industry and Service</p> <p>Develop and implement a tool kit (including but not limited to Green Label and Remote Indigenous Stores and Takeaways Project) for food retailers in rural and remote areas to guide promotion and sales of vegetables, fruit and healthy food choices</p> <p>Implement priorities for QH under the National Strategy for Food Security in Remote Indigenous Communities</p> <p>Determine support and resources required to assist Environmental Health Workers to promote healthy food access</p> <p>Evaluate existing draft tools used in the Community Food Assessments in Central project for validity, reliability, sensitivity and useability</p> <p>Develop a standardised toolkit/resource, including investigation of automation of tools and outputs (eg. maps and summary reports)</p>	<p>HLB</p> <p>HLB, TRS</p> <p>RS</p> <p>HLB, TRS</p> <p>EHB, HLB, SPEB</p> <p>SPEB</p> <p>SPEB</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
2.4 Finalise the evaluation of the Which Way, Our Way program in north Queensland Aboriginal and Torres Strait Islander communities, and use results to determine broader application, and implement as agreed	Complete an evaluation of Phase One implementation, and use results to determine future investment	TAB
	Continue to implement a grants program and provide promotional merchandise in communities	TAB
<p>★ 2.5 Continue to implement and enhance reporting associated with the tobacco enforcement program and resolve outstanding issues relating to tobacco laws, including:</p> <ul style="list-style-type: none"> – implementing possible legislative reforms for smoke-free environments – developing and implementing a rolling three year program for compliance monitoring and reporting 	Advocate for legislative reform in line with best practice tobacco control strategies	TAB
	Develop and implement Environmental Health Monitoring and Compliance Committee (Drugs, Poisons and Tobacco) projects	TAB, RS
	Define and agree on suitable performance indicators (validated measures) and appropriate methodology to measure compliance with tobacco laws	TAB, RS
<p>★ 2.6 Resource and implement a comprehensive multi-strategy approach to address smoking uptake prevention and cessation among Aboriginal and Torres Strait Islander people, by:</p> <ul style="list-style-type: none"> – enhancing SmokeCheck – developing and implementing a tailored SmokeCheck program to reach pregnant women through the maternal and child workforce – enhancing the cultural competence of the Quitline service – implementing the statewide Smoke-free Support Program to increase awareness of smoking risks – establishing and providing culturally competent cessation services for offenders in custody – exploring options for a culturally appropriate regulatory response for compliance, with a focus on smoke-free environments 	Develop a new service delivery model and evaluation framework, and train 400 health workers	TAB
	Develop and pilot the statewide expansion of the SmokeCheck Pregnancy program to QH maternity and child health staff [Links to 3.4 and 5.1]	TAB
	Review, redevelop and implement the Quitline staff cultural competency program Appoint Aboriginal and Torres Strait Islander Quitline counsellors	TAB
	Define the roles and responsibilities of regional coordinators and prevention workers	TAB, RS
	Coordinate the development of resources	TAB
	Develop new assessment process and evaluation framework	TAB
	Provide SmokeCheck training specifically for Offender Health Services within statewide correctional facilities	TAB, OHS
	Provide funding for nicotine replacement therapy	TAB
	Nil this year	

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
<p>2.7 Manage and support awards and grants programs to reward and support community action by:</p> <ul style="list-style-type: none"> – managing the Healthy Queensland Awards and supporting winning organisations to deliver healthy infrastructure projects (in partnership with Keep Australia Beautiful Queensland, Sport and Recreation Services and Education Queensland) – contributing to the implementation and evaluation of the Community Partnerships Program Grants (managed by Sport and Recreation Services) – encouraging and supporting local communities to apply for awards programs and grants 	<p>Promote, implement and evaluate the 2010 Healthy Queensland Awards</p> <p>Provide funding and support for workplace category prize winners and their healthy infrastructure projects</p> <p>Contribute to the implementation and evaluation of the Active Inclusion Program</p> <p>Identify local projects and assist with applications for Healthy Queensland Awards, Community Partnerships Program Grants and Healthy Communities grants</p>	<p>HLB</p> <p>HLB</p> <p>HLB</p> <p>RS</p>
<p>★ 2.8 Develop, implement and evaluate a cross-agency healthy active ageing approach, focussing on positive mental health, healthy eating and staying active (specifically strength and balance activities) for people aged over 40 years</p>	<p>Finalise the healthy active ageing integration matrix to inform local delivery of integrated healthy active ageing interventions</p> <p>Scope and recommend strategies from the formative evaluation of the strength and balance evidence base with the target audience (people aged 40 to 65 years) and key stakeholders</p>	<p>HLB, RS</p> <p>HLB, RS</p>
<p>2.9 Deliver the prevention components of QH’s responsibilities under the Positively Ageless: Queensland Seniors Strategy Action Plan</p>	<p>Continue to promote the Queensland Stay On Your Feet® resources</p> <p>Launch, promote, disseminate and commence external evaluation of Ageing with vitality: your everyday guide to healthy active living and its associated workbook</p> <p>Coordinate the promotion of the new national guidelines for falls prevention in community settings</p>	<p>HLB, RS</p> <p>HLB, RS</p> <p>HLB, RS</p>
<p>2.10 Continue to support the implementation and evaluation of community-based injury prevention and safety promotion interventions, including the trials in two discrete Aboriginal communities</p>	<p>Support the implementation and evaluation of the Doomadgee Safe and Strong Community project</p> <p>Support the development of an injury prevention/safety promotion framework in the Indigenous community of Cherbourg</p> <p>Provide funding through the Queensland Injury Prevention Council to support identified community injury prevention initiatives via a tender process</p>	<p>TRS</p> <p>HPQ, HLB, QIPC, SRS</p> <p>QIPC, HLB</p>
<p>2.11 Promote low-risk drinking by raising awareness of the new national guidelines for alcohol consumption</p>	<p>Ongoing</p>	<p>TAB</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
2.12 Integrate mental health promotion principles and outcomes into community action for chronic disease prevention	Finalise the mental health promotion integration matrix and framework and embed principles into delivery of strategies at the local level	HLB, RS
	Collect baseline data to measure the impact of integrated practice in six place-based initiatives in north Queensland	TRS
2.13 Promote the adoption of healthy behaviours in priority population groups by: <ul style="list-style-type: none"> – collaborating with local governments and multicultural organisations to develop opportunities for participation in programs for people from diverse cultural backgrounds, including the support of local alliances/ collaboratives – supporting non-government organisations and other providers to deliver interventions targeting low socioeconomic people, including food literacy, by providing access to resources, professional development, evaluation and ongoing program development 		
	Develop an implementation strategy to progress the recommendations of the Culturally and Linguistically Diverse (CALD) Physical Activity Mapping Project	HLB
	Support the adoption and implementation of culturally appropriate physical activity initiatives for CALD populations	RS
Define tender specifications and commission a non-government organisation to deliver healthy eating and budgeting intervention in low socioeconomic communities	HLB	

Chapter 3

Healthy children

Childhood^b sets the foundation for future health and wellbeing. Genetic, social, environmental, economic and cultural influences during infancy and childhood impact on the physical, social and mental health of children. The impact of these factors in childhood also affects health in adult life. There is growing evidence that there are a number of factors that influence health and wellbeing throughout a person's life.

A 2006 study found 21 per cent of Queensland children were overweight or obese. Children consumed too much sugar and fat and had low intakes of milk, dairy products, fruit and vegetables. It was also found that participation in physical activity is low and declines throughout childhood. In 2006, 84.1 per cent of parents reported that they always ensure they wear a hat and 67.6 per cent always apply sunscreen when outside for at least 15 minutes. In 2009, more than 20 per cent of Australian children were either developmentally vulnerable or at risk on measures of emotional maturity and language and cognition⁶.

The NPA on Preventative Health acknowledges the importance of providing Australian children with a healthy start to life, through promoting positive parenting and supportive communities, with an emphasis on the newborn⁷.

The division has been undertaking initiatives focused on children for a number of years. Building on previous work related to child health, the Healthy Children initiative under the NPA on Preventive Health, will fund states and territories to deliver a range of programs which:

- promote physical activity and healthy eating by children (from birth to 18 years)
- can be implemented in settings such as playgroups, child care centres, pre-schools, schools, and children and family centres
- include family based interventions, settings based initiatives and environmental strategies in and around schools.

The division's preventative health program will continue to work with key government and non-government partners to develop, implement and evaluate a range of programs targeting Queensland's children and the settings in which they live, learn and play.

^b Childhood is defined as covering the pre-natal period to 18 years of age.

Key performance indicators

This document identifies priority actions for preventative health services over the next three years. Progress against actions regarding healthy children will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Queensland children maintaining a healthy weight	Percentage of children at an unhealthy weight (reduce by five per cent by 2013) Average daily serves of fruit and vegetables consumed by children
Queensland infants being breastfed according to the National Guidelines for Breastfeeding and Nutrition	Percentage of infants exclusively breastfed to six months of age and continuing to be breastfed to 12 months of age (with age appropriate introduction of solid foods)
Queensland children participating in moderate physical activity and decreasing their screen time every day	Percentage of primary school aged children that participate in 60 minutes of physical activity (moderate intensity) every day Percentage of children that meet age-appropriate guidelines for screen time
Community awareness about preventing skin cancer by providing supportive environments	Number of organisations (including schools and not-for-profit early years settings) funded and/or supported to develop protective environments, including shade structures and skin cancer prevention policies

What are we going to do in the next three years?

Antenatal and infants

- Lead the development, implementation and evaluation of health promotion activities to promote increased duration of breastfeeding, in partnership with Office of Chief Nursing Officer, Australian Breastfeeding Association, Baby Friendly Health Initiative and International Lactation Consultants Association
- Develop, implement and evaluate, in collaboration with Maternal Child Health and Safety Branch, a comprehensive approach to promoting healthy lifestyle behaviours before, during and post pregnancy including:
 - promoting reduced alcohol consumption, not smoking, healthy eating, physical activity and social and emotional wellbeing
 - commencing the Statewide Gestational Diabetes Management Program
- Improve access to and quality of evidence-based resources to support healthy childhood growth and development
- Develop and support the systematic use of Indigenous resources to promote healthy lifestyle behaviours prior to, during and post pregnancy including:
 - Growing Strong and related resources
 - Growth Assessment and Action
 - SmokeCheck Pregnancy program

Childcare centres and schools

- ★ ■ Develop and implement a coordinated statewide approach to creating supportive environments for young children (in conjunction with the tertiary and vocational education sectors, Office for Early Childhood Education and Care, Education Queensland, non-government organisations and the early childhood sector) by:
 - integrating health issues into early years sector training, resources and quality standards
 - trialing a statewide SunSmart Grant Scheme to support multi-strategy approaches to sun safety by providing financial assistance to early childcare centres/services, primary schools and local community organisations that care for children from birth to 12 years
 - researching the compliance of schools with sun safety practices and developing strategies to address any issues identified
 - developing, implementing and evaluating an integrated approach to promoting physical, social and emotional wellbeing in the early years

- ★ ■ Assist Queensland schools to:
 - implement and review the Smart Choices evaluation recommendations to improve healthy eating options in school tuckshops
 - develop active environments through the Smart Moves initiative, including providing support to enable the development and adoption of available options by schools
- Assist Queensland Transport to develop and implement policies on active transport options for people living near schools (TravelSmart)
- Trial and evaluate a holiday cooking program for high school students and use results to determine broader application
- Continue to coordinate the provision of support, professional development and resources to School Based Youth Health Nurses focusing on priority health issues
- Promote the use of evidence-based, nationally endorsed alcohol and drug education resources such as REDI and LEAD as part of school curriculum delivered by teachers within a health promoting schools framework, in partnership with Department of Education and Training (DET)
- Develop, promote and evaluate an online sun safety curriculum resource for secondary schools

Other settings

- Support the implementation of Healthy Food and Drink Guidelines for Sporting Club Canteens with a focus on junior sporting clubs (led by Sport and Recreation Services), and guidelines for appropriate sponsorship of children's events
- Redevelop and deliver Physical Activity and Nutrition Outside School Hours (PANOSH) resources and coordinate training for providers

★ *Strategic priority*

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
Ante-natal and infants		
<p>3.1 Lead the development, implementation and evaluation of health promotion activities to promote increased duration of breastfeeding, in partnership with Office of Chief Nursing Officer, Australian Breastfeeding Association, Baby Friendly Health Initiative and International Lactation Consultants Association</p>	Finalise the QH breastfeeding website to increase access to policy guidelines and information	HLB (RS)
	Work with maternity and child health staff to identify additional tools to encourage women to breastfeed for longer	HLB
	Commence development of required tools	HLB
	Consult with Australian Breastfeeding Association to ensure all QH activities are consistent with their principles, and provide links to their services where appropriate	HLB
<p>3.2 Develop, implement and evaluate, in collaboration with Maternal, Child Health and Safety Branch, a comprehensive approach to promoting healthy lifestyle behaviours before, during and post pregnancy including:</p> <ul style="list-style-type: none"> – promoting reduced alcohol consumption, not smoking, healthy eating, physical activity and social and emotional wellbeing – commencing the Statewide Gestational Diabetes Management Program 		
	Advocate with clinicians for the use of the Pregnancy Hand-Held Record	TAB, RS
	Review evidence and determine best practice in the area for future investment	TAB
	Promote the National Health and Medical Research Council (NHMRC) pregnancy and breastfeeding dietary guidelines	HLB (RS)
	Work with relevant stakeholders to develop resources and an education package to promote healthy eating during pregnancy	HLB (RS)
	Complete modification of Healthy Messages for application across maternity services	CRS
	Review current investment and define future investment and service models for the division's work in this area	SPEB, HLB, TAB, RS
	Engage Diabetes Australia Queensland to follow-up and provide relevant information to women diagnosed with gestational diabetes about the need for regular blood glucose monitoring and lifestyle modification	SPEB
<p>Review and promote education resources and tools for patients and health professionals to support improved detection and management of women with gestational diabetes, including a review of clinical guidelines and pathways</p> <p>[Links to 5.9]</p>	SPEB	

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
3.3 Improve access to and quality of evidence-based resources to support healthy childhood growth and development	Pilot professional development for medical practitioners about growth assessment and investigate mechanisms for statewide rollout	SRS
	Contribute advice and stakeholder contact information to Department of Health and Ageing to develop a national standard growth chart	HLB
	Participate in the annual review of the Personal Health Record by updating information to ensure it is consistent with current evidence	HLB
	Advocate for the collection of growth data at the community level by identifying potential data sources	HLB
3.4 Develop and support the systematic use of Indigenous resources to promote healthy lifestyle behaviours before, during and post pregnancy including: <ul style="list-style-type: none"> – Growing Strong and related resources 		
	Evaluate program resources and training materials through the Early Life State Steering Group	RS, HLB
	Develop an early life nutrition manual for health workers working with Aboriginal and Torres Strait Islander families	HLB
	Complete review of the Growing Strong training resources, based on evaluation findings	RS, HLB
	Deliver a minimum of two Growing Strong training sessions per region	RS
	Coordinate and provide direction and support to the Growing Strong network of health workers across Health Service Districts and non-government organisations	RS
<ul style="list-style-type: none"> – Growth Assessment and Action 	Work within QH to identify strategies to systematically incorporate Growth Assessment and Action into Aboriginal and Torres Strait Islander child health checks in north Queensland	OED, HLB
<ul style="list-style-type: none"> – SmokeCheck Pregnancy program 	As per 2.6	TAB

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
Childcare centres and schools		
<p>★ 3.5 Develop and implement a coordinated statewide approach to creating supportive environments for young children (in conjunction with the tertiary and vocational education sectors, Office for Early Childhood Education and Care, Education Queensland, non-government organisations and the early childhood sector) by:</p>		
<ul style="list-style-type: none"> – integrating health issues into early years sector training, resources and quality standards 	<p>Promote and support the implementation of the Healthy Eating and Physical Activity Guidelines for Early Childhood Settings (Get Up & Grow) by contributing to the development of additional resources and a training package</p>	<p>HLB, RS</p>
	<p>Investigate options for extending the Have Fun Be Healthy program for supportive playgroups</p>	<p>HLB</p>
	<p>Work with the tertiary and vocational education sectors to include enhanced health, hygiene and health promotion knowledge and skills into early childhood education and care undergraduate and postgraduate curriculum and professional development</p>	<p>HLB (RS)</p>
<ul style="list-style-type: none"> – trialing a statewide SunSmart Grant Scheme to support multi-strategy approaches to sun safety by providing financial assistance to early childcare centres/services, primary schools and local community organisations that care for children from birth to 12 years 	<p>Manage the service agreement with Cancer Council Queensland to implement the SunSmart Grant Scheme, including coordinating the activity of regional staff from both organisations</p>	<p>HLB, RS</p>
	<p>Explore collaborative development of a SunSmart accreditation program for junior sporting organisations</p>	<p>TRS</p>
<ul style="list-style-type: none"> – researching the compliance of schools with sun safety practices and developing strategies to address any issues identified 	<p>Continue to work with DET to:</p> <ul style="list-style-type: none"> – complete the Student Services Secondary Schools Trial – implement and evaluate Falon’s Quest interactive educational computer game to teach primary school-aged children about sun safety 	<p>HLB</p>
<ul style="list-style-type: none"> – developing, implementing and evaluating an integrated approach to promoting physical, social and emotional wellbeing in the early years 	<p>Finalise the mental health promotion framework for healthy children and determine strategies to integrate into local delivery of intervention programs</p>	<p>HLB, RS</p>
	<p>Establish and promote a website and other tools for the early childhood education and care sector to enable access to evidence-informed programs and resources</p>	<p>HLB (RS)</p>
	<p>Finalise the evaluation of Starting Strong and use results to determine if broader application is appropriate</p>	<p>CRS</p>
	<p>Complete a comparative evaluation of the three regional approaches to working with the early childhood education and care sector, including in rural and remote locations, and use results to determine an appropriate long term consistent approach</p>	<p>RS, HLB</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
<p>★ 3.6 Assist Queensland schools to:</p> <ul style="list-style-type: none"> – implement and review the Smart Choices evaluation recommendations to improve healthy eating options in school tuckshops – develop active environments through the Smart Moves initiative, including providing support to enable the development and adoption of available options by schools 	<p>Develop resources for schools and sporting clubs, including tools for classroom rewards and fundraising</p> <p>Consider revision of Smart Choices to align with the National Healthy School Canteens Framework</p> <p>Develop and implement a communication strategy to build capacity of school communities to implement Smart Choices</p> <p>Implement recommendations from the evaluation of Smart Choices</p> <p>Fund research into active transport to and from schools through the Independent Mobility, Active Travel and Children’s Health (IMATCH) and 10,000 Steps projects</p>	<p>HLB</p> <p>HLB</p> <p>HLB</p> <p>HLB</p> <p>HLB</p>
<p>3.7 Assist Queensland Transport to develop and implement policies on active transport options for people living near schools (TravelSmart)</p>	<p>Fund a position within the TravelSmart program (Department of Transport and Main Roads) to develop processes, materials and tools that will strengthen local government support for the National Partnership program</p>	<p>HLB</p>
<p>3.8 Trial and evaluate a holiday cooking program for high school students and use results to determine broader application</p>	<p>Develop the program concept, define tender specifications, and secure funding [Links to 5.9]</p>	<p>HLB</p>
<p>3.9 Continue to coordinate the provision of support, professional development and resources to School Based Youth Health Nurses focussing on priority health issues</p>	<p>Manage the implementation and review of the Memorandum of Understanding and Program Management Guidelines, in collaboration with DET</p> <p>Provide input and professional development through the Orientation Week and annual practice development events</p> <p>Develop and trial the It’s your move professional development package</p>	<p>HLB</p> <p>RS, TAB, HLB</p> <p>CRS</p>
<p>3.10 Promote the use of evidence-based, nationally accredited alcohol and drug education resources such as REDI and LEAD as part of school curriculum delivered by teachers within a health promoting schools framework, in partnership with DET</p>	<p>Work with DET, the School Based Youth Health Nurse Program and ATOD prevention workers to promote use of evidence-based resources in schools</p>	<p>TAB</p>
<p>3.11 Develop, promote and evaluate an online sun safety curriculum resource for secondary schools</p>	<p>Develop a secondary school online curriculum resource for sun safety, in collaboration with DET</p>	<p>HLB, RS</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
Other settings		
3.12 Support the implementation of Healthy Food and Drink Guidelines for Sporting Club Canteens with a focus on junior sporting clubs (led by Sport and Recreation Services), and guidelines for appropriate sponsorship of children's events	Work with Sport and Recreation Services to scope and plan implementation of guidelines for junior sporting club canteens [Links to 2.2]	HLB, RS
3.13 Redevelop and deliver PANOSH resources and coordinate training for providers	Work with Outside School Hours sector to develop concept and secure funding for the implementation and dissemination of PANOSH resources and training package	HLB

Chapter 4

Healthy workers

The workplace directly influences the physical, mental, economic and social wellbeing of workers and in turn the health of their families, communities and society.

The workplace has been identified as one of the priority settings for health promotion into the 21st century, because:

- at least a third of our day is spent at work
- workplace culture and the working environment influence lifestyle habits
- labour shortages are leading to increased work hours and workloads
- an ageing workforce is increasing workplace injuries and absenteeism.

The workplace offers an ideal setting and infrastructure to support the promotion of health to a large audience. Promoting healthy lifestyle choices at work (including sun safety and stress management) helps to address and support work–life balance, and promote corporate social responsibility. Other recognised benefits for the employer include:

- improved staff morale
- increased productivity
- improved job retention
- reduced staff turnover
- decreased absenteeism
- decreased injuries and related costs.

The health of workers is also affected by non-work related factors. It requires combined efforts of employers, employees and society to improve the health and wellbeing of people at work. This is achieved through a combination of:

- improving the work organisation and the working environment
- promoting the active participation of employees in health activities
- encouraging personal development.

To date, the division’s workplace health promotion investment has been directed at QH staff and facilities. QH has implemented a smoking management policy, a Quit Smoking for Life program for staff, and a program designed to increase the availability of healthy food choices in staff eating areas called A Better Choice.

The Healthy Worker initiative under the NPA on Preventive Health is currently under development, and will result in funding to states and territories to facilitate delivery of health promotion programs in workplaces (particularly small and medium enterprises). These programs will focus on:

- healthy living, including promoting physical activity, healthy eating, smoking cessation and reducing harmful alcohol consumption
- providing information, tools and resources to increase worker awareness and build workforce capacity
- providing incentives, either directly or indirectly to employers, for program delivery.

Key performance indicators

This document identifies priority actions for preventative health services over the next three years. Progress against actions regarding healthy workers will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Increase the provision of healthy food choices in QH facilities	Number of QH facilities that comply with the Better Choice policy
Reduce the number of QH employees who smoke	Number of QH staff who participate in the staff Quit Smoking for Life program (target – five per cent of staff that smoke enrol in the program)
	Number and percentage of Aboriginal and Torres Strait Islander staff that smoke who register in the QH staff Quit Smoking for Life program
Improved uptake of health promotion activities in Queensland workplaces	Number of Pitstop programs delivered (interim measure only)

What are we going to do in the next three years?

- Coordinate the development and implementation of the Queensland Healthy Worker Implementation Plan under the NPA on Preventive Health, including governance arrangements, service models and an evaluation framework.
- ★ ■ Develop resources and guidelines to support the uptake of workplace health promotion activity in Queensland workplaces and behaviour change in workers, including:
 - developing and maintaining a web portal to provide resources, information and other tools
 - developing and coordinating the delivery of a telephone healthy lifestyle counselling support service for workplaces
 - developing and promoting resources to support workplaces to implement 10,000 Steps
 - developing a quit smoking support program for workplaces to be delivered by Quitline
- Recognise best practice, evidence-based workplace health promotion by:
 - developing, implementing and evaluating the Workplaces for Wellness recognition scheme for Queensland workplaces delivering effective workplace health promotion
 - implementing an awards scheme at state level and supporting the development of a national awards scheme
- ★ ■ Provide workplace health promotion programs, including:
 - developing a sustainable model for and coordinating the delivery of the Pitstop program, particularly in outdoor workplaces
 - promoting skin cancer prevention for outdoor workers
- Support the Department of Justice and Attorney-General (JAG) to expand and implement the healthy public sector initiative, including:
 - advocating for the implementation of policies for breastfeeding at work, healthy catering and vending machines
 - defining an alcohol, tobacco and other drugs strategy for workplaces, including possible expansion of the Queensland Health Smoking Management Policy to other government facilities, delivery of staff smoking cessation support, promotion of alcohol policy, resources and counselling support
 - implementing A Better Choice in state government facilities
- ★ ■ Continue to support HSDs and divisions to implement the Queensland Health Smoking Management Policy, including:
 - promoting Quit Smoking for Life staff smoking cessation program by providing information and resources for local use
 - developing and implementing alcohol, tobacco and other drug online brief intervention training to support smoking cessation and the management of withdrawal for inpatients
 - reviewing the policy in consideration of the new national health reforms
- Continue to support implementation of the A Better Choice program across QH facilities

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
4.1 Coordinate the development and implementation of the Queensland Healthy Worker Implementation Plan under the NPA on Preventive Health, including governance arrangements, service models and an evaluation framework	<p>Provide support to the Director-General as chair, and provide secretariat and strategic advice to the Chief Executive Officers Committee for Preventative Health</p> <p>Scope and define Preventative Health Directorate and Regional Services roles in development and delivery of Healthy Worker Implementation Plan</p> <p>Develop the Healthy Worker Implementation Plan to determine Queensland specific actions and programs</p>	<p>OED, HLB</p> <p>HLB, TAB, RS</p> <p>HLB</p>
<p>★ 4.2 Develop resources and guidelines to support the uptake of workplace health promotion activity in Queensland workplaces and behaviour change in workers, including:</p> <ul style="list-style-type: none"> – developing and maintaining a web portal to provide resources, information and other tools – developing and coordinating the delivery of a telephone healthy lifestyle counselling support service for workplaces – developing and promoting resources to support workplaces to implement 10,000 Steps – developing a quit smoking support program for workplaces delivered by the Quitline 	<p>Develop and launch the Queensland Government Workplaces for Wellness website and supporting web portal (hosted by QH) to support the delivery of the whole-of-government Workplaces for Wellness program</p> <p>Develop a comprehensive suite of online, self guided, self paced resources, tools and information to guide workplace delivery of best practice, evidence-based workplace health promotion programs targeting obesity and overweight, smoking, alcohol consumption, mental health, physical activity and unsafe sun exposure</p> <p>Fund and negotiate the establishment of the Get Healthy telephone counselling and support program with the Health Contact Centre</p> <p>Continue to manage 10,000 Steps contract with Central Queensland University to strengthen workplace aspects of the program</p> <p>Expand Quitline service and systems to support the delivery of workplace quit smoking programs, including information system improvements and more counselling staff</p>	<p>HLB</p> <p>HLB, TAB</p> <p>HLB</p> <p>HLB</p> <p>TAB</p>
<p>4.3 Recognise best practice, evidence-based workplace health promotion by:</p> <ul style="list-style-type: none"> – developing, implementing and evaluating the Workplaces for Wellness recognition scheme for Queensland workplaces delivering effective workplace health promotion – implementing an awards scheme at state level and supporting the development of a national awards scheme 	<p>Establish a Queensland Government Workplaces for Wellness recognition scheme to identify and recognise Queensland workplaces that have best practice workplace wellness programs in place</p> <p>Facilitate the second round of the Healthy Queensland Awards and renegotiate contract to support delivery [Links to 2.7]</p> <p>Provide learnings from the Queensland scheme to the developers of the national awards scheme</p>	<p>HLB</p> <p>HLB</p> <p>HLB</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
<p>★ 4.4 Provide workplace health promotion programs, including:</p> <ul style="list-style-type: none"> – developing a sustainable model for and coordinating the delivery of the Pitstop program, particularly in outdoor workplaces – promoting skin cancer prevention for outdoor workers 	<p>Evaluate the current implementation of the Pitstop program and use the results of the evaluation to determine broader application, if appropriate</p> <p>Participate in and contribute to the work of the Construction Working Group and the Sun Safety Working Group of the Outdoor Workers Health Taskforce (coordinated by JAG)</p> <p>Fund a Health Promotion Queensland applied research project by a QUT Consortium exploring the effectiveness of sun protection in high risk outdoor workplaces</p>	<p>CSSB</p> <p>HLB</p> <p>HLB</p>
<p>4.5 Support JAG to expand and implement the healthy public sector initiative, including:</p> <ul style="list-style-type: none"> – advocating for the implementation of policies for breastfeeding at work, healthy catering and vending machines – defining an alcohol, tobacco and other drugs strategy for workplaces, including possible expansion of the Queensland Health Smoking Management Policy to other government facilities, delivery of staff smoking cessation support, promotion of alcohol policy, resources and counselling support – implementing A Better Choice in state government facilities 	<p>Advocate for a coordinated cross-government approach to the implementation of the work and breastfeeding policy</p> <p>Develop appropriate guidelines for workplace alcohol, tobacco and other drugs policy including existing resources and materials</p> <p>Assist and support JAG to introduce A Better Choice into the public sector under the Safer and Healthier Workplaces Strategy 2007–2012</p>	<p>HLB, RS</p> <p>TAB</p> <p>HLB</p>
<p>★ 4.6 Continue to support HSDs and divisions to implement the Queensland Health Smoking Management Policy, including:</p> <ul style="list-style-type: none"> – promoting Quit Smoking for Life staff smoking cessation program by providing information and resources for local use – developing and implementing alcohol, tobacco and other drug online brief intervention training to support smoking cessation and the management of withdrawal for inpatients – reviewing the policy in consideration of the new national health reforms 	<p>Maintain web pages and provide ongoing information and resources to human resources and communications staff for local promotion of Quit Smoking for Life</p> <p>Develop and implement an alcohol, tobacco and other drugs brief intervention online training package</p> <p>Identify implications for delivery</p>	<p>TAB</p> <p>TAB</p> <p>TAB</p>
<p>4.7 Continue to support the implementation of A Better Choice program across QH facilities</p>	<p>Implement recommendations from the evaluation of A Better Choice</p>	<p>HLB</p>

Chapter 5

Targeted risk factor modification programs

Targeted risk factor modification programs aim to decrease the likelihood of people most 'at risk' of developing chronic disease and reduce disease progression in people who already have a chronic disease. Key 'at risk' groups include Aboriginal and Torres Strait Islander people, people with low socioeconomic status, culturally and linguistically diverse communities, and people who are obese or overweight, smoke, or consume alcohol at harmful levels.

Targeted risk factor modification interventions are primarily delivered by health practitioners in the primary healthcare and acute health sectors. The division's preventative health program is not accountable for the delivery of these programs, but for leading and providing support services to:

- develop, evaluate and periodically review evidence-based brief intervention tools and approaches, such as Quitline and SmokeCheck brief intervention
- develop, review, and evaluate the group-based risk modification programs, such as Lighten Up to a Healthy Lifestyle, and Living Strong
- raise awareness of evidence-based chronic disease management interventions (such as self management) with both government and non-government partners.

The introduction of the national healthcare reforms will impact on the sustainable delivery of these programs. This needs to be considered and systems established for the transition to the new model.

Key performance indicators

This document identifies priority actions for preventative health services over the next three years. Progress against actions regarding targeted risk factor modification programs will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting.

What are we seeking to achieve?	How will we know?
Increase the capacity of the primary health sector to provide brief interventions, and chronic disease prevention and self-management interventions	Number of health professionals trained annually to deliver SmokeCheck Number of Chronic Disease Forum attendees Number of chronic disease seminars conducted and number of participants
Increase the availability of effective group-based risk modification programs	Number of staff trained as: – Lighten Up facilitators – Living Strong facilitators Number of attendees for: – Lighten Up – Living Strong
People have ready access to support to make healthy lifestyle behavioural changes	Number of calls to Quitline Number of Aboriginal and Torres Strait Islander people receiving support from Quitline Number and percentage of offenders who smoke that participate in the smoking cessation initiative

What are we going to do in the next three years?

Brief interventions

- ★ ■ Provide resources, professional development, evaluation and ongoing program development to support HSDs and health professionals to deliver the following brief intervention programs, including specific processes targeting Aboriginal and Torres Strait Islander people:
 - SmokeCheck and SmokeCheck Pregnancy (Indigenous specific)
 - nutrition and physical activity (Indigenous specific)
 - alcohol, tobacco and other drugs
- Work with the tertiary and vocational education sector to include brief intervention approaches in the curriculum for health professionals
- ★ ■ Develop and implement smoking cessation initiatives for offenders within Queensland correctional facilities

Group-based programs

- ★ ■ Provide resources, professional development, evaluation and ongoing program development to support HSDs, Divisions of General Practice and other primary healthcare providers to organise and deliver Lighten Up to a Healthy Lifestyle and Living Strong group-based healthy lifestyle programs
- Develop and evaluate the Living Well group-based healthy lifestyle program for culturally and linguistically diverse (CALD) adults and use results of the evaluation to determine if broader application is appropriate
- Investigate and progress options for the sustainable delivery of group-based healthy lifestyle programs, including:
 - investigating alternative training models to increase the number of active facilitators
 - strategies to reduce barriers and increase levels of program delivery by HSDs
 - managing the service delivery components of the non-government organisation (NGO) service agreements for local coordination of group-based healthy lifestyle programs, evaluating the current service delivery model and implementing recommendations

- Develop and implement a family orientated group-based child healthy weight program
- Support the development and implementation of the Healthy CALD Children Program

Self management

- ★ ■ Investigate options, and develop, implement and evaluate initiatives for people with type 2 diabetes
- Allocate chronic disease self-management funding for evidence-based initiatives and monitor their development and implementation

Digital platforms

- Support the delivery and expansion of telephone counselling services through 13 HEALTH including
 - the Quitline to support smoking cessation
 - the Get Healthy program to encourage and support healthy weight in targeted populations
 - the COACH program, targeting patients with existing chronic disease (eg. diabetes and cardiovascular disease)
- Investigate the use of web-based and other interactive technology in targeted risk factor modification initiatives

What are we going to do in the next 12 months?

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
Brief interventions		
<p>★ 5.1 Provide resources, professional development, evaluation and ongoing program development to support HSDs and health professionals to deliver the following brief intervention programs, including specific processes targeting Aboriginal and Torres Strait Islander people:</p> <ul style="list-style-type: none"> – SmokeCheck and SmokeCheck Pregnancy (Indigenous specific) – nutrition and physical activity (Indigenous specific) – alcohol, tobacco and other drugs 	<p>Continue to add to existing content on the chronic disease website, use website to showcase examples of good practice across Queensland using an interactive map, and monitor website use</p> <p>Identify and use opportunities for the division to work within QH to help increase routine implementation of brief intervention in QH facilities</p> <p>Review current investments and define the future service model for the division's work in this area</p> <p>Complete existing Healthy Messages commitments and evaluations to inform future investments</p> <p>Develop and pilot the statewide expansion of the SmokeCheck Pregnancy program to QH maternity and child health staff</p> <p>Provide resources and professional development to health professionals to increase delivery of brief interventions for nutrition and physical activity</p> <p>Develop and implement an online brief intervention training program for alcohol, tobacco and other drugs</p> <p>Promote online training program to primary healthcare providers</p>	<p>SPEB</p> <p>OED, HLB, TAB</p> <p>SPEB, HLB, TAB, RS</p> <p>CRS</p> <p>TAB</p> <p>RS, HLB</p> <p>TAB</p> <p>TAB, RS</p>
<p>5.2 Work with the tertiary and vocational education sector to include brief intervention approaches in the curriculum for health professionals</p>	<p>Nil this year</p>	
<p>★ 5.3 Develop and implement smoking cessation initiatives for offenders within Queensland correctional facilities</p>	<p>Continue to implement and evaluate the provision of smoking cessation support and nicotine replacement therapy within correctional facilities</p>	<p>TAB</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
Group-based programs		
<p>★ 5.4 Provide resources, professional development, evaluation and ongoing program development to support HSDs, Divisions of General Practice and other primary healthcare providers to organise and deliver Lighten Up to a Healthy Lifestyle and Living Strong group-based healthy lifestyle programs</p>	<p>Deliver two Lighten Up and two Living Strong training programs, and four refresher days per region</p> <p>Review pre-and post-training support and mentoring to improve program delivery, through the Statewide Lighten Up Working Group</p> <p>Identify and implement initiatives to improve program recruitment, coordination, delivery and support at statewide, regional and local levels</p> <p>Coordinate and provide direction and support to the Lighten Up Program Coordinator Healthy Lifestyle Network and the Living Strong Facilitator Network across HSDs and NGOs</p> <p>Develop and implement a statewide communication and marketing plan for Lighten Up and Living Strong to enhance participant uptake, including referral pathways and links to the national Measure Up campaign</p>	<p>RS</p> <p>HLB, RS</p> <p>HLB, RS</p> <p>HLB, RS</p> <p>HLB, RS</p>
<p>5.5 Develop and evaluate the Living Well group-based healthy lifestyle program for culturally and linguistically diverse (CALD) adults and use results of the evaluation to determine if broader application is appropriate</p>	<p>Work with the Ethnic Communities Council of Queensland to finalise the development of Living Well modules and evaluate the Living Well Facilitator Training package</p> <p>Evaluate the Living Well program and use the results of the evaluation to determine broader application if appropriate</p>	<p>SRS, CRS</p> <p>HLB, SRS, CRS</p>
<p>5.6 Investigate and progress options for the sustainable delivery of group-based healthy lifestyle programs, including:</p> <ul style="list-style-type: none"> – investigating alternative training models to increase the number of active facilitators – strategies to reduce barriers and increase levels of program delivery by HSDs – managing the service delivery components of the NGO service agreements for local coordination of group-based healthy lifestyle programs, evaluating the current service delivery model and implementing recommendations 	<p>Nil this year</p> <p>Use the panel review process to establish agreement on set targets for programs and numbers of participants for HSDs, in collaboration with Community Services Unit (CSU)</p> <p>Undertake panel review process in collaboration with CSU</p>	<p></p> <p>SPEB, HLB</p> <p>SPEB, HLB</p>
<p>5.7 Develop and implement a family orientated group-based child healthy weight program</p>	<p>Develop concept, secure funding and develop tender for family-focused treatment program for overweight and obese children</p>	<p>HLB</p>
<p>5.8 Support the development and implementation of the Healthy CALD Children Program</p>	<p>Work with Multicultural Health Services to develop a concept and secure funding for development and implementation</p>	<p>HLB (RS)</p>

What are we going to do in the next three years?	What are we going to do in the next 12 months?	Who is accountable? <i>Refer to Legend on page 49</i>
Self management		
<p>★ 5.9 Investigate options and develop, implement and evaluate initiatives for people with type 2 diabetes</p>	<p>Commence implementation including tender specifications as required for:</p> <ul style="list-style-type: none"> Indigenous chronic disease care in north Queensland pharmacy-based diabetes risk awareness program supporting integrated diabetes care through General Practice Statewide Gestational Diabetes Management Program [Links to 3.2] integrated model of type 2 diabetes prevention and management (pilot) school-based cooking program for young people: So you think you can cook [Links to 3.8] 	<p>SPEB</p> <p>SPEB</p> <p>SPEB</p> <p>SPEB</p> <p>SPEB</p> <p>HLB</p>
<p>5.10 Allocate chronic disease self management funding for evidence-based initiatives and monitor their development and implementation</p>	<p>Commence implementation of:</p> <ul style="list-style-type: none"> – hand-held client centred personal health record for complex conditions – innovation funding for tools, resources and websites – enhancement of multicultural workforce – development of multicultural Certificate IV and support for training 	<p>SPEB</p>
Digital platforms		
<p>5.11 Support the delivery and expansion of telephone counselling services through 13 HEALTH including:</p> <ul style="list-style-type: none"> – the Quitline to support smoking cessation – the Get Healthy Program to encourage and support healthy weight in targeted populations – the COACH program, targeting patients with existing chronic disease (eg. diabetes and cardiovascular disease) 	<p>Fund the Health Contact Centre to deliver the statewide Quitline service</p> <p>Fund the Health Contact Centre to expand the scope and type of telephone based coaching services available, with a focus on supporting adults regarding physical activity, healthy eating and maintaining healthy weight</p> <p>Continue to fund, support and participate in the governance of the COACH program</p>	<p>TAB</p> <p>SPEB, HLB</p> <p>SPEB</p>
<p>5.12 Investigate the use of web-based and other interactive technology in targeted risk factor modification initiatives</p>	<p>Explore the expanded use of interactive technologies in lifestyle risk modification initiatives (eg. 13 HEALTH, Getting Healthy, touch screens)</p>	<p>SPEB, HLB, TAB, RS</p>

References

1. Smart State Council Working Group. 2008, *Queenslanders tackling chronic disease: Becoming Australia's healthiest state*
[Online] Available at:
http://www.smartstate.qld.gov.au/resources/publications/ss_council/Queenslanders%20tackling%20chronic%20disease.pdf
2. Social Development Committee. 2010. *Chronic diseases in Queensland, Report 2*
[Online] Available at:
<http://www.parliament.qld.gov.au/view/committees/documents/SDC/reports/SDCR002.pdf>
3. Social Development Committee. 2010. *[Inquiry into cannabis related harm]*
[Online] Available at:
http://www.parliament.qld.gov.au/view/committees/SDC.asp?SubArea=inquiries_cannabis
4. Welk G. 2009, *Cardiovascular Fitness and Body Mass Index are Associated with Academic Achievement in Schools*, Cooper Institute, Texas
5. Friedli, L. & Parsonage, M. 2007, 'Building an economic case for mental health promotion: Part 1', *Journal of Public Mental Health*, vol. 6, no. 3, pp. 14-23.
6. Centre for Community Child Health and Telethon Institute for Child Health Research. 2009, *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Australian Government, Canberra. International Harm Reduction Association. 2010, 'What is harm reduction?'
[Online] Available at:
<http://www.ihra.net/what-is-harm-reduction>
7. Council of Australian Governments. 2008, *National Partnership Agreement on Preventive Health*
[Online] Available at:
http://www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/national_partnership/national_partnership_on_preventive_health.pdf

Key Documents

- A Trauma Plan for Queensland
[Online] Available at:
http://www.surgeons.org/Content/NavigationMenu/WhoWeAre/Regions/QLD/QLD_Trauma_plan_final_prac.pdf
- Fourth National Mental Health Plan*
[Online] Available at:
[http://www.health.gov.au/internet/main/publishing.nsf/Content/360EB322114EC906CA2576700014A817/\\$File/plan09v2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/360EB322114EC906CA2576700014A817/$File/plan09v2.pdf)
- National Drug Strategy
[Online] Available at:
<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/framework0409>
- National Partnership Agreement on Preventive Health*
[Online] Available at:
http://www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/national_partnership/national_partnership_on_preventive_health.pdf
- National Strategy for Food Security in Remote Indigenous Communities*
[Online] Available at:
http://www.coag.gov.au/coag_meeting_outcomes/2009-12-07/docs/nat_strat_food_security.pdf
- Positively Ageless: Queensland Seniors Strategy Action Plan*
[Online] Available at:
<http://www.communityservices.qld.gov.au/seniors/strategy/documents/positively-ageless-qld-seniors-strategy.pdf>
- Qplan*
[Online] Available at:
<http://www.dip.qld.gov.au/about-planning/qplan.html>
- Queensland Plan for Mental Health 2007–2017*
[Online] Available at:
http://www.health.qld.gov.au/mentalhealth/abt_us/qpfmh/08132_qpfmh07.pdf
- Queensland Drug Strategy
[Online] Available at:
<http://www.health.qld.gov.au/atod/documents/31976.pdf>
- Toward Q2: Tomorrow's Queensland*
[Online] Available at:
http://www.thepremier.qld.gov.au/library/pdf/tomorrow/Towards_Q2_Tomorrows_Queensland.pdf

Legend

The lead agency is listed first, a collaborative relationship is indicated by a comma, a bracket indicates a supporting role.

CRS	Central Regional Services
CSSB	Cancer Screening Services Branch
EHB	Environmental Health Branch
HLB	Healthy Living Branch
HPQ	Health Promotion Queensland
OED	Office of the Executive Director
OHS	Offender Health Services
PHSG	Preventative Health Strategic Group
QIPC	Queensland Injury Prevention Council
RS	all Regional Services
SPEB	Strategic Partnerships and Epidemiology Branch
SRS	Southern Regional Services
TAB	Tobacco and Alcohol Branch
TRS	Tropical Regional Services

Glossary

ATOD	Alcohol Tobacco and Other Drugs
HSD	Health Service District
NHMRC	National Health and Medical Research Council
NPA	National Partnership Agreement
Q2	Toward Q2: Tomorrow's Queensland
QH	Queensland Health
QUT	Queensland University of Technology