



A Better Choice

Healthy Food and Drink Supply Strategy

for Queensland Health Facilities

Evaluation Report



Queensland
Government

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The A Better Choice strategy adapts elements from the Queensland Department of Education and Training and Queensland Health *Smart Choices – Healthy Food and Drink Supply strategy for Queensland Schools* (2005), which is based on the NSW Department of Health and NSW Department of Education and Training *Fresh Tastes@School* NSW Healthy School Canteen Strategy (2004) and Canteen Menu Planning Guide.

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The Health Promotion Branch, Population Health Queensland, Division of the Chief Health Officer undertook the evaluation of A Better Choice. Queensland Health undertook the survey and interviews as part of this evaluation. Dr Heather Chipuer O'Neill conducted the data analysis of the facility survey on behalf of Queensland Health.

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The A Better Choice technical reference group provided advice, guidance and support on all aspects of the implementation and evaluation of the A Better Choice strategy.

See Appendix A for the membership of both groups.

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Abbreviations

ABC	A Better Choice
HPB	Health Promotion Branch
HSD	Health service district
QH	Queensland Health

Foreword

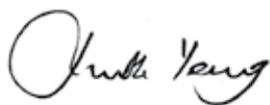
It is well documented that good food and nutrition is vital for good health. In fact, many chronic conditions treated in Queensland's hospitals could be prevented by healthy eating and regular physical activity. For these reasons, Queensland Health is leading by example to provide nutritious food to staff, visitors and the general public in all Queensland Health facilities.

Making Queenslanders Australia's healthiest people is one of the key ambitions of the State Government's 2020 vision, *Toward Q2: Tomorrow's Queensland*. A Better Choice Healthy Food and Drink Supply Strategy for Queensland Health Facilities ensures that all staff, visitors and the general public have access to healthy food and drinks which align with the National Health and Medical Research Council's Dietary Guidelines series while they are at Queensland Health facilities.

This evaluation report indicates that there has been substantial improvement in the food supply in Queensland Health facilities as a result of implementing A Better Choice, with the availability of nutritious food and drink options increasing in health facilities throughout the state.

I would like to acknowledge the work of Queensland Health staff, non-government organisations, volunteers and lease holders, and the support provided by the food industry.

Through better food and nutrition we can improve the health and wellbeing of all Queenslanders.



Dr Jeannette Young
Chief Health Officer

Executive summary

The Queensland Government introduced the A Better Choice Healthy Food and Drink Supply Strategy for Queensland Health Facilities in September 2007. The aim was to increase the supply of healthy food and drink to Queensland Health (QH) staff, visitors and the general public in Queensland Health facilities. Implementation of the strategy became mandatory on 1 September 2008.

The overall intent of the strategy was to increase the proportion of healthier options to at least 80 per cent of foods and drinks on display, and to restrict less healthy options to no more than 20 per cent of foods and drinks on display. In practice, this required limiting the supply of food and drinks in the RED category and increasing the availability and promotion of food and drinks in the GREEN category.

An evaluation was conducted in May 2009 to measure the extent of implementation of the strategy in Queensland Health facilities. Information was gathered through an online survey and key informant interviews. Both data sources indicated that Queensland Health facilities had made significant progress towards achieving the key requirements of A Better Choice.

Most facilities (78 per cent) reported implementation of more than half of the requirements of the strategy, and 25 per cent reported full strategy implementation. About 20 per cent of facilities indicated they had implemented less than half the requirements, and less than 2 per cent of facilities had not implemented any part of the strategy.

Strategy implementation was high in food outlets, staff dining rooms, tea trolleys and coffee carts; RED category food and drinks had been removed in more than 75 per cent of these food services. Removal of RED items from drink and snack vending machines was also reported as high (74 per cent), but key informant interviews revealed that changing snack vending machines was more difficult and problematic among some staff.

Three-quarters of facilities that provided internal catering had removed RED category food and drinks and more than half had increased the availability of GREEN items. However, catering orders from external suppliers often did not comply with the strategy. Higher levels of implementation are required in this area, and also in snack vending machines, leased premises and fundraising activities.

The following recommendations are proposed to ensure the A Better Choice strategy continues to be an effective initiative to improve the food and drink supply in Queensland Health facilities:

	Lead agency
Implementation	
<ul style="list-style-type: none"> Continue to support implementation in food outlets, dining rooms, tea trolleys, coffee carts and internal catering menus. 	Food services A Better Choice (ABC) sub-group
<ul style="list-style-type: none"> Enhance implementation in fundraising, external catering, snack vending machines and leased premises. 	Health Promotion Branch (HPB)
<ul style="list-style-type: none"> Work with industry to reformulate and/or develop new products in the GREEN and AMBER categories. 	HPB
<ul style="list-style-type: none"> Consider audits of facilities in future evaluation of strategy implementation. 	HPB
<ul style="list-style-type: none"> Revise fundraising and sponsorship policies to align with the strategy. 	HPB to liaise with Public Affairs
Communication	
<ul style="list-style-type: none"> Promote requirement for external catering to comply with the strategy to all QH staff including managers and administration officers. 	Food services ABC sub-group
<ul style="list-style-type: none"> Continue to employ multiple communication mechanisms to ensure strategy and resource materials reach target audience and support personnel. 	HPB Food services ABC sub-group
<ul style="list-style-type: none"> Engage Public Affairs officers to promote implementation of the strategy to staff and visitors. 	HPB
Resources	
<ul style="list-style-type: none"> Develop a brief guide for external caterers explaining requirements of the strategy. 	Food services ABC sub-group
<ul style="list-style-type: none"> Develop a list of suitable vending machine snack products. 	HPB
<ul style="list-style-type: none"> Develop a fundraising guide for QH facilities, including suitable fundraising suggestions. 	HPB
<ul style="list-style-type: none"> Continue to produce hard copies of the strategy, catering guidelines, toolkit, promotional and point-of-sale materials and to make these available through the publications unit. 	HPB
<ul style="list-style-type: none"> Continue to update the website with the latest information. 	HPB
Local actions	
<ul style="list-style-type: none"> Facilities to partner with local caterers to develop a ‘pre-approved’ A Better Choice menu. 	All QH facilities
<ul style="list-style-type: none"> Facility managers to maintain a record of leases and renewal due dates to ensure all leases are updated to align with the strategy. 	All QH facilities
<ul style="list-style-type: none"> Facility managers to monitor the occurrence of RED occasions. 	All QH facilities

Introduction

Queensland Health has a clear leadership role in promoting healthier lifestyles throughout the state. This is in accordance with the State Government's aim to make Queenslanders 'Australia's healthiest people.'¹

In December 2005, the Minister for Health requested the department review existing food and drink choices in food outlets and vending machines accessed by staff and the general public in all Queensland Health facilities. The Minister approved the subsequent recommendation to develop a statewide strategy to increase the availability of healthy food and drink choices in line with the NHMRC Dietary Guidelines for Australian Adults.²

Queensland was the first state in Australia to undertake a statewide approach to improve food supply in health facilities and introduced A Better Choice Healthy Food and Drink Supply Strategy for Queensland Health Facilities (A Better Choice) in September 2007. The aim of the strategy was to increase the supply of healthy food and drink to staff, visitors and the general public in Queensland Health facilities. Implementation of the strategy became mandatory from 1 September 2008.

A Better Choice creates an environment which provides a greater choice of nutritious foods and drinks, thus making healthy choices easier choices. The strategy contains food and beverage criteria, and guidelines on the supply, display, advertising and placement of food and drinks. The strategy is a food supply initiative that assists food service managers to create supportive environments for healthy food choices. It is not intended to be used as a nutrition education resource for consumers.

The strategy applies to all situations where food and drink is provided to staff, visitors and the general public in facilities owned and operated by Queensland Health, including:

- canteens, kiosks, cafés and dining rooms
- vending machines
- catering at functions or meetings
- fundraising activities, events or prizes
- private businesses that sell foods or drinks within Queensland Health facilities (for example, newsagency, gift store or pharmacy).

The strategy does not apply to food and drinks that staff bring from home, or inpatient meals, client and/or aged care residency meals. Recommendations for these are included in the Queensland Health Food Service Policy, Guidelines and Standards and the Aged Care Standards and Accreditation Agency's Accreditation Standards.

The overall intent of the A Better Choice strategy is to increase healthier options to at least 80 per cent of foods and drinks on display and restrict less healthy options to no more than 20 per cent of foods and drinks on display.

The strategy classifies food and drinks into **GREEN**, **AMBER** or **RED** categories based on nutritional value.

Food and drinks in the **GREEN** category are based on the five food groups from the Australian Guide to Healthy Eating³ and include bread, cereals, rice, pasta, noodles (preferably wholegrain); vegetables; fruit; reduced-fat milk, yoghurt and cheese; and lean meat, fish, poultry, eggs, nuts and legumes. These are the best choices; they should always be available and should be actively promoted and encouraged at all times.

Food and drinks in the **AMBER** category are mainly processed foods that have some nutritional value, but have added sugar, salt and/or fat. These food and drinks should be chosen carefully; they should not dominate the menu or choices displayed and should be provided in small serve sizes.

1 Queensland Government. *Toward Q2: Tomorrow's Queensland*. Brisbane: Queensland Government; 2008.

2 National Health and Medical Research Council. *Dietary Guidelines for Australian Adults*. Canberra: National Health and Medical Research Council; 2003.

3 Department of Health and Ageing. *Australian Guide to Healthy Eating*. Canberra: Department of Health and Ageing; 1998.

Food and drinks in the **RED** category are based on items in the 'extras' group defined by the *Australian Guide to Healthy Eating*. These products should be limited because they are generally nutrient-poor, lack nutritional value, and are high in saturated fat, added sugar and/or salt.

The strategy requires that **RED** category food and drinks are limited to no more than 20 per cent of the foods and drinks displayed. **RED** category food and drinks should not be:

- promoted or advertised
- displayed in prominent areas
- stocked in vending machines
- supplied at meetings or functions
- used for fundraising purposes.

The Health Promotion Branch, Queensland Health, led the development of the strategy and supporting resources. Implementation of the strategy was the responsibility of each health service district (HSD). The project was overseen by the implementation steering group, chaired by the Chief Health Officer. Input and advice was received from the technical reference group (which included nutrition experts from Queensland Health and a range of non-government organisations), the industry advisory group and the evaluation working group. Membership of these groups is outlined in Appendix A.

A range of resources was developed to assist facilities in implementing the strategy. These included the A Better Choice Healthy Food and Drink Supply Strategy, Catering Guidelines for Meetings and Functions, promotional materials (posters and brochures), a Toolkit and point of sale materials (post cards and stickers).

Additional support mechanisms were established and included a series of introductory workshops in most HSDs, establishment of A Better Choice contact officers in each HSD and the development of Queensland Health intranet (QHEPS) and internet sites. These sites contained additional resources, contact details and frequently asked questions. The internet website can be viewed at www.health.qld.gov.au/health_professionals/food/abetterchoice.asp.

An evaluation was conducted in May 2009 to measure the extent of implementation of the strategy in Queensland Health facilities. Information was gathered through an online survey and interviews to answer the following research questions:

- How many Queensland Health facilities have fully or partially implemented the A Better Choice strategy?
- To what extent has the strategy been implemented across the food supply to staff and/or visitors, including food outlets, staff dining rooms, leased businesses, mobile tea trolleys, coffee carts, catering for meetings and functions, fundraising activities and special events or functions?
- What factors assisted the implementation of the strategy in Queensland Health facilities?
- What barriers were encountered in the implementation of the strategy in Queensland Health facilities?
- How did implementation of the strategy vary across facilities based on HSD, facility type, facility size and access to support personnel?
- Which facilities require additional support? What type of support do these facilities require?

Methods

An evaluation framework was developed by the evaluation working group and approved by the technical reference group. Two data collection methods were used; an online survey of Queensland Health facilities and a series of Key Informant Interviews.

Queensland Health facility survey (quantitative)

Sample

All Queensland Health facilities were invited to participate in the evaluation by completing a 14 question online survey (see Appendix B) administered through SurveyMonkey.com, an online survey software tool.

A facility was defined as the services located on one geographical site. For example, a hospital and a community health clinic on the same grounds were considered to be one facility.

The Statistical Standards Unit, Health Statistics Centre indicated that there were 856 services run by Queensland Health. This survey sample was refined to ensure that services co-located on the same geographical site were considered as only one facility. The following services indicated that they did not provide any food service to Queensland Health staff or visitors and were therefore excluded:

- public hospital outposts
- Aboriginal and Torres Strait Islander services
- child and adolescent health services
- dental services
- pathology and laboratory services

A facility manager was defined as the person responsible for the operational management of the entire facility. This position was targeted for the survey to maximise reporting and reduce gaps in responses. A list of facility managers was compiled by contacting each site.

Some facilities no longer existed, and a small number of facility managers could not be contacted after five attempts via phone and/or email. These facilities were excluded from the sample.

The final Queensland Health sample consisted of 278 facilities (Table 1) and included hospitals, community health services, residential facilities and office buildings.

Table 1. Determining the Queensland Health facility survey sample

	Number
Total Queensland Health services	856
Co-located services excluded from the sample	459
Services that did not provide any food service excluded from the sample	76
Facility no longer existed or contact details could not be found	33
Facility manager could not be contacted via phone or email	10
Survey sample	278

Administering the survey

The facility manager at each Queensland Health site was emailed a request to complete an online survey. An attached word version of the survey enabled relevant staff to assist with collecting information. Each facility manager was asked to compile information from across their facility and enter into the online survey.

A three-week period was provided to complete the survey. Reminder emails were sent at the beginning of weeks two and three, and the day before the survey was due. One week after distribution of the survey, a memo signed by the Director-General was issued to encourage completion of the survey (Appendix C).

Two weeks after the survey closing date, a follow-up phone call was made to all major hospitals (more than 100 beds) that had not responded; this resulted in survey completion by an additional 15 hospitals.

Analysis of survey

An external consultant, Dr Heather Chipuer O'Neill, was contracted by Queensland Health to analyse the facility survey data. Frequencies were calculated for all variables using SPSS. To determine significance for items addressing the research questions, 95 per cent confidence intervals were calculated using STATA I/C-10.

Key informant interviews (qualitative)

In addition to the online facility survey, a series of 30-minute telephone interviews were conducted with the designated A Better Choice contact/s in each HSD. These district contacts were selected as key informants as they had a working knowledge of the strategy and were familiar with the progress of local facilities in implementing the strategy.

All 25 district contacts, covering the 15 HSDs, were invited to participate in an interview. These consisted of background questions and five broad questions regarding the implementation of A Better Choice (Appendix D).

The interviews were conducted by the A Better Choice project officer during the same three-week period given to managers to complete the online survey. Interview questions were circulated one week in advance. The interviewer used a template for note taking and interview data was analysed for common themes and differences.

Results

Queensland Health facility survey

Response rate

Data was received from 134 of the 278 facilities eligible to participate in the online facility survey. This represents a 48 per cent response rate (Table 2). Twelve respondents did not complete the final page of the survey which concerned facility demographics; they were still included in the analysis but facility details were coded as missing.

Table 2. Response rate for Queensland Health facility survey

Facility type	QH facilities sent facility survey	Responses received	Response rate
Public hospital	134	84	63%
Community health	110	29	26%
Residential	23	7	30%
Office buildings	11	2	18%
Non-identified (missing)	-	12	-
TOTAL	278	134	48%

Implementation of the A Better Choice strategy

Full implementation of the A Better Choice strategy in Queensland Health facilities was defined as:

- **RED** category food and drinks limited to 20 per cent in food outlets, staff dining rooms and tea carts/coffee trolleys
- **RED** category food and drinks removed from vending machines, catering and fundraising
- only **GREEN** category food and drinks promoted.

Six specific questions were used to determine if only **GREEN** category food was being promoted (Appendix B).

Queensland Health facilities are not uniform in the types of food services they provide, and some facilities did not have certain food service types, for example food outlet or vending machines. Implementation rates for each food service type were determined only for those facilities where these were relevant.

The results of the survey indicated that 78 per cent of facilities reported implementation of A Better Choice in at least 50 per cent of areas in which the strategy applied. Full implementation was reported by 25 per cent of facilities, and a further 25 per cent reported implementation of 75 – 100 per cent of requirements. About 20 per cent of facilities indicated they had implemented less than half the requirements of the strategy (Figure 1).

Figure 1. Reported implementation of A Better Choice



The data was examined to determine any consistent differences in the level of implementation among facilities based on location, type or size.

Facility location

To explore the degree of implementation based on location, facilities from the various HSDs were grouped into three areas.

Metro: The Children’s, Gold Coast, Metro North, Metro South and Sunshine Coast – Wide Bay HSDs

Regional: Cairns and Hinterland, Darling Downs – West Moreton, Mackay and Townsville HSDs

Remote: Cape York, Central Queensland, Central West, Mt Isa and South West HSDs

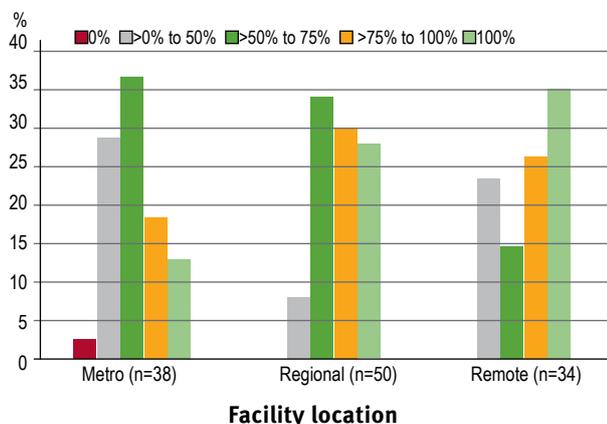
There was no significant difference in implementation based on facility location in metro, regional or remote areas, but some trends did appear in the data.

More facilities in the regional and remote areas reported full, or close to full implementation of the strategy than metro areas.

About one-quarter of metro and remote facilities reported having implemented less than half of the strategy.

Of note, there were no facilities in regional and remote areas that had not implemented the strategy, while a small number of facilities in metro areas had not implemented the strategy (Figure 2).

Figure 2. Reported implementation of A Better Choice by facility location



Facility type

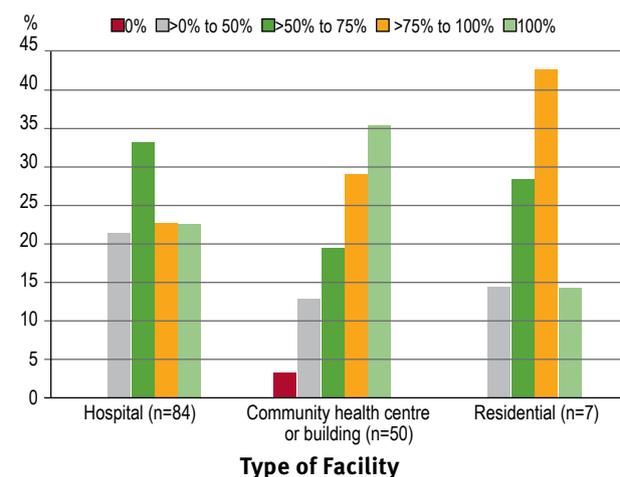
Facilities were categorised according to official Queensland Health information provided by the Health Statistics Centre.

Three groups were used to categorise the facilities: hospital, community health centre, and residential. The small number of office buildings was combined with community health centres, partly due to similar food service profiles.

There was only a small number of facilities in the residential category and comparison with other groupings was deemed invalid.

There was no significant difference in implementation based on facility type, but some trends between hospitals and community centres were apparent. More community health centres than hospitals had fully implemented, or were close to fully implementing A Better Choice. More hospitals compared with community health services had implemented less than 50 per cent of the strategy (Figure 3).

Figure 3. Reported implementation of A Better Choice by facility type



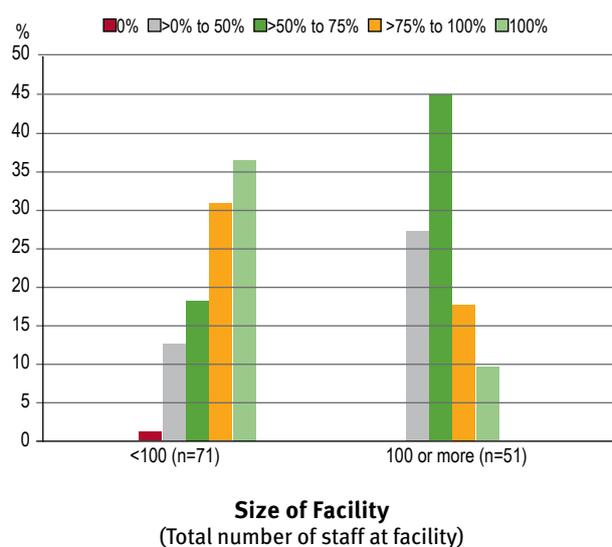
Facility size

Facility size was measured by asking managers to indicate the total number of staff who worked at each site. Facilities were categorised for analysis into small facilities (less than 100 staff members) and large facilities (100 or more staff).

Significantly more small facilities had fully implemented or were close to fully implementing the strategy compared to large facilities (Figure 4).

Significantly more large facilities reported lower levels of implementation than small facilities. More than a quarter (28 per cent) of large facilities had implemented less than half of the strategy and 45 per cent of large facilities had implemented between 50 per cent – 75 per cent of the strategy. Full implementation was reported by 37 per cent of small facilities, but only 10 per cent of large facilities.

Figure 4. Reported implementation of A Better Choice by facility size



Limiting RED category food and drinks

The A Better Choice strategy requires RED category food and drinks to be restricted to 20 per cent of the items on display in food outlets, staff dining rooms and tea/coffee trolleys. Products from the RED category are to be removed completely from vending machines, catering and fundraising.

Overall, most facilities reported that they had limited the availability of RED category food and drinks.

Food outlets

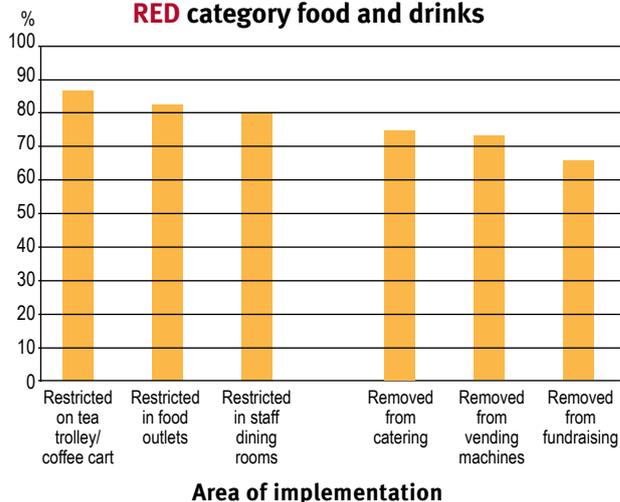
The term ‘food outlet’ described a range of services including cafés, kiosks and cafeterias.

The majority of facilities (82 per cent) reported that the supply of RED category food and drinks had been restricted to 20 per cent of items on display in all food outlets (Figure 5). A further 8 per cent of facilities indicated that this had occurred in only some food outlets. A small number of facilities reported that RED category food and drinks in food outlets had not been restricted at all (7 per cent) or were unsure if the supply had been restricted (2 per cent).

Staff dining rooms

The majority of facilities (79 per cent) reported that the supply of RED category food and drinks had been restricted to 20 per cent of the items on display in their staff dining room/s (Figure 5). A small number of facilities reported that RED category food and drinks had not been restricted at all in their staff dining room (7 per cent) or were unsure if the supply had been restricted (2 per cent).

Figure 5. Percentage of facilities that reported restriction to <20 per cent or removal of RED category food and drinks



Tea trolleys/coffee carts

The A Better Choice strategy applies only to tea trolleys and coffee carts that provide food and drink for staff and visitors. Those that supply patients were excluded from the evaluation.

The majority of facilities (87 per cent) reported that RED category food and drinks had been restricted

to 20 per cent of displayed items in tea trolleys and coffee carts (Figure 5). A further 7 per cent of facilities indicated restriction in only some tea trolleys and coffee carts. A small number of facilities (3 per cent) reported that **RED** category food and drinks had not been restricted at all, or were unsure if these items had been restricted (4 per cent)

Vending machines

Almost three-quarters (74 per cent) of facilities reported that **RED** category food and drinks had been completely removed from vending machines (Figure 5). A further 10 per cent indicated that these had been removed from some vending machines. In 12 per cent of facilities, **RED** category food and drinks had not been removed and a small number of facilities were unsure if these items had been removed.

Catering

Three-quarters of facilities reported that **RED** category food and drinks had been removed from all catering (Figure 5). Another 19 per cent indicated that these items had been removed from some of the catering. A small number of facilities reported that **RED** category food and drinks had not been removed from catering menus (3 per cent) or were unsure if these items had been removed (3 per cent).

Fundraising

Two-thirds (66 per cent) of facilities reported that no **RED** category food or drinks were being used in fundraising activities. A further 13 per cent indicated that some fundraising activities did not involve these items, while 12 per cent indicated that **RED** category food and drinks had not been removed from fundraising. An additional 9 per cent were unsure if **RED** products were being used as part of fundraising activities.

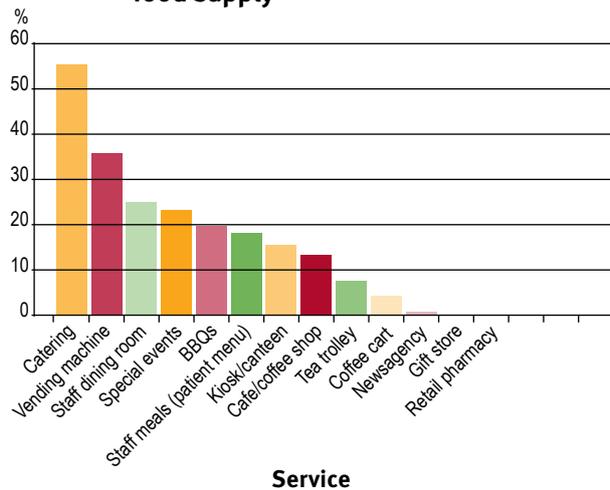
Increase in the availability of food and drinks in the **GREEN** category

Respondents were asked whether the availability of **GREEN** category food and drinks had improved since the introduction of A Better Choice. Just

more than half of all facilities (53 per cent) indicated an improvement in catering (Figure 6). Improvements in vending machines were reported by 34 per cent of facilities, 24 per cent indicated improvements in staff dining rooms, and 22 per cent reported improvements at special events.

No improvements were noted for gift stores and retail pharmacies, while one facility indicated an improvement in **GREEN** category food and drinks at the newsagency. However, only two facilities indicated the presence of a gift store, retail pharmacy or newsagency on site.

Figure 6. Increased availability of **GREEN category food and drinks across different areas of food supply**



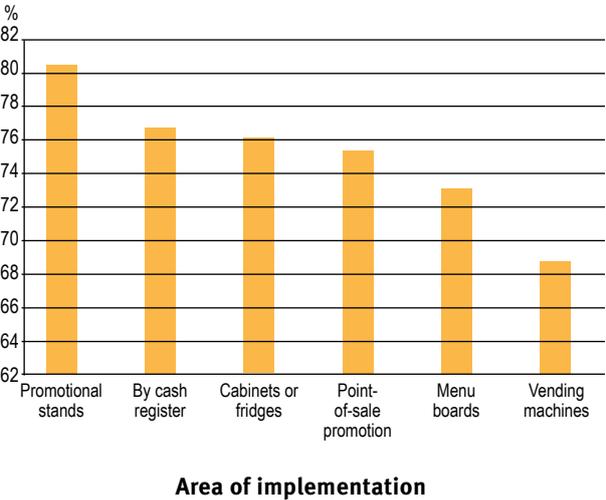
Promotion of food and drink in the **GREEN** category

Another requirement of A Better Choice is that only **GREEN** category food and drinks are advertised and promoted. Managers were asked to indicate which category of food and drinks (**GREEN**, **AMBER** or **RED**) were being promoted in six specific areas of their facility:

- eye level in vending machines
- eye level in cabinets or fridges in food outlets
- promotional stands, product displays or facings of fridges
- daily special meal deals
- beside cash registers
- menu boards or paper menus.

The promotion of only GREEN category food and drinks was reported by 69 per cent to 81 per cent of facilities (Figure 7). A further 5 per cent to 20 per cent indicated promotion of GREEN category items alongside those from AMBER and/or RED categories. A small number of facilities reported no promotion of GREEN category food and drinks, and continuing promotion of AMBER and/or RED category items.

Figure 7. Promotion of only GREEN category food and drinks



Increasing staff awareness

A variety of methods were reported to promote healthy food and drink choices. Emailing staff was used in 27 per cent of facilities, 24 per cent used special events and 16 per cent highlighted healthy food and drink choices on menus. Newsletters or articles were used in 14 per cent of facilities, while taste tests and promotions at points of sale were less used (10 per cent). Just more than a quarter (27 per cent) of facilities did not use specific activities to promote healthy food and drink choices to staff.

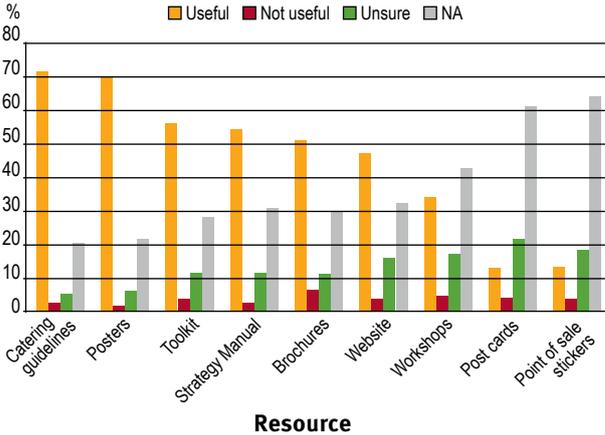
Usefulness of the A Better Choice resources

A range of hard-copy and web-based resources were developed to assist implementation of the strategy. Facilities were asked to rate the usefulness of these resources.

More than 70 per cent of facilities indicated that catering guidelines and posters were either

very useful or somewhat useful in assisting with strategy implementation. About half indicated that the strategy, toolkit, brochures and website were either very useful or somewhat useful. A third (34 per cent) of facilities found the introductory workshop useful, but an additional 61 per cent of managers reported the workshop was not relevant or were unaware of it. Very few facilities reported that the promotional materials (post cards and point-of-sale stickers) were useful (Figure 8). However 83 per cent of respondents indicated these materials were not applicable or were unsure of usefulness to their facility.

Figure 8. Reported usefulness of A Better Choice resources



Support personnel

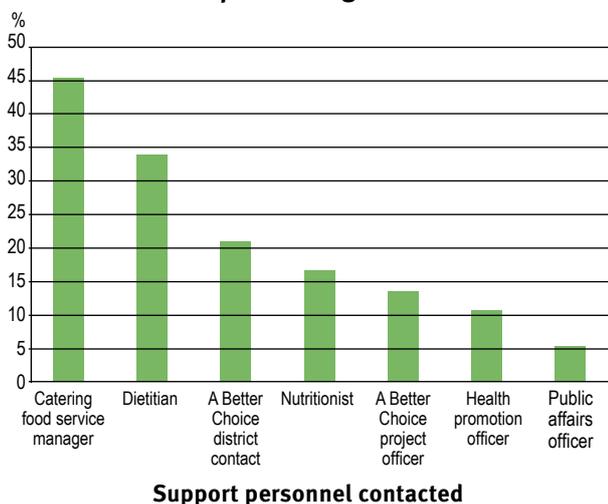
Personnel within each facility were identified as A Better Choice contacts. This was in addition to the designated statewide project officer and self-nominated district contacts. The role of each district contact was to support local sites during implementation by providing:

- guidance on accessing information
- guidance on resources and tools available
- details for useful contacts
- feedback on local issues.

The personnel most frequently contacted for support were the catering/food service managers (46 per cent) and dietitian/nutritionists (50 per cent). The A Better Choice district contact was only used by 21 per cent of facilities (Figure 9).

No significant differences emerged between metro, regional and remote areas regarding the type of support personnel accessed. Some areas contacted a range of people (up to six different contacts), others contacted only one person and some did not contact anyone for support. The number of support personnel contacted had no significant difference in the level of implementation.

Figure 9. Support personnel accessed to assist with implementing A Better Choice



Confidence and beliefs about A Better Choice

Managers were asked for their views on four specific statements about confidence and beliefs about implementing A Better Choice.

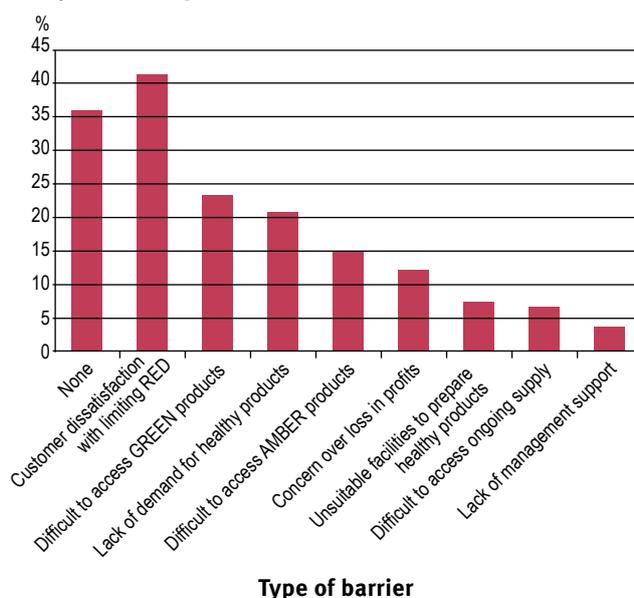
The majority of managers (93 per cent) were confident in their own ability to determine food categories, and about two-thirds were confident that their facility met the requirements of A Better Choice (69 per cent).

About two-thirds of managers (62 per cent) believed that resources were adequate to support implementation of the strategy. Just more than half (53 per cent) indicated that staff had input to the strategy implementation, while 26 per cent indicated that staff had no input. In addition, 22 per cent of managers were unsure if staff had input to the strategy.

Barriers to implementation

Information about the barriers encountered when implementing A Better Choice is summarised in Figure 10. No barriers were encountered by 36 per cent of facilities. For those facilities that did encounter barriers, the most frequently reported was perceived customer dissatisfaction with limiting RED category food and drinks (41 per cent). Difficulty accessing suitable GREEN category products was experienced by 23 per cent of facilities. Less commonly reported barriers were concern over loss of profit (12 per cent) and lack of management support (4 per cent).

Figure 10. Reported barriers encountered when implementing A Better Choice



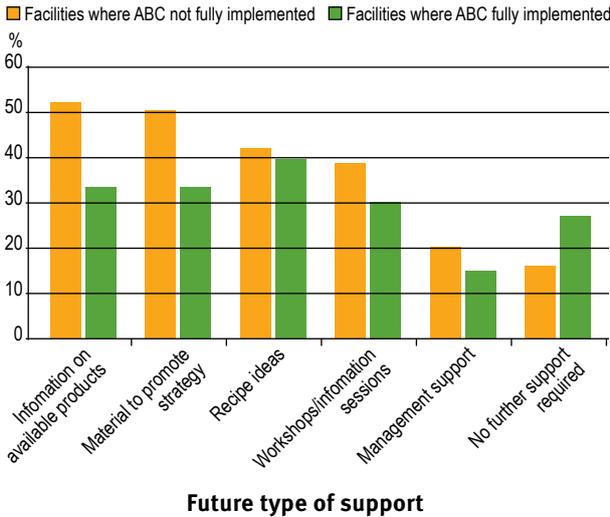
Ongoing support for implementation

Managers were asked to indicate the types of support that would assist ongoing implementation of A Better Choice. Less than half (43 per cent) indicated that no further support was required to support ongoing implementation of the strategy (Figure 11).

The most frequently requested supports were information about available products, materials to promote the strategy, and recipe ideas. About two-thirds of facilities were interested in workshops or information sessions. Only a third indicated that stronger management support was required for ongoing strategy implementation.

There were no significant differences in the type of supports requested between facilities that had fully implemented the strategy and facilities that had not.

Figure 11. Type of future support desired



Key informant interviews

Key informant interviews were conducted with designated district contacts in each HSD. District contacts were asked to provide views and insights about the progress of facilities in their local area and/or across their HSD in implementing A Better Choice.

In some circumstances more than one contact was interviewed in each HSD, especially in the larger HSDs. These contacts reported on the facilities in their local area, rather than across the entire HSD (Appendix E). From a possible total of 25 interviews, 24 were conducted. All contacts were catering/food service managers, dietitians or nutritionists.

Implementation of A Better Choice

Most district contacts indicated that facilities in their local area had partially implemented the strategy. Some reported facilities that had fully implemented the strategy and two reported facilities that had not made any changes.

Overall, district contacts indicated that the supply and promotion of RED category food had decreased, but the availability of these items had generally not been restricted to the extent required by the strategy.

Only some contacts reported an increase in the supply and promotion of GREEN category food. While many reported that RED category food had been removed, these were replaced by mainly AMBER options.

Extent of implementation across food service areas

Food outlets

District contacts reported that most food outlets run by Queensland Health food services had changed to comply with A Better Choice. Food outlets leased to a private provider or run by a volunteer group (for example, hospital auxiliary or hospital foundation) were generally slower to introduce changes. There were few examples where the strategy was embraced by a leased business or volunteer-run food outlet.

Vending machines

District contacts indicated that most facilities had made changes to drink vending machines and very few had made no improvements.

In contrast, all but one district contact reported difficulties in changing snack vending machines. While RED category foods were easy to remove, it was difficult to obtain a consistent supply of AMBER and GREEN category products. As a result, some facilities chose to remove snack vending machines and others continued to stock RED category foods. In addition, several regional and remote areas reported difficulty in obtaining suppliers willing to comply with A Better Choice.

Complete removal of RED category items from vending machines was reported as the issue that caused most contention among staff. This finding is consistent with the data presented from the facilities survey (Figure 10).

Advertising on vending machine facings was generally updated to promote GREEN category drinks in most metro areas. However, the changes were slower in regional and rural areas. Affected staff in rural and remote areas reported that vending machine suppliers indicated plans to change facings in the coming year.

Catering

District contacts reported that most catering listed on Queensland Health internal catering menus complied with A Better Choice. There were significant improvements to internal catering menus across all areas, but some menus still contained RED category food and drink items.

It was reported that external catering often did not comply with A Better Choice. District contacts felt that management and staff were unaware of the catering guidelines and/or chose to ignore the guidelines. Often staff ordered RED category items through external caterers when they were not available from internal sources. In addition, external catering was often falsely believed to be compliant with the strategy.

Fundraising

Most district contacts reported little change to fundraising activities conducted by Queensland Health or onsite. Traditional RED category food activities, including chocolate drives, sausage sizzles and cake stalls, were still common.

A range of contributing factors was suggested, including:

- Staff and managers unaware that the strategy applied to fundraising.
- Managers unwilling to enforce compliance with fundraising, as this was 'the battle' they had chosen not to fight while changes were being made to other food service areas.
- Fundraising usually run by volunteers (for example hospital foundation or auxiliary or staff social club); these groups appeared more threatened by A Better Choice and were more resistant to change.

There were some successful changes to staff barbecues with healthy food options being introduced. RED category food had not been removed entirely, but was provided in conjunction with healthy food options for example, water and diet soft drinks with regular soft drinks, and hamburgers or kebabs in addition to sausages.

Red food occasions

Questions were asked about the occurrence of 'RED occasions', where RED category products could be provided. District contacts reported that most facilities did not have a designated staff member to decide if an event could include RED category products. Decisions were usually made in an ad hoc way by a range of managers, and often defaulted to the food service or operational services manager.

A few facilities had clear leadership from management and catering for large events was used to demonstrate expected standards.

The majority of facilities hosted a 'RED occasion' once every three months. A few district contacts reported 'RED occasions' occurred on a monthly basis and a very small number of facilities, usually the larger hospitals, reported weekly 'RED occasions'.

Factors assisting implementation

District contacts were asked to nominate any factors that assisted facilities to implement the strategy. The most commonly reported factors were:

- support from local food service staff and nutritionists/dietitians
- access to strategy and catering documents (hard copy and online)
- access to promotional material (posters, stickers, postcards)
- commencement of menu changes before strategy introduction
- leadership and support from local management
- support from local district contact who was updated on all A Better Choice information

- policy mandated by Queensland Health
- communication strategies to increase staff awareness.

The following factors were also noted:

- support for change by facility staff members
- regular audits by dietitian/nutritionist
- HSD wide operational services position to oversee change in each facility
- development of local committee to oversee change
- advice on renewing leases
- introduction of new range of products to replace removed products
- availability of good food service management skills for menu planning and forecasting
- support from the statewide project officer
- existence of a comprehensive policy based on evidence
- provision of training workshops around the state
- changes to foods available made over time and in a planned way
- access to suitable alternative products.

Barriers to implementation

District contacts were asked to nominate any perceived barriers that prevented facilities from fully implementing the strategy; those most commonly identified were:

- lack of local management leadership and support
- lack of awareness of the strategy by staff and the general public
- absence of regular facility audits
- resistance of staff to change
- limited access to food after hours when vending machines were removed (often the only source of food for staff)
- difficulty in sourcing new products to provide healthy alternatives
- RED foods were purchased elsewhere (for example, local store, onsite newsagency)

- low priority for staff
- limited ability of local contact to support changes, as this was in addition to usual workload.

The following barriers were also noted:

- lack of corporate support to change leases
- lack of demand for healthy food
- difficulty meeting A Better Choice and food safety requirements concurrently
- differences in individual perceptions of healthy food
- difficulty for smaller facilities to change vending machine facings as providers less willing to travel to rural areas
- removal of RED food from vending machines limited access to high-energy foods for acute care patients; in some cases services received an exception from the strategy
- many changes made concurrently and should have been staggered
- strategy seen as a threat to volunteer services such as auxiliary and staff social clubs
- suppliers not willing to change products in vending machines
- information did not always reach the relevant people for example managers, food service staff
- staff and management did not acknowledge the mandatory nature of the strategy
- criteria and guidelines were complicated.

Additional support required for implementation

District contacts were asked to outline strategies that would assist local facilities to fully implement A Better Choice. Those most commonly suggested were:

- promote the strategy more widely to management, staff and the general public
- reinforce to management their role in ensuring strategy implementation. This needs to come from a higher authority

- keep local contact roles and regular teleconference to ensure these contacts have the latest information
- develop a product list of snacks suitable for snack vending machines
- develop a clear and simple information sheet for choosing external caterers
- showcase examples where facilities are doing well
- conduct regular audits of facilities and provide strategies for improvement
- develop mechanisms for food service managers to share learnings
- provide additional support for people on the ground
- develop specific information for volunteer groups for example, auxiliaries/hospital foundations
- maintain the statewide project officer role.

Other strategies mentioned were:

- work with food industry to develop new products
- develop information resources for key statewide events for example Australia's Biggest Morning Tea
- use evaluation results to promote the strategy
- develop sample menus
- develop staged compliance dates and focus on one area of food service at a time
- incorporate A Better Choice compliance into hospital accreditation
- develop lists of suppliers stocking products that comply with the strategy
- use food service students to conduct facility audits across the state and provide specific recommendations.

Discussion

Methodological limitations

Caution must be exercised when generalising the results of this study to all Queensland Health facilities. It is not known if non-responding facilities significantly differed in implementation of the strategy compared with those that responded. The response rate for the emailed survey was 48 per cent, which was much higher than response rates reported for other online surveys of health settings in Queensland.⁴

There may have been a bias in the reporting of large facilities compared with small facilities. Implementation of the strategy in large hospitals potentially benefited higher numbers of staff and community members. Consequently, these sites were specifically followed up to secure responses to the survey, and this resulted in a more representative sample of large facilities. The response rate was lower for small facilities and it is possible that facilities achieving full implementation were more likely to respond.

Managers may not have always been the best people to complete the facility survey. Often they were removed from front-line implementation of the strategy, especially in larger facilities. However, addressing the survey to the manager have may increased awareness of their accountability in ensuring implementation of A Better Choice.

The results of the survey and interviews were based on reported implementation, which is more subjective than results based on recorded observations. Self-reported methodology was selected as it was deemed reliable and fitted budgetary constraints. Multiple self-report data collection methods were used to decrease the risk of incorrect reporting. The evaluation of the Smart Choices Healthy Food and Drink Supply Strategy for Queensland Schools in May 2007 reported a high level of consistency between

the various methods of data collection, and concluded that self-report was a useful measure of implementation.⁵

Implementation of the strategy

The evaluation of A Better Choice indicated that most Queensland Health facilities had made changes to align with the strategy requirements. There were no significant differences in the degree of implementation across facility location or type. However, there was a trend for smaller facilities to be more likely to have fully implemented the strategy than larger sites.

This finding may be explained by the complexity of strategy implementation in larger facilities. Such sites had a higher number of food services and personnel involved in making changes, and faced greater communication demands to facilitate implementation. Smaller facilities tended to have only one or two areas requiring change and these were easier to address.

Catering

Catering was the most common food service type across small and large facilities and significant improvements were reported. This may have been facilitated by the A Better Choice Catering Guidelines for Meetings and Functions, which were reported as the most useful of the A Better Choice resources.

Most internal catering menus had been revised but the guidelines were often not followed when external catering was ordered. Some district contacts suggested the development of a brief catering guide to provide to external caterers. However, the responsibility for ensuring catering is A Better Choice compliant ultimately falls to local Queensland Health staff, and not external caterers.

4 Aitken C, Power R and Dwyer R. A very low response rate in an online survey of medical practitioners. *Australian and New Zealand Journal of Public Health*. 2003;32(1):288-289.

5 Dick M, Farquharson R, Bright M, Turner K and Lee AJ. Smart Choices Healthy Food and Drink Supply Strategy for Queensland Schools Evaluation Report. Brisbane: Queensland Health and Department of Education and Training; 2009.

Fundraising

Fundraising had the lowest level of implementation across facilities. A Better Choice requires that no RED category food and drinks are used for fundraising purposes. Compliance was reported by district contacts to be lower than the facilities survey findings.

Fundraising was also found to be a challenging area of compliance in school settings in Queensland⁵ and Western Australia.⁶ Related evaluation reports recommended effective fundraising alternatives.

Fundraising activities based on RED category foods and drinks are common because they are easy to organise and have the potential to generate high profits. District contacts reported that managers were unwilling to enforce compliance with fundraising, as this was ‘the battle’ they had chosen not to fight while changes were being made to other food service areas. In addition, fundraising was often run by volunteers who seemed more threatened by A Better Choice or offered more resistance to change.

Additional work is required to improve the capacity of staff and volunteers to successfully fundraise without relying on RED category food and drinks. Given the reported usefulness of the catering guidelines, the development of a specific fundraising guide may be warranted.

Vending machines

A high level of implementation of A Better Choice was reported in vending machines across Queensland Health facilities. District contacts reported that changes were substantially easier to make to drink vending machines compared with snack vending machines. There was a good range of GREEN and AMBER category drinks available, but a relatively limited range of suitable snack food products.

Some staff initially reported dissatisfaction with the removal of RED category food and drinks from vending machines, especially where they were the sole source of food or drinks available after hours. Removal of RED category food and drinks was incorporated into the strategy to ensure healthier choices are the easiest choices for staff and visitors to Queensland Health facilities, and to help motivate the food industry to develop and reformulate a larger range of healthy snack food and drink items suitable for vending.

Despite some difficulties in sourcing suitable snack items, the range of healthy vending options has increased markedly in the past 12 months and is expected to continue to increase. Industry partners have reported that such product reformulation has been driven by the development of food supply strategies within the school and health sector settings.

Leased premises

All leased premises that sell food and/or drinks to staff, visitors or the general public are eventually required to comply with A Better Choice. Compliance is required in all new leases, and leases renewed or renegotiated from 20 August 2007. A lease clause and A Better Choice checklist outlining requirements for the supply, promotion, advertising and placement of foods and/or drinks have been provided for insertion in lease documentation. In the interim period before lease renewal, current tenants were encouraged to apply the principles of A Better Choice.

Leased premises in Queensland Health tended to be in larger metropolitan and regional hospitals, including food outlets, newsagencies and retail pharmacies. Lease holders were usually a combination of private providers or volunteer groups (such as the hospital auxiliary or foundation). District contacts reported that leased services were slower and at times resistant to introducing required changes to the food and drink supply.

6 Pettiegrew S, Donovan RJ, Jalleh G, Pescud M and Cowie S. *Addressing Childhood Obesity Through School Canteens*. Perth: Prepared for the WA Department of Education and Training; 2009.

Factors influencing implementation

The strategy was more easily adopted in facilities that had previously commenced improvements to the food and drink supply in food outlets. Strong management leadership and support of the strategy assisted implementation. Conversely an absence in this area was the main barrier reported by facilities struggling to implement the strategy. In the facilities survey, lack of management support was not raised as a significant barrier, however mostly staff in management roles completed the survey.

The degree of communication with staff across each facility and HSD influenced implementation of the strategy and acceptance by staff. Some facilities developed communication strategies to raise awareness of the strategy and explain required changes. There was often little communication in areas with high staff resistance. The results indicated that improvement of communication strategies for A Better Choice is required.

In some areas where acute and subacute patients were able to access vending machines, the removal of RED food and drinks was reported as problematic. However, food requirements for therapeutic purposes should be provided to patients by inpatient catering services to ensure patients receive appropriate nutritional care. It should be emphasised that the A Better Choice strategy is targeted towards staff and visitors in Queensland Health facilities.

Use of resources and supports

In addition to the hard copy and web-based A Better Choice resources, a series of 16 introductory workshops were conducted throughout the state. A third of survey respondents indicated this was useful. However about two-thirds reported the workshop was not applicable or were unsure of its usefulness. A report of the workshop evaluation (Appendix F; evaluation questionnaire Attachment 4) showed that workshops were well received by attendees, with more than 90 per cent of participants indicating they had a better understanding of the strategy and felt able to implement it after the workshop.

Postcards and point-of-sale materials were developed in response to requests received during the workshops. However, about 80 per cent of managers were unsure of their usefulness or felt they were not applicable. The availability of these resources may need further promotion to staff.

The personnel most frequently accessed to assist with strategy implementation were catering/food service managers and dietitians/nutritionists. Public affairs officers were the least likely personnel to be accessed for support. However, HSDs that used the public affairs officer to communicate A Better Choice information to staff generally experienced fewer issues with implementation and reported less staff resistance.

District contacts reported that having the statewide project officer to provide advice and lead the development of project resources was very important. They also recommended maintaining this role into the future to assist local facilities to fully implement the strategy.

Conclusion

The findings of this evaluation indicate that significant improvements were achieved in the food supply in Queensland Health facilities in the first nine months of implementation of A Better Choice.

Implementation was high in food outlets, staff dining rooms, internal catering, tea trolleys, coffee carts and drink vending machines. Further work is required to achieve higher levels of implementation in snack vending machines, external catering, leased premises and fundraising activities.

The A Better Choice resources and support mechanisms were widely used by facilities and assisted in implementing the strategy.

The evaluation has demonstrated that broad environmental interventions to promote healthy eating across all areas of health facilities can be achieved.

Recommendations

The following recommendations are proposed to ensure that the A Better Choice strategy continues to be an effective initiative to improve the food and drink supply in Queensland Health:

	Lead agency
Implementation	
<ul style="list-style-type: none"> Continue to support implementation in food outlets, dining rooms, tea trolleys, coffee carts and internal catering menus. 	Food services ABC sub group
<ul style="list-style-type: none"> Enhance implementation in fundraising, external catering, snack vending machines and leased premises. 	HPB
<ul style="list-style-type: none"> Work with industry to reformulate and/or develop new products in the GREEN and AMBER categories. 	HPB
<ul style="list-style-type: none"> Consider audits of facilities in future evaluation of strategy implementation. 	HPB
<ul style="list-style-type: none"> Revise fundraising and sponsorship policies to align with the strategy. 	HPB to liaise with Public Affairs
Communication	
<ul style="list-style-type: none"> Promote requirement for external catering to comply with the strategy to all Queensland Health staff including managers and administration officers. 	Food services ABC sub group
<ul style="list-style-type: none"> Continue to employ multiple communication mechanisms to ensure strategy and resource materials reach target audience and support personnel. 	HPB Food services ABC sub group
<ul style="list-style-type: none"> Engage public affairs officers to promote implementation of the strategy to staff and visitors. 	HPB
Resources	
<ul style="list-style-type: none"> Develop a brief guide for external caterers explaining requirements of the strategy. 	Food services ABC sub group
<ul style="list-style-type: none"> Develop a list of suitable vending machine snack products. 	HPB
<ul style="list-style-type: none"> Develop a fundraising guide for Queensland Health facilities, including suitable fundraising suggestions. 	HPB
<ul style="list-style-type: none"> Continue to produce hard copies of the strategy, catering guidelines, toolkit, promotional and point-of-sale materials and to make these available through the publications unit. 	HPB
<ul style="list-style-type: none"> Continue to update the website with the latest information. 	HPB
Local actions	
<ul style="list-style-type: none"> Facilities to partner with local caterers to develop a 'pre-approved' A Better Choice menu. 	All QH facilities
<ul style="list-style-type: none"> Facility managers to maintain a record of leases and renewal due dates to ensure all leases are updated to align with the strategy. 	All QH facilities
<ul style="list-style-type: none"> Facility managers to monitor the occurrence of 'RED occasions'. 	All QH facilities

Appendices

Appendix A – Project governance groups

A Better Choice Steering Group

Dr Jeannette Young, Chief Health Officer, (Chair)

Natalie Obersky, Senior Public Health Nutritionist (Project Officer), Royal Brisbane and Women's Hospital HSD and Health Promotion Unit (Secretariat)

Don Bambry, Manager Food and Retail Services, Royal Brisbane and Women's Hospital HSD

David Brown, Manager Support Services, Fraser Coast HSD

Susan Croaker, Community Nutritionist, Sunshine Coast and Cooloola HSD

Margie Dale, Branch Secretary, Australian Services Union North Queensland Clerical and Administrative Branch

Alan Fletcher, Acting Executive Director, Royal Children's Hospital HSD

Tenille Fort, Director, Food Safety Policy and Regulation

Jason Gaudry, Principal Advisor Property PDU, Capital Works and Asset Management Branch

James Gilbert, OHS Officer, Queensland Nurses Union

Jackie Hawkins, Executive Director, Gold Coast HSD

Hilary Hebblewhite, Manager Executive Administration Services, Southside HSD

Mia Hemingbrough, Manager and Professional Leader (Nutrition and Dietetic Services), Rockhampton HSD

Julie Hulcombe, Acting Project Manager, Allied Health

Chris Keech, Director, Business Performance and Improvement

Kieran Keyes, Executive Director, Royal Brisbane and Women's Hospital HSD

Judy Kirkwood/Helen Vidgen, Director Public Health Nutrition, Southern Area Health Service

Peter Laing, Director PLBIU, Health Services Purchasing and Logistics

Dr Amanda Lee, Manager Nutrition and Physical Activity, Health Promotion Unit (Chair Technical Reference Group)

Lyndell Leith, Workforce Unit Manager, Central Area Health Service

Troy Litzow, Acting Hotel Services Manager, Toowoomba and Darling Downs HSD

Christine Lowrie, Australian Services Union Branch Councillor, Bundaberg Hospital, Wide Bay HSD

Adam Nicholson, Public Affairs Advisory, Division of the Chief Health Officer

Tracy Pertovt, Manager Operational Services, Mt Isa HSD

Garry Tweedie, Executive Director, Northside HSD

Dr Michael Williams, Director of Paediatrics, Mackay Base Hospital Mackay HSD

Corresponding members:

Margarita Cerrato, Australian Services Union, Central and Southern Queensland Clerical and Administration Branch

Peter Eldon, Delegate, Australian Workers Union

Pamela Lane, District Manager, West Moreton and South Burnett HSD

Harry Manolopoulos, Director of Nutrition and Operational Services, Princess Alexandra Hospital HSD

Chris O'Brien, Director Corporate Services, Cape York HSD

Kate Van Polegeest, Australian Medical Association Queensland

A Better Choice Technical Reference Group

Dr Amanda Lee, Health Promotion Branch, Queensland Health (Chair)
Natalie Obersky/ Rachael Farquharson, Health Promotion Branch, Queensland Health (Secretariat)
Don Bambry/ Juerg Suter, Food and Retail Services, Royal Brisbane and Women's Hospital
Denise Cruickshank, Statewide Food Services Policy and Planning, Policy, Planning and Resourcing
Laurel Evans, Food Services, Gold Coast Hospital
Liz Wisely, Nutrition and Dietetics, Gold Coast HSD
Fiona Hjortshoj, Bailey Henderson Hospital
Wayne Taylor, Volunteer Services, Redcliffe Hospital
Troy Litzow, Hotel Services, Toowoomba Hospital
Kym Blechynden, Tropical Population Health Network, Queensland Health
Stephen Hogan, Community Nutrition, South West HSD
Elizabeth Marshall, Community Nutrition, Northside HSD
David Deeb, P&N Beverages
Mia Sadler, the Food Group Australia
Sue Aspinall/Deanne Wooden, Heart Foundation
Abbey Harding/Kellie Hogan, Nutrition Australia
Dr Lesley Maclean, Australian Dental Association Queensland
Nicky Peberdy, Diabetes Australia Queensland
Ann Usher, Institute for Hospitality in Health Care
Linda Bertram, Oral Health Unit, Queensland Health
Justin Collins, Quality Measurement and Strategy Unit, Royal Brisbane and Women's Hospital

A Better Choice Industry Advisory Group

Angela Berrill, Nutrition Research Manager, Fonterra Brands Ltd
Carl Crowley, National Sales Manager, Coca-Cola Australia and Coca-Cola Amatil Ltd
David Deeb, Regional Manager, P&N Beverages (representative no.2 on the A Better Choice Technical Reference Group)
Chris Fitzgerald, State Manager Immediate Consumption, Coca-Cola Amatil Queensland
Toni Fox, Nutrition Manager, the Smith's Snackfood Company
Trish Hyde, General Manager, Confectionery Manufacturers of Australasia
Trish Guy, Acting Sanitarium Nutrition Service Manager, Sanitarium
Victoria Landells, Regulatory Strategists, Fonterra Brands Ltd
Dr Amanda Lee, Manager, Nutrition and Physical Activity, Health Promotion Unit
John Pollard, Account Manager Foodservice Queensland, Bulla Dairy Foods
Julie Proctor, National Marketing Manager, Sunny Queen Fresh
Jill Robinson, State Manager, Dairy Farmers (Queensland)
Mia Sadler, Managing Director, the Food Group (representative no.1 on the A Better Choice Technical Reference Group)
Gavin Turvey, State Sales Manager Queensland, DON – Is Don Is Good (Division of George Weston Foods)
Nina Velasquez, Technical Manager of Innovation, Dairy Farmers (NSW)
James Visser, Chief Executive Officer, Restaurant and Catering Queensland
Chris Walker, Marketing Communications and Media Consultant, Growcom

Corresponding members:

Shaun King, Dairy Farmers (Queensland)

Appendix B – Queensland Health Facility Survey

Introduction

Queensland Health is currently undertaking an evaluation of the implementation of the A Better Choice strategy.

The A Better Choice Healthy Food and Drink Supply Strategy for Queensland Health Facilities (A Better Choice) aims to make healthier choices easier choices by increasing the availability of healthier foods and drinks to Queensland Health staff, visitors and the general public.

All Queensland Health facilities are currently completing this survey to give an indication of the implementation of the A Better Choice strategy in Queensland Health facilities across the state. Your response would be appreciated.

The guiding principles of this strategy aim to improve the availability and promotion of healthier choices and limit the supply and promotion of less healthy options.

The strategy categorises foods and drinks into three broad categories:

GREEN 'have plenty'	Encourage and promote these foods and drinks, for example, bread, cereals, fruit, vegetables, low fat milk.
AMBER 'select carefully'	Do not let these foods and drinks dominate the choices for example processed meats, muffins, savoury breads.
RED 'occasionally'	These food and drinks are to be supplied on no more than two occasions per term for example, soft drinks, confectionary, deep fried foods.

The A Better Choice strategy applies to all situations where food and drink is supplied to staff, visitors and the general public. It does not apply to food supplied to patients.

For more information on the A Better Choice strategy, please visit qheps.health.qld.gov.au/abetterchoice/.

Supply of food and drinks

The following questions ask about supply of food and drinks at your facility.

1. At your facility where are foods and drinks supplied to staff or visitors? Please tick all relevant locations

- | | |
|---|--|
| <input type="checkbox"/> cafe or coffee shop | <input type="checkbox"/> staff dining room |
| <input type="checkbox"/> kiosk or canteen | <input type="checkbox"/> newsagency |
| <input type="checkbox"/> gift store | <input type="checkbox"/> retail pharmacy |
| <input type="checkbox"/> vending machines | <input type="checkbox"/> tea trolley |
| <input type="checkbox"/> coffee cart | <input type="checkbox"/> catering for meetings or functions |
| <input type="checkbox"/> cake stalls | <input type="checkbox"/> staff fundraising (wards or receptio areas) |
| <input type="checkbox"/> raffles | <input type="checkbox"/> staff meals from in-patient menu |
| <input type="checkbox"/> barbecues | |
| <input type="checkbox"/> special events (awards ceremony, program launches) | |
| <input type="checkbox"/> Other | |
-

2. Have **RED** foods and drinks been limited to a maximum of 20 per cent of choices displayed in the following areas? Please tick one box in each line.

	Yes, in all parts of facility	Yes, in some parts of facility	No	Unsure	Not applicable
Food outlets (includes cafe, coffee shop, kiosk or canteen)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea trolley or coffee carts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff dining room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Have **RED** foods and drinks been removed from the following areas? Please tick one box in each line.

	Yes, in all parts of facility	Yes, in some parts of facility	No	Unsure	Not applicable
Vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
meeting and function-catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Did you encounter any difficulties in making changes to food and drink supply in your facility? Please tick as many responses as required.

- customer dissatisfaction with limiting **RED** products
 - difficulty accessing suitable **GREEN** products
 - difficulty accessing suitable **AMBER** products
 - difficulty accessing an ongoing supply of fresh fruit and vegetables
 - lack of demand for healthy foods
 - unsuitable facilities and equipment to prepare healthy food
 - lack of management support
 - concerns over loss of profits
 - other (please specify):
-

The following questions ask about the promotion and advertising of food and drinks at your facility.

5. For the following questions tick the option that best describes the types of foods and drinks that are advertised and promoted. Please tick as many boxes as required.

	Green	Amber	Red	Unsure	Not applicable
Which foods are placed at eye level in vending machines?	<input type="checkbox"/>				
Which foods are placed at eye level in cabinets or fridges in food outlets?	<input type="checkbox"/>				
Which foods appear on promotional stands, product displays or facings of fridges in food outlets?	<input type="checkbox"/>				
What types of foods are used in point-of-sale promotion two-for-one, daily specials or meal deals?	<input type="checkbox"/>				
What types of foods are placed beside cash registers in food outlets?	<input type="checkbox"/>				
What foods are illustrated on menu boards or on paper menus?	<input type="checkbox"/>				

6. What activities have been used to promote healthier choices in your facility? Please tick as many boxes as relevant to your facility.

- arranged a special event, for example, barbecue offering GREEN/AMBER options
 - offered taste-tests of new healthy menu items
 - organised an article in local newsletter to promote new menu or healthier choices
 - healthier choices are highlighted on menus or menu boards
 - healthier choices are promoted at point-of-sale (stickers are used on GREEN menu items)
 - arranged an email to staff promoting healthier choices
 - other (please specify):
-
-

7. Since the introduction of A Better Choice has the availability of GREEN foods and drinks improved in the following areas? Please tick as many boxes as relevant to your facility.

- cafe or coffee shop
 - kiosk or canteen
 - gift store
 - vending machines
 - coffee cart
 - barbecues
 - special events (awards ceremony, program launches)
 - other (please specify):
 - staff dining room
 - newsagency
 - retail pharmacy
 - tea trolley
 - catering for meetings or functions
-

Resources and supports

The following questions ask about your facility's use of the A Better Choice resources and supports available to assist implementation.

8. Please indicate which of the following A Better Choice tools were used to assist implementation the strategy in your facility?

Resource	Used	Not used	Unsure	Not applicable
strategy manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
toolkit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
catering guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
point-of-sale stickers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
postcards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate which of the following support personnel were contacted to assist in implementation of the strategy. Please tick as many boxes as relevant.

- A Better Choice project officer
- local A Better Choice district contact
- catering or food service manager
- dietitian
- nutritionist
- public affairs officer
- health promotion officer
- other

10. Do you agree or disagree with the following statements? Please tick one response for each statement.

Question	Agree	Unsure	Disagree
The resources and supports available were adequate to implement the strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident I can determine if food or drinks fit into the RED, AMBER and GREEN category	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident the facility meets the requirements for A Better Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that I can continue to implement the strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff in our facility had opportunity to have input and provide feedback on the implementation of the A Better Choice strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please indicate which supports would assist ongoing implementation of the strategy in your facility? Please tick one or more boxes.

- workshops or information sessions
- support from management
- materials to promote the strategy
- information on what products are available
- recipe ideas
- none required
- other (please specify):

Facility details

The following questions collect information on your facility. This information is required for analysis. Please note responses from individual facilities will not be identified in the results but will be aggregated with other facilities in your Health Service District.

12. Please tick the box that best describes your facility:

- hospital
 - community health service
 - multi-purpose centre
 - residential facility
 - other:
-

13. Please tick the box that best describes your facility:

- facility name:
- street address:
- suburb/town
- postcode:

14. Please outline the number of staff who work at your facility:

Thank you for completing this survey!

A report outlining the findings of the evaluation is expected to be available by October 2009.

Appendix D – Key informant interview questions

Key informant interview

This interview will take a maximum of 30 minutes. You will be asked questions about your views on the implementation of A Better Choice in your health service district. It will be helpful to have a copy of the A Better Choice strategy with you for the interview.

Implementation of A Better Choice

The intent of the strategy was to limit the availability of **RED** foods and drinks and improve the availability and promotion of **GREEN** foods and drink.

The strategy applies to a number of areas of where food and drink is available to staff and visitors to Queensland Health facilities, including food outlets (cafe, coffee shop, kiosk, canteens), tea trolley or coffee carts, Staff dining rooms, meeting catering, fundraising, vending machine.

For certain one-off special events, one or more **RED** items can be provided by facilities. These events are considered **RED** occasions, where healthier food and/or drink options are still encouraged. **RED** food occasions include things such as barbecues, charity day or fete, staff Christmas lunch, facility or service birthday.

- How well do you think the strategy has been implemented by facilities in your HSD?

Prompts: Has the availability of **RED** foods been limited?

Has the availability and promotion of **GREEN** foods and drinks improved?

Is there variability in implementation across facilities?

Is there variability in implementation across these various areas where food and drinks are made available?

- Please tell me about how **RED** Food occasions are being used in your HSD?

Prompts: What type of **RED** occasions are occurring?

How frequent are they?

Who makes the decision about where an event can serve **RED** foods and can be considered a **RED** occasion?

Barriers and Enablers

- What do you think were the factors that facilitated the implementation of the A Better Choice strategy in your HSD?
- In your experience what were the main barriers to implementation of the strategy across the facilities in your HSD?
- What further work do you think is required in your HSD to fully implement A Better Choice in facilities?

Appendix E – A Better Choice district contacts

health service district	position
Cairns and Hinterland	production supervisor community nutritionist
Cape York	community nutritionist
Torres Strait Northern Peninsula	community dietitian
Townsville	public health nutritionist
Mt Isa	dietitian-nutritionist
Mackay	community nutritionist
Central Queensland	district director and professional leader (nutrition & dietetics)
Central West	allied health team leader
Sunshine Coast Wide Bay	community nutritionist community nutritionist manager operational support services
Metro North	community nutritionist dietitian-nutritionist retail food service coordinator dietitian-nutritionist
Queensland Children Health Service	dietitian-nutritionist
Metro South	coordinator café and functions
Gold Coast	a/food service dietitian community nutritionist
Darling Downs West Moreton	director nutrition and dietetics coordinator food services a/catering services manager dietitian-nutritionist
South West	community nutritionist

Appendix F – Outcome report A Better Choice implementation workshops

Introduction

A series of 16 workshops were organised to assist food outlets introduce the A Better Choice Healthy Food and Drink Supply Strategy for Queensland Health Facilities (A Better Choice).

This strategy was released by the Minister for Health on 20 August 2007 to improve the quality of foods and drinks supplied to staff and visitors from Queensland Health hospitals and facilities. Queensland is the first state in Australia to undertake a statewide approach to improve food supply within public health settings. From 1 September 2008, A Better Choice will be mandatory across the state.

Objectives

To provide an overview of the strategy including scope, food categories, nutrient criteria and tools available to increase participant's understanding and ability to implement A Better Choice.

To outline the Catering Guidelines and provide an overview of healthy eating principles to enable participants to order and/or supply appropriate healthy alternatives at meetings or functions.

To increase participant's confidence to implement the strategy by outlining the steps involved to assess foods and drinks supplied by a food outlet including:

- classifying menu items
- assessing the proportion of foods displayed
- developing alternative menu items; and
- developing an action plan.

To provide an opportunity for participants to develop local action plans to implement the strategy.

Target audience

The workshops aimed to assist all interested staff, food service personnel, volunteers and business owners who manage areas or activities supplying foods to implement this initiative. For example, individuals involved with cafes, kiosks, staff canteens, vending machines, fundraising activities, catering menus and privately run businesses that sell food items, such as a newsagency, gift shop or retail pharmacy within a Queensland Health facility.

Method

The A Better Choice Implementation steering committee (ISC) determined a total of 15 sites comprised of metropolitan and regional centres would be required. Refer to Attachment 1 for the proposed sites. An \$8,000 budget was allocated to produce workshop materials and deliver these sessions.

The workshop content was developed using the above objectives and focused on incorporating practical examples illustrating how to apply the strategy. The workshop was divided into three main sessions. A copy of the full program is included at Attachment 3.

The first session provided a general overview of the strategy requirements, scope, criteria and associated tools. The following concurrent sessions were tailored to provide practical activities illustrating how to use the catering guidelines and how to apply the strategy to a food outlet.

The final session gave participants an opportunity to commence an action plan to introduce the strategy under the guidance of facilitators. Participants were required to bring copies of relevant menus, product information and placement (for example, a diagram that illustrates the type of foods and/or drinks available in vending machines or a local kiosk) to facilitate this process.

A workbook with slides and activities for each session was given to all participants. Hard copies of the strategy, catering guidelines and the Queensland Association of School Tuckshops 2007 Trade Service Directory were also made available.

The workshops were promoted through a number of methods including:

- a broadcast email to all Queensland Health staff;
- articles in *Health Manager* and *Health Matters* (March editions);
- flyer and program distribution through established networks such as district contacts, staff development units and the statewide food services communication network; and
- features on the A Better Choice QHEPS website.

Evaluation

Fifteen workshops were conducted from 26 February to 7 April 2008 (refer to Attachment 2 for list of facilities). The Bundaberg workshop was cancelled due to insufficient registrations and an additional workshop was conducted at Esk due to staff demand in the West Moreton and South Burnett Health Service District.

Initially the Catering Guidelines were run as a concurrent session with the case study. This arrangement was based on the assumption that for the majority of facilities, catering was usually provided by in-patient food services and that food outlets such as cafes were run by external groups. Participants indicated they wished to attend both sessions and due to this trend the program was changed to allow participants to attend all sessions.

A total of 257 participants from 83 health facilities (including the Mater Hospital) attended the workshops including catering managers, cooks, volunteers, food personnel, nutritionist/dietitians, health promotion officers, foundation coordinators and business owners. Two-hundred and six participants completed the evaluation questionnaire resulting with a response rate of 80 per cent. A summary of these results are presented in Table 1 and a copy of the questionnaire is included in Attachment 4.

Ninety-nine per cent of participants indicated they had a better understanding of the strategy, the workshop met their expectations and the workbook and activities were useful. Ninety-seven per cent indicated the content presented was easy to understand. Ninety-three per cent of participants indicated they could implement the strategy after attending the workshops.

Participants were asked to indicate aspects of the sessions that they enjoyed which included:

- Interactive nature
- Clear and easy to understand
- Opportunity to ask questions
- Content and activities improved understanding of the strategy.

Improvements suggested included:

- Follow-up workshops with examples of what facilities have tried
- More examples illustrating how to promote healthier options
- Examples of suitable GREEN and AMBER products
- More training regarding nutrition and food
- Regular District updates.

Table 1. Results summary

Items	Strongly agree (%)	Agree (%)	Not sure (%)	Disagree (%)	Strongly disagree (%)	No response
The session was presented well	67	33	0	0	0	0
The session content was easy to understand	64	33	2	0	0	1
I have a better understanding of the strategy	64	34	1	0	0	1
I am confident that I could implement the strategy after attending the session	44	50	4	0	0	2
The session met my expectations	53	44	1	0	0	2
The workshop booklet, activities and templates were useful	63	36	0	0	0	1

Conclusion

The questionnaire results indicated the workshops were an effective medium for supporting and training to the target audience to implement A Better Choice. These sessions provided an avenue for participants to clarify the strategy's scope in relation to how it applied to individual situations and identify local issues. This valuable feedback resulted with a review of the strategy's scope in relation to the inconsistencies reported around catering and fundraising activities.

The workshop content and activities assisted the development of a toolkit to provide more practical suggestions to assist the strategy's implementation. A number of participants were approached after the workshops to develop case studies to include in this resource. These case studies provided working examples of how a variety of facilities were implementing the strategy.

Limitations were identified in the promotion methods. Although key Queensland Health management positions were requested to distribute the workshop flyer to specific groups this method relied on the individuals' capacity. If time permitted, flyers would have been sent directly to privately-run businesses, Hospital Foundations and Auxiliaries. The workshop information on QHEPS would have also been made available on-line.

A number of participants did not bring menus or information about their local food outlets. These participants indicated they had either forgotten or were waiting to attend the workshop before initiating any changes.

Some strategy resources that would have assisted the workshops were under development from March to June including the toolkit, promotional point of sale materials and a reference list outlining suitable **GREEN** and **AMBER** foods. The Queensland Association of School Tuckshops 2007 Trade Service Directory provided an avenue to enable participants to contact manufacturers that have developed healthier products.

Key differences between A Better Choice and Smart Choices Healthy Food and Drink Supply Strategy for Queensland Schools were emphasised to all participants. Facilitators stressed the registration list for *Smart Choices* should not be used to assess food products based on the differences to certain nutrient criteria.

A number of food service personnel indicated the workshops provided an additional opportunity to up-skill their knowledge about healthy eating and nutrition. This group indicated their interest to attend further training regarding these topics as well as follow-up workshops in relation to the A Better Choice strategy.

Since the conclusion of the workshops a communiqué has been established to provide regular updates regarding A Better Choice including key decisions and new developments. Hardcopies of the toolkit and point of sale materials have been distributed to all Queensland Health facilities.

The QHEPS and on-line Queensland Health websites have also been updated to contain similar information to ensure equitable access to the strategy materials. Electronic copies of the A Better Choice strategy, Tool Kit, Catering Guidelines, new fact sheets, frequently asked questions and communication tools can be printed and downloaded from these sites.

Acknowledgments

Queensland Health wishes to thank and acknowledge those individuals that assisted in the coordination and delivery of these workshops.

The following resources were used in the development of the workshop content and activities including:

Australian Guide to Healthy Eating, Commonwealth Department of Health and Ageing, 1998.

Creating a Healthier Queensland – Nutrition Physical Activity and Chronic Disease Update, Queensland Government, 2002.

Dietary Guidelines for Australian Adults, National Health and Medical Research Council, 2003.

Fresh Tastes @School – NSW Healthy School Canteen Strategy, NSW Department of Health and NSW Department of Education and Training, 2004.

Fresh Tastes Tool Kit, NSW Department of Health and NSW Department of Education and Training, 2005.

Smart Choices Healthy Food and Drink Supply Strategy for Queensland Schools, Queensland Department of Education, Training and the Arts and Queensland Health, 2005.

Smart Choices Tool Kit, Queensland Department of Education, Training and the Arts and Queensland Health, 2006.



Attachment 1 – Proposed workshop sites

Tuesday 26 February – North Ward Health Campus, 35 Gregory St, Townsville

Wednesday 27 February – Training & Development Unit, Mt Isa Hospital

Thursday 28 February – Work Force Directorate, Block A Cairns Base Hospital

Monday 3 March – Freshney House, Toowoomba Hospital

Tuesday 4 March – Conference Room, Roma Hospital

Monday 10 March – Education Centre, Gold Coast Hospital Southport

Wednesday 12 March – Block 7 Level 7, Royal Brisbane & Women’s Hospital

Friday 14 March – Education Services, Logan Hospital

Monday 17 March – Glasson House, District Office, 139 Eagle St, Longreach

Wednesday 19 March – Block 1 Level 4, Princess Alexander Hospital

Thursday 27 March – Community & Population Health Centre, (Bolsver St) Rockhampton

Friday 28 March – Seminar Room 2, Auditorium, Block 6 Nambour Hospital

Monday 31 March – Staff Development Unit, Mackay Hospital

Thursday 3 April – Level 1 Training Classroom, Maryborough Hospital

Friday 4 April – Education Centre, Bundaberg Hospital



Attachment 2 – Final sites

Tuesday 26 February – North Ward Health Campus, 35 Gregory St, Townsville

Wednesday 27 February – Training & Development Unit, Mt Isa Hospital

Thursday 28 February – Work Force Directorate, Block A Cairns Base Hospital

Monday 3 March – Freshney House, Toowoomba Hospital

Tuesday 4 March – Conference Room, Roma Hospital

Monday 10 March – Education Centre, Gold Coast Hospital Southport

Wednesday 12 March – Block 7 Level 7, Royal Brisbane & Women’s Hospital

Friday 14 March – Education Services, Logan Hospital

Monday 17 March – Glasson House, District Office, 139 Eagle St, Longreach

Wednesday 19 March – Block 1 Level 4, Princess Alexander Hospital

Thursday 27 March – Community & Population Health Centre, (Bolsver St) Rockhampton

Friday 28 March – Seminar Room 2, Auditorium, Block 6 Nambour Hospital

Monday 31 March – Staff Development Unit, Mackay Hospital

Thursday 3 April – Level 1 Training Classroom, Maryborough Hospital

Monday 7 April – Conference Room, Esk Hospital



Attachment 3 – Workshop program

Implementation Workshop Program

	Topic	Activities
10.00 am	Registration <i>Facilitator : Natalie Obersky and Denise Cruickshank</i>	
10.15 am	Welcome	Overview
10.30 am	Session 1 Strategy scope, categories and criteria	This session will include an overview of the strategy and associated catering guidelines including strategy categories, criteria and tools available to assist implementation.
	Statewide Foodservice Program Update	An update will be given by Denise Cruickshank about the current and future plans for the Statewide Foodservice Policy and Planning Program.
12.00 pm	Lunch	
12.45 pm	Session 2 Applying the catering guidelines	This session will provide an overview healthy eating principles. Participants will be shown practical examples that apply catering guidelines to order appropriate options from both internal Qld Health facilities and external catering businesses.
2.15 pm	Afternoon tea	
2.45 pm	Session 3 Implementing the strategy	This case study will involve working through various stages to assess foods and drinks supplied by an food outlet including: <ul style="list-style-type: none"> • classifying menu items • assessing the proportion displayed • developing alternatives • developing an action plan.
3.30 pm	Getting started* NB* = Participants will be required to bring relevant information to complete this session	Getting started provides an opportunity for participants to commence their action plans to implement the strategy. This session will involve self-assessment of local situation working through the relevant steps to assess foods and drinks supplied. Facilitators will be available to guide this process.
4.15 pm	Finish	





Attachment 4 – Evaluation questionnaire

Workshop Evaluation Form

Work area: _____

Position: _____

Please indicate which session(s) you attended:

- Session 1
 Session 2 – Case Study
 Session 3 – Getting started
 Session 2 – Catering guidelines

Q1. For the following items please tick the most appropriate response.

Items	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Not applicable
The session was presented well						
The session content was easy to understand						
I have a better understanding of the strategy						
I am confident that I could implement the strategy after attending the session						
The session met my expectations						
The workshop booklet, activities and templates were useful						

Q2. Please indicate how you would rate the overall session:



Q3. What aspects of the session did you enjoy?

Q4. What improvements could you suggest?

Thank you for your time and participation