2.5 Interventions to address the burden of disease

The work of many government and non-government agencies, industry and community groups impacts directly and indirectly on the health of Queenslanders. *Health Determinants Queensland 2004* has been produced to assist these organisations to gain a clearer understanding of the determinants and risks of ill health, as well as the broader social implications to the whole population and specific target groups. The interventions outlined build upon the Queensland Health directions statement *Smart State: Health 2020 Strategic Vision for Queensland Health*.

There is now good evidence that a range of interventions are effective in preventing disease, illness and injury, and in promoting health and wellbeing through action on the broad range of determinants of health and ill health. The key challenges are to ensure these initiatives are ongoing and widespread, and at a level sufficient to achieve broad based population-wide outcomes as well as reduce health inequalities across population subgroups.

Since population health issues are being addressed by multiple organisations and communities, the aim of these intervention sections is to identify key evidence based strategies that are currently being undertaken, are planned or are required to be undertaken, based upon best practice. This intervention list is intended to be a useful resource for about three years. These interventions will be led by many organisations in partnership with other sectors.

There are a number of ways of influencing systems and settings to improve population health and wellbeing, or to create healthy environments that are conducive to health and wellbeing. These include, but are not limited to:

- Community public health planning: A broad range of bottom-up planning processes that engage communities and partner agencies, and,
- Health Impact Assessment: An approach used to assess and judge an initiative or policy for its potential effects on the health of the population and the distribution of those effects within the population.

It is clear that there are no simple, quick fixes to these complex issues. Action on all determinants requires multi-strategy approaches which:

- include both population wide and at risk group approaches
- involve sectors working together at state and local levels
- focus on both risk and protective factors
- address social, behavioural, economic and environmental factors
- specifically address equity and reduce disparities by focusing on the needs of the most disadvantaged communities and population groups
- take a life course perspective.

Key action areas and evidence based strategies unique for children are described. These strategies complement those provided in the Whole of population chapter, although the interventions may be population specific.

There are no specific strategies for children for communicable disease, food safety, immunisation and sexual health.
Alcohol

<table>
<thead>
<tr>
<th>Key action areas</th>
<th>Key evidence based strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection of those at higher risk</td>
<td>• Deliver education and intervention programs that address alcohol and/or other drug use by the parents and children of high-risk families.</td>
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<td>• Implement multi-strategy prevention campaigns targeting 12-29 year olds particularly during high-risk transitional periods, such as leaving school. For example, Rumble in the Jungle, Rock Eisteddfod and Croc Festivals.</td>
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<td></td>
<td>• Increase the capacity of workers in the education system to address alcohol issues, eg. Queensland School Drug Education Strategy and Service Based Policing Program.</td>
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<td></td>
<td>• Establish Child Care and Family Support hubs as single entry points at the local level, for services to meet the diverse needs of children and families including child care and early childhood services, family support services, parenting support, child health services, community activities and education services.</td>
</tr>
</tbody>
</table>

Further information regarding the intervention strategies above can be accessed from:

## Injury

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<tr>
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<tbody>
<tr>
<td>Community awareness</td>
<td>• Implement social marketing campaigns to increase awareness of the preventability of child injuries, means of preventing these injuries, and measures to take in the event of an injury, eg. Kidsafe House, Giddy Goanna booklets and Queensland Ambulance Service One Step Ahead Course.</td>
</tr>
</tbody>
</table>
| Supportive public policies and safer environments | • Enforce relevant legislation and regulations/standards by state and local authorities, eg. use of child restraints/seat belts, labelling of children’s nightwear to indicate flammability, bicycle helmet wearing, maintenance of pool fencing and playgrounds.  
• Promote the modification of rules and use of protective equipment such as mouthguards and padding on goal posts, to reduce injury during training and competition in organised sports.  
• Implement the KidPower Resource Kit in primary schools.  
• Equip health professionals with the knowledge, skills and resources to provide developmentally appropriate anticipatory guidance to care givers of young children as part of a routine consultation. |

Further information regarding the intervention strategies above can be accessed from:

### Mental health

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</table>
| Supportive environments and infrastructure           | • Support and sustain maternal health, infant (0 – 1yrs) health and wellbeing through family-friendly policies and practices in workplaces and community settings. For example, workplace policies that support breastfeeding, flexible working hours and job-share practices.  
• Provide screening programs for infant health and parental mental health problems particularly maternal depression.  
• Provide safe, nurturing and quality child care that implements consistent fair behaviour management practices, builds good social and language skills and establishes good dietary choices and physical activity practices. For example Positive Parenting Programs, After School Programs, Health Promoting Early Child Care Pilot Project.  
• Provide emotional, physical and financial support to parents during early years, eg. home visiting programs, affordable accredited childcare, Supported Housing, Family Allowance.  
• Support participation in a range of formal and informal recreational, social and cultural opportunities, eg. unstructured play, Arts Queensland Development programs, Sport and Recreation Youth Development programs.                                                                                                                                                                                                                     |
| Personal efficacy and resiliency to positively manage life transitions and adverse life events | • Increase support during periods of transition, including:  
  - from home to child care and from child care to pre-school (School Readiness Initiative)  
  - to and from primary school  
  - from childhood to adolescence.  
• Implement evidence based programs aimed at increasing self-worth (including healthy body image), social competency, coping skills and resilience in children, eg. Helping Friends, Heart Masters.  
• Provide opportunities for personal development and exploration through structured and unstructured play and participation in a diverse range of cultural activities.  
• Increase opportunities for meaningful participation by children in home, school and community decision-making.  
• Increase knowledge of health information, the range of available health services and promote health seeking behaviour by children, eg. Kids Help Line.                                                                                                                                                                                                                     |

Further information regarding the intervention strategies above can be accessed from:

1. Waters E, Goldfeld S and Hopkins S. (2002), Indicators for child health, development and wellbeing: A systematic review of the literature and recommendations for population monitoring, Centre for Community Royal Children’s Hospital, Melbourne.
### Nutrition

<table>
<thead>
<tr>
<th>Key action areas</th>
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</table>
| Nutritional health of mothers, infants and children | • Implement a coordinated statewide strategic approach to nutrition promotion in schools, pre-schools and child care within the health promoting schools approach, eg. Joint Work Plan between Queensland Health and Education Queensland.  
• Increase healthy eating practices and learning opportunities in child care settings as part of a broader health promoting child care approach, eg. NHMRC Dietary Guidelines for Children and Adolescents in Australia, policies regarding food supplied from home, and educational activities for children, parents and grandparents.  
• Establish regular, consistent, standardised monitoring and surveillance of infant and child nutrition throughout the State, linked with National initiatives.  
• Support the provision of family and community programs such as local Breastfeeding Coalitions.  
• Increase breastfeeding through family and community programs and support policies and programs for workplaces, eg. local Breastfeeding Coalitions.  
• Provide consistent evidence-based nutrition information and support to antenatal programs and as a part of pre-conception counselling especially for young women, Indigenous women, and others at greater risk.  
• Incorporate nutrition as part of early intervention outreach programs for families with newborns at risk of poor health or social outcomes, eg. the me-visitation programs.  
• Provide consistent evidence-based nutrition and support as part of primary healthcare services for new mothers, eg. GPs, child health services. |
| Child care settings | • Introduce standards for child care settings on healthy eating and physical activity that meet the NHMRC Dietary Guidelines for Children and Adolescents in Australia and form part of the accreditation and funding framework, eg. Better Food Better Care and Your Child Care Centre Nutrition Policy.  
• Implement healthy eating practices and learning opportunities in child care settings as part of a broader health promoting child care approach, eg. policies regarding food supplied from home, educational activities for children and parents such as Better Food Better Care.  
• Reduce barriers to the achievement of standards and guidelines, eg. legal liability issues and food safety regulations.  
• Implement interventions, including training for childcare workers and information and support for parents, grandparents and carers on healthy eating, including breastfeeding. |
| School settings | • Implementation of the Healthy Weight component of the Education Qld/Qld Health joint action plan, which addresses:  
  – policy issues, eg. tuckshops, vending machines, sponsorship by “fast food” companies, use of school recreational facilities out of school hours, supervision of physical activity in school breaks, out of schools hours care programs  
  – programs relevant to curriculum and the whole school environment  
  – linkages to Queensland Health programs in schools such as the School-based Youth Health Nurse program curriculum and school environment.  
• Implement programs that promote healthy eating behaviours, including Outside School Hours Care programs, eg. Physical Activity and Nutrition Out of School Hours (PANOSH) nutrition and physical activity resources, and Better Food Better Preschool in early education sector.  
• Implement curricula and environmental interventions to increase knowledge of healthy eating, eg. fruit and vegetable schemes, cooking skills, ActiveAte. |
| Healthy weight | • Extend family-focused programs to prevent, manage and treat overweight and obesity in children for young families at risk and families with overweight children.  
  For example, Kids on Track and Lifestyle Triple P. |
Further information regarding the intervention strategies above can be accessed from:

8. Queensland Health programs and resources see -
10. SIGNAL - Strategic Inter-Governmental Nutrition Alliance -
## Oral health

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</table>
| Supportive policies and treatment    | • Target and deliver prevention focused school dental services based on need.  
• Implement programs to increase the capacity of primary care providers to engage parents and children in opportunistic health education and skill development, eg. Happy Teeth Happy Child, Healthy Teeth for Life, and Indigenous Oral Health Flip Chart. |
| Community awareness                  | • Work with governments, industry and the media to limit the promotion and advertising of foodstuffs and beverages that are harmful to the oral health of children.  
• Link with and build upon existing common risk factor strategies within sport and recreational settings to promote oral health, eg. mouthguards, SunSmart and nutrition.  
• Develop environments in child care, preschools, and primary schools to promote oral health, eg. through curriculum, canteen and parents. |
| Workforce capacity and infrastructure| • Progress the enhancement of the skill base in paediatric dentistry to ensure the effective provision of oral health services for children, including better utilisation of Allied Oral Health Professionals.  
• Foster research to determine the causal and contributing factors associated with dental caries in high risk children, and identify appropriate interventions. |

Further information regarding the intervention strategies above can be accessed from:

### Physical activity

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</table>
| Community awareness and provision of physical activity options | • Implement physical education and nutrition curriculum within the Education Queensland Health and Wellbeing Framework, eg. Health and Physical Education Syllabus.  
• Provide parents, carers, teachers, clinicians and others with targeted, relevant and credible information about physical activity, healthy eating and healthy weight, eg. Draft National Physical Activity Guidelines for Children and Young People.  
• Implement a social marketing strategy to increase awareness and knowledge relating to getting active and eating well in key settings, eg. early childhood settings including child care centres, and schools. This will include using accreditation options and programs such as Moving with Young Children.  
• Implement programs to assist parents to encourage their children to be physically active eg. Active Baby and Toddler, Support an Active Learner and Fair Play Fair Choices.  
• Include appropriate physical activity options into after-school care programs.  
• Encourage parents to limit access to sedentary recreation such as television, videos, computers and video games to a reasonable maximum, eg. Victoria’s Turn Off and Turn On program, and use of the mass media.  
• Implement programs to support children and adolescents to be advocates for healthy eating and active living, eg. ActiveAte, Get Active Queensland and Kids Playground.  |
| Supportive environments and policies          | • Develop and implement targeted strategies such as the ‘Get Active Children and Young People’ strategy (Sport and Recreation Queensland), which includes incentives and networking opportunities to assist parents, carers, teachers, providers, children and young people to increase safe participation in physical activity.  
• Provide support to coaches to assist them to provide positive engagement in organised sport. |
| Workforce capacity                            | • Increase tertiary and in-service education in fundamental movement skills for early childhood and primary teachers.  
• Provide training for childcare staff, early childhood teachers, before and after school hours care staff and family day care providers to assist them to incorporate appropriate physical activity experiences into their programs. |

Further information regarding the intervention strategies above can be accessed from:

5. ActiveAte program - www.health.qld.gov.au/ActiveAte/about/default.asp  
10. For more information on Queensland Health programs and resources see: http://www.health.qld.gov.au/healthyliving/Physical_Activity_P.htm
Smoking

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<tr>
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</thead>
<tbody>
<tr>
<td>Community awareness</td>
<td>• Implement the ‘Poison’ campaign (including mass media and a health promoting schools resource) to help reduce smoking uptake and smoking experimentation by young people.</td>
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<td>• Provide anti-smoking education in the school curriculum in line with the health promoting schools approach.</td>
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</tbody>
</table>

Further information regarding the intervention strategies above can be accessed from:

4. Quitline – www.quitnow.info.au
Social determinants

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<tr>
<th>Key action areas</th>
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</thead>
<tbody>
<tr>
<td>Settings and Partnerships</td>
<td>• Invest in early childhood development and learning.</td>
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<td></td>
<td>• Enhance access to education, and school and community support for highly transient children.</td>
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<td></td>
<td>• Implement Working Together for Healthy Schools position statement and practice framework.</td>
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<tr>
<td></td>
<td>• Implement interventions that improve family functioning for example, preschool and home visiting programs to address issues of child abuse, delinquency, substance abuse and teen pregnancy.</td>
</tr>
</tbody>
</table>

The work of a multitude of government and non-government agencies impacts directly and indirectly on the social determinants of health. Further information regarding the intervention strategies above can be accessed from:

2. Queensland Health multicultural policy.
## Sun protection

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</table>
| **Community Awareness** | • Implement social marketing campaigns to increase parental and carer awareness of skin cancer prevention and SunSmart behaviours for children, eg. Working Towards a SunSmart Queensland: Early Childhood Centres & Primary Schools.  
• Promote use of sun protection garments, sunscreen and shaded areas, eg. Queensland Cancer Fund Community Speakers Program, No Hat No Play policy, and Sun Protection in Queensland early childhood services.  
• Promote the use of Queensland Health’s sun protection resources, eg. Sun protection in Queensland early childhood services to increase awareness of child care centre requirements for sun protection and shade provision. |
| **Supportive public policies and safer environments** | • Include sun protective policies in childcare accreditation and licensing.  
• Implement sun protection policies such as the Queensland Cancer Fund’s SunSmart policy for kindergartens, long day care and occasional care centres.  
• Implement sun protection policies in primary school settings, eg. Queensland Cancer Fund’s Working Towards a SunSmart Queensland – Primary Schools.  
• Recognise and reward good sun protection practices within early childhood centres and primary schools, eg. National SunSmart Schools Program SunSmart Schools and Centres awards. |
| **Shade provision** | • Provide guidelines such as Creating Better Shade to early childhood organisations and centres to assist with the provision of shade and shade structures.  
• Implement and monitor compliance with Creating Shade at Public Facilities-Policy & Guidelines for Local Government.  
• Provide financial assistance for the purchase of materials to create shade through funding/grants programs, eg. Sunbusters Program.  
• Implement natural shade protection projects in schools, eg. Shade and Spade Committee Queensland: SunSmart Schools Arbor Day Awards.  
• Monitor compliance with sun protection regulation in early childhood settings, eg. provision of shade and sun protective behaviours. |
| **Community capacity to prevent skin cancer** | • Incorporate sun protection modules into existing curriculum for Early Childhood Carers courses: TAFE, and University settings.  
• Promote the Queensland Cancer Fund Community Speakers Program for training staff, carers and parents in Early Childhood settings. |

Further information regarding the intervention strategies above can be accessed from: