Health and Wellbeing Strategic Framework 2017 to 2026

Performance Report 2016–17

February 2018

Queensland Government

About this report

This report is the first assessment of progress of the *Health and Wellbeing Strategic Framework 2017–202*6, based on the Performance Measurement Strategy. It describes current status and progress against key indicators for health and wellbeing interventions, and identifies drivers of and barriers to implementation over the period July 2016–June 2017.

This report was prepared by Preventive Health Branch (Noore Alam, Margaret Bright, and Dru Armstrong). Staff within the Health and Wellbeing function of the Branch contributed critical information to measures of status and progress for the interventions, as well as the monitoring of outcomes.

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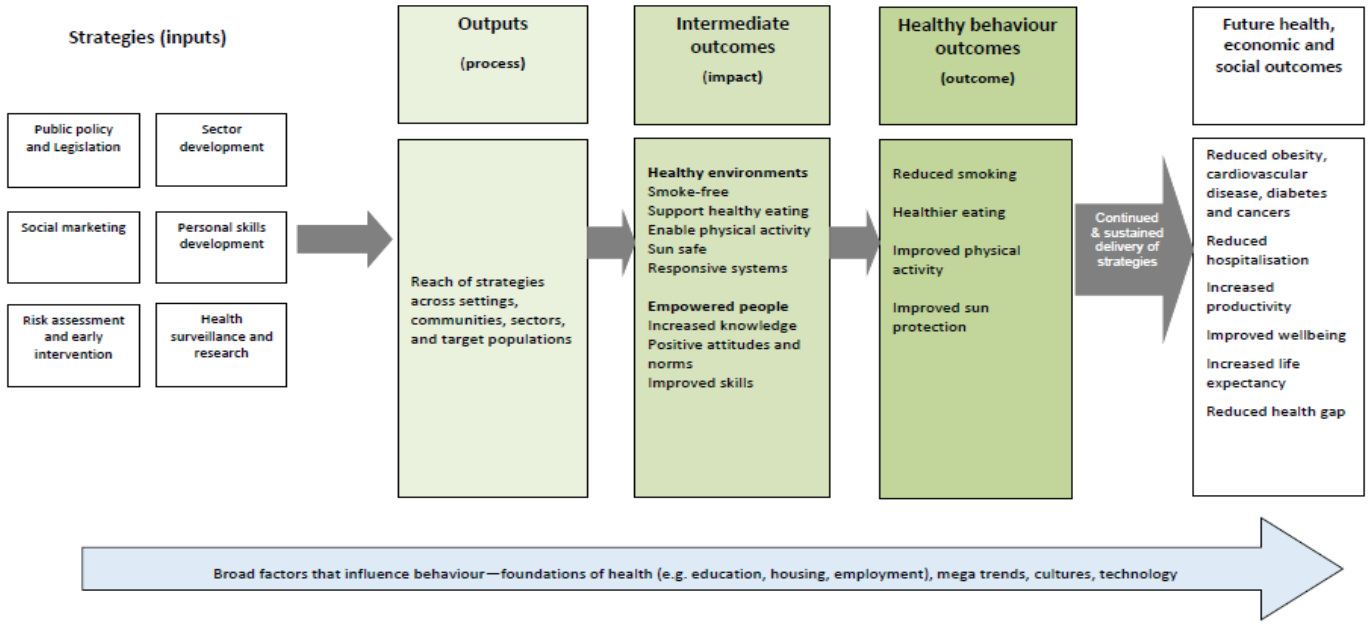
1. Introduction

1.1 Background

The *Health and Wellbeing Strategic Framework 2017 to 2026*[1] is the blueprint for integrated and complementary actions across multiple strategies to address overweight and obesity, smoking and prevent skin cancer (Figure 1). It includes an overarching performance measurement strategy and outcome targets for children and adults by 2020 and 2026 (appendix 2).

The performance measurement strategy uses six key questions to assess progress:
1. Are 2020 and 2026 targets for healthy behaviours on track to be achieved?
2. How are environments and systems changing to be more supportive of healthy behaviours?
3. Are Queenslanders better empowered to adopt and maintain healthy behaviours?
4. Were the expected number of participants/interventions achieved and the impacts measurable?
5. In what ways has prevention been integrated into targeted sectors policies, planning, strategies and services?
6. What Government legislation and policies have been developed to support Queenslanders to lead healthier lives?

Figure 1: Pathway to prevention framework



1.2 Purpose and scope

This report provides an overview of progress based on health and wellbeing interventions overseen by Preventive Health Branch for the period July 2016 to June 2017. It does not include investments and actions undertaken by Hospital and Health Services (HHSs), other government departments, other agencies or the non-government sector. The potential contribution of these agencies to achieving the desired outcomes as described in the framework, as well as many other factors, is acknowledged.

The report is structured as follows:

- Overall progress against the six questions and summary of influencing factors (section 2)
- Detailed assessment of progress of interventions against specific performance indicators (section 3)
- Detailed assessment of drivers and barriers to effective implementation and success (section 4).
- Background information and methodologies (appendix)

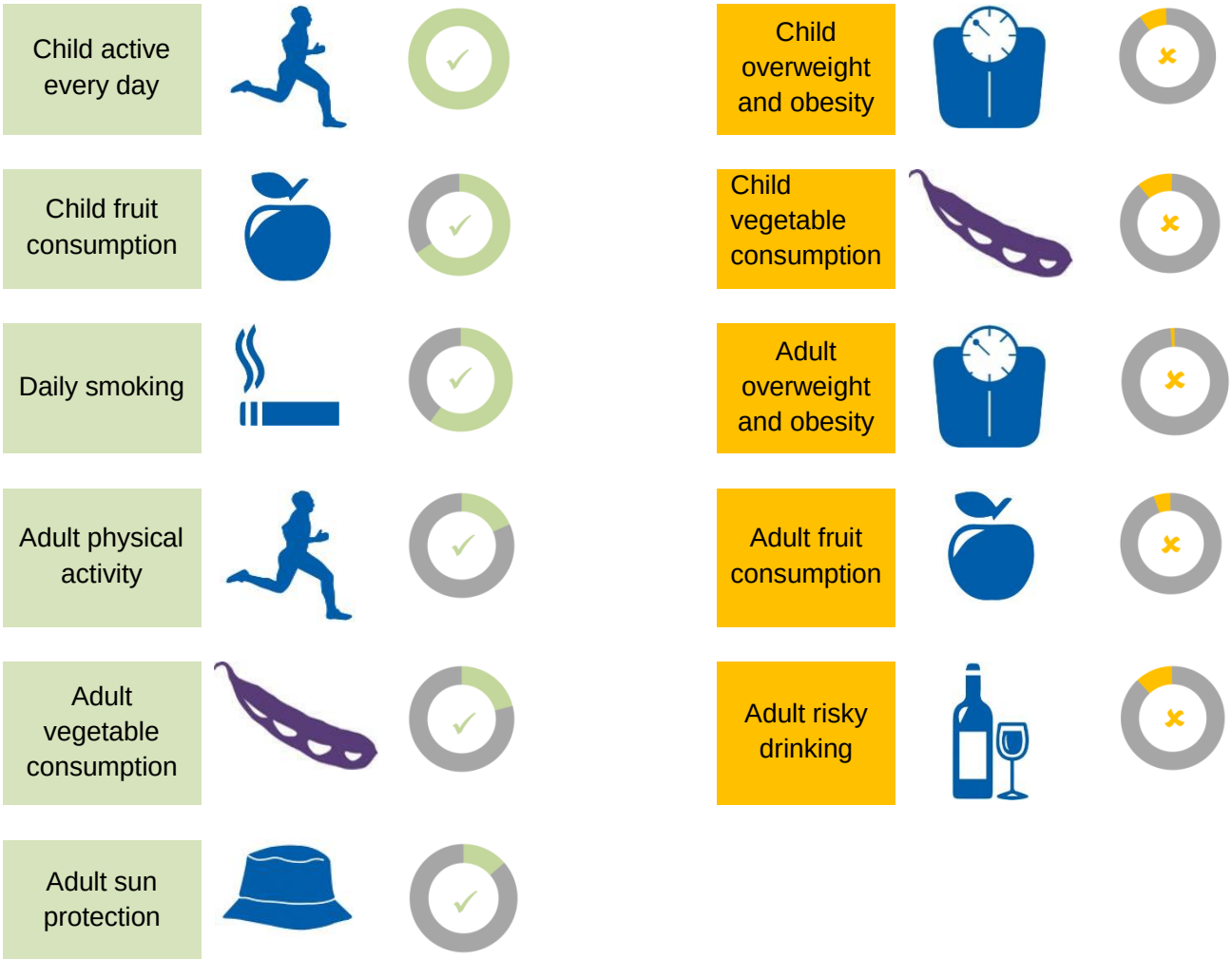
2. Overall progress

The performance measurement strategy identified six questions to assess progress towards achieving improved health and wellbeing in Queensland.

Question 1: Are 2020 and 2026 targets for healthy behaviours on track to be achieved?

- Progress towards the 2020 targets was mixed for both adults and children.
- Six targets were on track to reach 2020 goals*, five were not and there was insufficient data to assess progress of one child indicator**.

Figure 2: Status of outcome indicators to achieve 2020 targets from 2014 baseline



*Progress towards goals was assessed against statistical criteria (see methods for detail)
**Child sun protection was not assessed due to insufficient data to monitor trends

Detailed assessment is described in section 3.4.

Question 2: How are environments and systems changing to be more supportive of healthy behaviours?

- Queensland has become increasingly smoke-free through an extension of legislation to address smoking in high density zones such as public transport waiting areas and in places where families and young people gather. Compliance is good, and will benefit from further monitoring.
- There is greater opportunity and social support for people to be physically activity as a result of an increased number of walking groups.
- Support for healthy eating and drinking has been strengthened through the introduction of menu labelling policies in fast food chains, the uptake and adoption of healthy drink supply policies in Queensland hospital and health facilities, through the growing adoption of Good Sports accreditation in sporting clubs and healthier menus in public school tuckshops.
- Protection from harmful UV radiation particularly for children has been enhanced through shade creation, and the introduction of sun-safe school uniforms.
- In addition to improved environments there has been system level change through planning policies, workplace initiatives, inpatient programs and population wide risk assessment.
- Combined, these initiatives are likely to affect a wide range of people, generating physical and social environments, and systems that are conducive to the adoption of healthy behaviours.

Smoke-free environments

- Public government precincts: 6 government precincts became smoke-free with another 6 identified for 2017–18, exceeding the target of up to 4.
- Voluntary smoke-free places: 7 out of 8 universities and 51 out of 51 TAFE campuses have committed to implementing smoke-free policies during 2018.
- Compliance with tobacco legislation: Education and surveillance activity was conducted in almost 14,000 outdoor smoke-free areas across Queensland with good compliance overall.
- Local government: 22 local governments reported being engaged in or planning activities to support compliance with smoke-free legislation.
- Indigenous communities: 49 community-led smoking prevention strategies have been identified for implementation in 2017–18.

Supporting physical activity

- 10,000 Steps: There was an increase in the number of community organisations offering this program from 23 to 25, slightly exceeding the target.
- Walking groups: 41 new Heart Foundation walking groups were formed, the target was 35.
- State planning processes: State planning policy guidelines have been amended to support environments that promote and facilitate physical activity
- Queensland Cycling Strategy: Improving cycling environments and encouraging cycling.

Healthy eating

- Menu labelling: Queenslanders have access to nutritional information at the point of sale. Monitoring compliance with legislation will be completed in 2018.
- HHS supply of healthier drinks: 10 of 16 HHSs were making good progress towards removal or reduction of sugary drinks. An additional 2 had initiated some change, with 4 unchanged.
- Good Sports initiative: 240 clubs have made positive progress in level of accreditation.
- Healthy school tuckshop menus: Over one-third of voluntary submitted menus were rated healthy.

Sun safety

- 91 not-for-profit, child-related organisations received grants for shade structures, representing about half of all those that applied.
- Supported Department of Education to embed best practice sun-safe specifications for school and sports uniforms in procurement systems.

Detailed assessment is described in section 3.3.

Question 3: Are Queenslanders better empowered to adopt and maintain healthy behaviours?

- There were 23 interventions with a specific objective to empower people to adopt healthier lifestyles, and the majority showed measureable improvement.
- Such improvement was evident in increased knowledge about healthy lifestyles (largely focussing on healthy eating and being active), more positive attitudes to achieve behaviour change, and improving skills to adopt and maintain lifestyle change.
- On this basis, although the reach was relatively small, there was evidence that Queenslanders are becoming more aware of the lifestyle risk factors for chronic disease and more empowered to take action to improve their health.

Scope of interventions:

- Healthy lifestyle (multiple risk factors): My health for life, Get Healthy, TRIM kids, Life Education, Indigenous brief intervention training, Multicultural Healthy Lifestyle
- Healthy eating: Menu Labelling, Country Kitchens, Jamie's Ministry of Food, Need for Feed, Healthy Tuckshop Support
- Being active: 10,000 Steps, iAIM, Heart Foundation Walking
- Sun safety: Sun safety social media campaign
- Smoking and alcohol reduction: Act on alcohol and 7 tobacco control interventions.

Population groups:

- Multicultural populations
- Schools and children
- Young people
- Indigenous Queenslanders
- People at high risk of chronic disease, including middle-aged and older people
- Workers and the public generally.

Overall progress:

- Improved knowledge: 7 of 10 interventions were on track to achieve objectives, 1 was making slow progress, 1 had limited data available and 1 will be assessed as the intervention matures.
- Positive attitudes and norms: 8 of 12 interventions demonstrated improvement, 1 was making slow progress, 2 had limited data available and 1 will be assessed as it matures.
- Improved skills and behavioural change: 11 of 17 interventions showed a range of achievements, including skill development, weight change, fruit and vegetable consumption increase, increased levels of activity. Progress was modest for three, data not available for one and too early to assess for two.

Reach of programs:

- Nineteen of these 23 interventions engaged individual Queenslanders. Considering the total participation of 234,000 participants the reach is limited compared to the entire Queensland population (about 5% of total).
- Continued effective delivery of these programs, combined with ongoing investment and effort to create healthier environments and systems responsive to prevention will contribute to empowering Queenslanders to live healthier lives through improved lifestyles.

Detailed assessment is described in section 3.3.

Question 4: Were the expected number of participants/interventions achieved and the impacts measurable?

Considering only interventions under 'risk assessment and early intervention' and 'personal skills development' strategies:

- more than half met or exceeded at least one of the planned service delivery or participation targets.
- impact was measurable in all interventions.

Scope of interventions:

- Typical interventions included:
  - Healthy Tuckshop Support program
  - Heart Foundation Walking groups
  - Country Kitchens
  - Life Education
  - Smoking cessation services for identified population groups.
- Most interventions had multiple targets, for example, services delivered, specified number of geographic areas, number of participants recruited. Given this complexity, success was identified on the achievement of at least one component/objective.

Participation: Of the 18 interventions meeting the inclusion criteria:

- 12 (67%) achieved or exceeded target participation/delivery on at least one objective
- 4 (22%) did not meet target participation/delivery
- 2 (11%) had targets that were not adequately defined.

Impacts: all interventions had clearly defined measurable impacts. For example:

- Proportion of participants who achieve voluntarily set goals for weight loss and physical activity, and who sustain weight loss at 6 months post program completion (My health for life).
- Percentage of QCWA members and community members participating in the cooking skills development programs who have increased their vegetable consumption by half a serve by 2018 (Country Kitchens).
- Self-reported change in physical activity (pre, post and 3 month post) of worker Tournament participants, and intention to change (in the next month and next 6 months) (10,000 Steps).
- Quit rate at program completion, 3 months and 6 months (Yarn to Quit).
- Number and percentage of participants with improved blood pressure, cholesterol, and overweight/obesity post intervention by target group, post program (8 weeks) and at follow-up (26 weeks) (Multicultural Healthy Lifestyle program).

Detailed assessment is described in **Table 1** and section 3.3.

Question 5: In what ways has prevention been integrated into targeted sectors' policies, planning, strategies and services?

There is evidence of integration of healthy living policies, strategies and services by many implementing agencies and organisations that were contracted or encouraged to deliver health and wellbeing interventions.

Scope of interventions:

- 19 interventions involved engagement with other sectors to embed policies, adopt strategies and provide services to improve health
- Sectors engaged:
  - Government departments and agencies: HHSs, Department of Education, Public Service Commission, Workplace Health and Safety Queensland, local governments
  - Non-government organisations: Diabetes Queensland, Heart Foundation, Cancer Council Queensland, Primary Health Networks
  - Education: Brisbane Catholic Education, non-government schools, universities and TAFEs, tuckshops
  - Other: Queensland Country Women's Association, community organisations, fast food industry, sporting clubs, general practitioners, Indigenous Queenslander organisations, multicultural organisations.

Impacts:

- Physical activity:
  - 10,000 Steps was delivered by 25 community organisations within 21 local government areas
  - Heart Foundation Walking, 41 new walking groups established within communities.
- Sun safety:
  - Sun smart shade creation: 91 organisations with 100% having a sun protection policy following matched shade funding
  - Sun safe school uniform options embedded into Department of Education procurement processes.
- Healthy eating:
  - Healthier drinks supply implemented in 10 HHSs, with 1 metro and 1 rural HHS committing to 100% removal of unhealthy drinks by end of 2017
  - Good Sports healthy eating program: 240 sporting clubs made progress in accreditation
  - Need for Feed school cooking program focussed on schools in socioeconomically disadvantaged areas and those with higher Indigenous Queenslander populations.
- Smoking:
  - Two councils passed resolutions to amend local laws to enable smoke-free public places in areas not already covered by state legislation.
- Responsive system
  - Draft legislation for the Healthy Futures Commission Queensland was developed. The draft Bill provides that the Commission would contribute to reducing health inequity for Queensland children and families. This would be achieved by providing grants and partnering with local business, community organisations, academic institutions and government agencies to support children and families to adopt healthy lifestyles including regular physical activity and healthy eating. The Commission would work across government and with local communities.
  - Diabetes Queensland is leading statewide implementation of My health for life, supported by the Healthier Queensland Alliance (non-government agencies, peak bodies and all Queensland Primary Health Networks). An extensive community engagement process is building linkages with HHSs and a range of service providers to provide an opportunity for people at high risk of chronic disease to participate in an evidence-based lifestyle modification programs in their local community.

Detailed assessment is described in **Table 1** and section 3.3.

Question 6: What Government legislation and policies have been developed to support Queenslanders to lead healthier lives?

Legislative change included:

- An extension of smoke free public places
- Introduction of mandatory kilojoule labelling.

In addition, policies and standards for healthier living are being adopted in various settings, affecting school children, workers and patients entering the public hospital system.

The Queensland Government enacted new tobacco laws in September 2016 and February 2017 to extend the scope of smoke-free public places as follows:

- National parks campsites and any public facilities
- Public transport waiting points such as bus stops, taxi ranks, and ferry terminals
- Playing and viewing areas during organised under-18 sporting events
- Skate parks
- Early childhood education and care services, kindergartens, and after school hour care
- Outdoor pedestrian malls
- Residential aged care facilities
- Non-residential building entrances: smoke free buffer increased
- Pedestrian precincts around prescribed state government buildings
- Public swimming pool facilities
- Local government can ban smoking in public spaces not covered by state-wide smoking bans.

In 2016, the Queensland Government passed new laws making it mandatory for food businesses to display the kilojoule content of their food and drinks at point-of-sale. The law applies to fast-food chains, bakery chains, café chains and supermarkets with at least 20 outlets in Queensland or 50 outlets nationwide. The objective is to provide Queenslanders with the nutrition information they need to make informed, healthier food choices.

Additional to legislation, there was policy and standard change, for example:

- Introduction of sun safe specifications in school uniforms and sports uniforms
- Contribution to the development of a health and wellbeing framework by the Public Service Commission designed to influence all Queensland government departments and agencies
- Healthy Workers initiative has provided workplaces, private and public with the opportunity to build health and wellbeing into working lives
- Smoking cessation quality improvement programs are embedding quit programs into inpatient pathways

Detailed assessment is described in section 3.3.

Key factors influencing success

This first review of implementation of the *Health and Wellbeing Strategic Framework 2017 to 2026* has identified a number of factors that appear to be influential for early success and similarly factors which are constraining implementation.

This section summarises issues related to the implementation of interventions and at a higher level, what is contributing to or constraining system level change.

Implementation

- Enablers to effective implementation of interventions include: supportive internal policies, plans, management and information systems; strong internal, external and community leadership; effective partnerships and collaboration; adequate information and financial resource allocation; and skilled and dedicated workforces.

- Barriers to implementation include: low-level support and restructures/turnover within partner organisations; conflicting priorities and competing commitments; capacity required for or time-consuming nature of strong engagement with all stakeholders; and limited workforce capacity, resources or access.

Achieving system change

- Enablers to system change include: understanding the context and complexity, community demand and leverage points, especially through partners who understand the importance of their contribution to prevention; formal commitment to prevention through supportive policy and practice; new services, maximised leverage opportunities and modifications to existing system components; strong linkages and relationships with shared decision making and engaged partners who can lead local prevention action; and changes to prevention funding investment, workforce skills and the availability of health promoting environments.

- Barriers to system change include: limited understanding of context (e.g. difficulty in aligning prevention agenda with other priorities); limited adoption of formal commitment to a prevention culture (e.g. difficulty translating legislation and policy into practice); not maximising connections and linkages across systems (e.g. minimal shared data systems, partner prevention leadership and communities of practice); low level of committed resources and assets to strengthen prevention and workforce capacity; and limited depth, spread and replication of changes to the system (i.e. small growth in scale).

Detailed assessment is described in section 4.

3. Detailed assessment of progress

3.1 Inputs

Key inputs to achieving change were six strategic approaches (Figure 1, page 4):

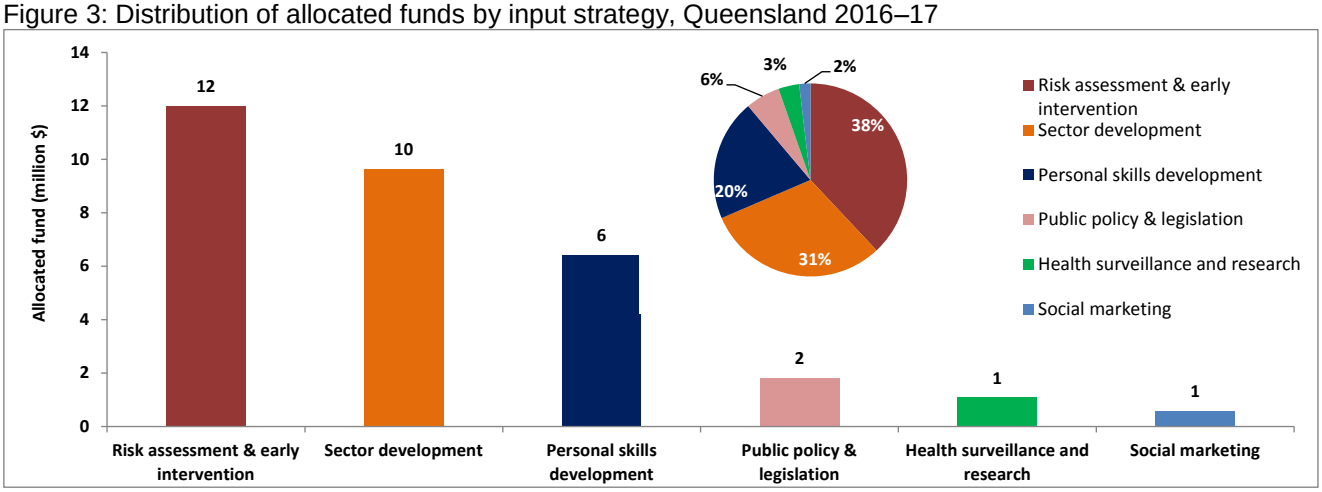
- Risk assessment, early intervention and counselling
- Personal skills development
- Sector development
- Public policy and legislation
- Social marketing
- Health surveillance and research.

During 2016–17, 44 evidence-informed interventions were in operation across the six strategies and four health and wellbeing areas: healthy food and nutrition, physical activity, smoking prevention and sun safety across Queensland (Appendix 1).

Allocated funding was assessed by input strategy (Figure 3), and risk and protective factors (Figure 4). Labour costs were not included. The largest allocation (Figure 3) was in risk assessment, early intervention and counselling (38%), followed by sector development (31%), personal skills development (20%), public policy and legislation (6%), health surveillance and research (3%), and social marketing (2%).

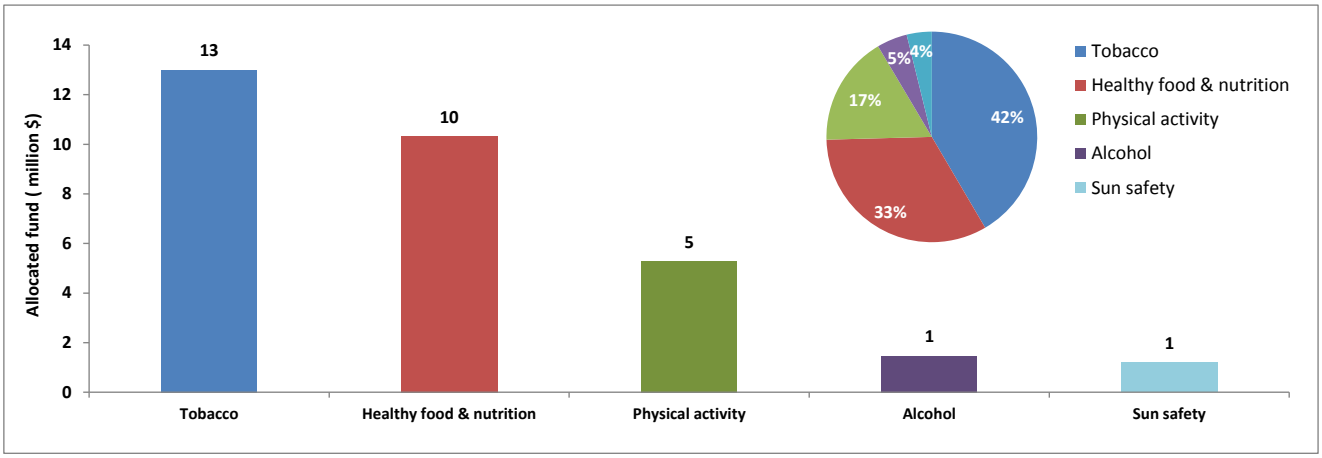
Considering risk and protective factors (Figure 4), 42% of funds were allocated to smoking prevention, 33% to promotion of healthy food and drinks, 17% to improving physical activity, 5% to reduction of harmful alcohol consumption and 4% to skin cancer prevention.

Figure 3: Distribution of allocated funds by input strategy, Queensland 2016–17



Note: percentages may not add to 100 due to rounding

Figure 4: Distribution of funds allocated by risk or protective factor, Queensland 2016–17



3.2 Outputs (process)

This section describes the health and wellbeing intervention outputs (process indicators) of 45 interventions (Table 1).

There were 18 interventions addressing 'risk assessment, counselling and early intervention' and 'personal skill development'. They were assessed on process measures of participation, geographic reach and service delivery. Progress on track was defined as achievement of at least one specific target. The progress of implementation on these 18 interventions was:

- on track for 12 (67%)
- slow for 4 (22%)
- no defined targets for 2 (11%).

Table 1: Assessment of progress - process indicators 2016–17

No.	Name of intervention	Services delivered[1]		Geographic areas reached[2]		Participation / service utilisation[3]		Progress on track?[4]
		Planned	Achieved	Planned	Achieved	Planned	Achieved	
Risk assessment, early intervention and counselling								
1	My health for life	50,000 risk assessments	58,084 completed	3 HHSs	3 HHSs			Yes
						500-650 program commence ments	204 program commencem ents (119 group based; 85 telephone)	Slow
2	Get Healthy			15 HHSs	12 HHSs	1,000	255	Slow
3	TRIM kids						391 children from 298 families enrolled on PEACH Online	No defined target
4	Quit now	≥16,300 single interactions	14,188 single interactions	State wide	State wide			Slow
5	Yarn to Quit			15 HHSs	15 HHSs	300 participants	528 participants	Yes
6	Quit smoking… for Life!			16 HHSs	15 HHSs	5000 participants across all programs	340 participants	Yes
7	Workplace Quit Smoking		489 workplaces	15 HHSs	14 HHSs		1,586 participants	
8	Quit for you, Quit for baby			15 HHSs	13 HHSs		309 participants	
9	Regional, rural and remote program			8 HHSs	8 HHSs		496 participants	
10	Quit for You			15 HHSs	13 HHSs		115 participants	Slow
11	Health practitioner Quitline referrals		6,148 HHS referrals, 2,041 non-HHS referrals	State wide	State wide		119 participants (July 16 to Jan 17)	No defined target

Table 1 (continued): Assessment of progress - process indicators 2016–17

No.	Name of intervention	Services delivered[1]		Geographic areas reached[2]		Participation / service utilisation[3]		Progress on track?[4]
		Planned	Achieved	Planned	Achieved	Planned	Achieved	
Personal skills development								
12	Multicultural Healthy Lifestyle program	18 programs	18 programs	9 HHSs with high CALD population	9 HHSs	270 participants	277 participants	Yes
13	Life Education			15 HHSs including 6 priority HHSs	14 HHSs including 5 of the 6 priority HHSs		549 schools; 153,094 students (24,194 from priority HHSs)	Slow
14	Country Kitchens		54 branches engaged in the program		27 regional, 12 rural, 15 remote branches		946 newly engaged members	Yes
		30 x 15-hour cooking skills sessions	40 x 15-hour cooking skills sessions		139 trained facilitators across 57 branches		342 QCWA members plus community members	
15	Jamie's Ministry of Food program						587 Ipswich centre participants	Yes
		5 mobile kitchen locations	5 mobile kitchen locations	Delivery in Metro 40%/ Regional 60%	Delivered in Metro 40%/ Regional 60%		1,775 mobile kitchen participants	
				All targets for % of participation by young people aged 12-29, vulnerable groups and Indigenous people were exceeded for both the Ipswich Centre and Mobile Kitchen				
16	Need for Feed high school cooking program			40% of programs run in regional & remote areas	64% run in regional & remote areas			Yes
		44 programs	42 programs	40% run in disadvantaged or high Indigenous population	62% run in disadvant-aged areas	44 programs x 15 students (660 students)	435 students in 35 schools	Slow
17	Heart Foundation Walking	8 training workshops	8 training workshops	8 HHSs	8 HHSs			Yes
				State wide	State wide	1,250 walk participants	1,357 (86% retention, 91% satisfaction rate)	
				State wide	State wide	275 walking groups	266 walking groups with 90% retention	Slow

Table 1 (continued): Assessment of progress - process indicators 2016–17

No.	Name of intervention	Services delivered[1]		Geographic areas reached[2]		Participation / service utilisation[3]		Progress on track?[4]
		Planned	Achieved	Planned	Achieved	Planned	Achieved	
Personal skills development (continued)								
18	10,000 Steps			State wide	3,346 major cities, 2,855 regional, 71 remote	11,000 new registrations	12,857 with 90% satisfaction	Yes
					86 major cities, 49 regional, 5 remote	143 new workplace registrations ; 176 tournaments	140 workplace registrations; 127 tournaments	Slow
Sector development								
19	LEAPS Support Service Program		5 resources; 4 e-newsletters	All HHSs	All HHSs		421 accessed online course	Yes
		3,375 trained staff embedded into support service	2,819 trained staff embedded into support service					Slow
20	iAIM						30 schools (commenced April 2017)	NR
21	Act on Alcohol		5 workshops		3 HHSs			NR
22	B.strong Indigenous brief intervention training	5 workshops	5 workshops		4 HHSs	80 participants	71 participants	Yes
23	Healthy Indigenous Communities	3 Indigenous communities	3 Indigenous communities	1 HHS	1 HHS			Yes
24	Healthy tuckshop support program	7 face to face network meetings	20 face to face network meetings	7 DET regions	7 DET regions		266 attendees	Yes
		14 alternate delivery mode meetings	13 alternate delivery mode meetings					
			292 menus assessed				555 support network members	
25	Smart choices Nutrition Advisory Service						72 enquiries	NR
26	Healthier. Happier. Workplace Initiative			State wide	State wide			NR
27	SunSmart shade creation initiative						91 eligible organisations received funds	Yes
28	Good Sports - alcohol					100 new clubs	189 new clubs	Yes
29	Good Sports – healthy eating			35 priority regions	13 priority regions	150 new clubs	154 new clubs	Yes

Table 1 (continued): Assessment of progress - process indicators 2016–17

No.	Name of intervention	Services delivered[1]		Geographic areas reached[2]		Participation/services reached[3]		Progress on track?[4]
		Planned	Achieved	Planned	Achieved	Planned	Achieved	
Sector development (continued)								
30	Smoking cessation QIP – inpatients		10 HHSs eligible for payment	15 HHSs and Mater	15 HHSs and Mater		34,154 clinical pathways completed	Yes
31	Smoking cessation QIP – dental		12 HHSs eligible for payment	15 HHSs	15 HHSs		14,308 clinical pathways completed	Yes
32	Quitline SMS scoping project							NR
33	Engaging local government in tobacco control activities	30 interviews with LGAs	30 (27 interviews and 3 written responses)		20 Regional; 6 City; 4 Shire Councils	30 LGAs	30 LGAs	Yes
34	Brief Interventions for a Healthy Lifestyle training			16 HHSs and Mater	16 HHSs and Mater	Maternal & child health course	422 clinicians enrolled, 167 completed	Yes
						General training course	594 clinicians enrolled, 251 completed	
Public policy and legislation								
35	Tobacco licencing scheme							NR
36	Tobacco legislation compliance plan		13,654 visits to new outdoor smoke-free areas	State wide	State wide			NR
37	Smoke-free higher education		Support materials under development					NR
38	Smoke-free government precincts							NR
39	Healthier drinks					State wide	State wide	Yes
40	Menu labelling							NR
41	Sun safe school uniforms			All state schools	All state schools			Yes
42	State planning policy review and update							N/A
43	Queensland Cycling Strategy							N/A
44	Healthy Futures Commission							N/A

Table 1 (continued): Assessment of progress - process indicators 2016–17

No.	Name of intervention	Services delivered[1]		Geographic areas reached[2]		Participation/services reached[3]		Progress on track?[4]
		Planned	Achieved	Planned	Achieved	Planned	Achieved	
Social marketing								
45	Sun safety social media campaign			State wide	State wide			Yes

No defined target = no target defined in service agreement
NR = not reportable due to early implementation or 2016-2017 data could not be extracted;
N/A = process indicators are not relevant;
[1]Services delivered includes any services or programs delivered within an intervention
[2]Geographic areas vary from HHSs to LGAs, or smaller areas
[3]Participation / service utilisation includes number of people participation in a program or number of services utilised or number of resources/facilities accessed.
[4]An assessment of progress on track (Yes / Slow / Not Reportable / Not Applicable) for each indicator is based on a target, where available. Where a target was not available, the answer was based on a comparative assessment of all events corresponding to that indicator.

3.3 Intermediate outcomes (impacts)

The overall impact of health and wellbeing interventions was assessed by two domains: healthy environments and empowering people. This section describes intermediate outcomes against 18 impact indicators as described in the performance measurement strategy: 14 for healthy environments and four for empowering people.

Some interventions have specific targets of achievement relevant to the 18 impact indicators. However defining specific targets is not relevant for all interventions. Nevertheless, progress towards positive outcomes can be assessed.

3.3.1 Healthy environments

Healthy environments refers to physical and social environments that support Queenslanders to eat healthy food, be smoke-free, be physically active and sun safe. A healthy environment also refers to systems that promote healthy lifestyles.

Healthy environments

Progress keys

On track or above

Progress is slow

Unknown / not reportable

Smoke-free:
Overall progress / achievement

Physically active:
Overall progress / achievement

Healthy eating:
Overall progress / achievement

Sun safe:
Overall progress / achievement

Responsive system:
Overall progress / achievement

Smoke-free

Objective: To increase smoke-free public places in Queensland.

Indicator: Number and types of places required to be smoke-free in Queensland by State legislation or local laws

Current status / progress
Smoke-free government precincts: Six sites implemented smoke-free strategies, exceeding the target of three to four sites. Smoke-free strategies included communication plans with staff, workplace quit smoking program offered to staff (via Quitline), signage to increase awareness of staff and visitors/public, and enforcement activities conducted by environmental health officers. As a result, smoking around these six precincts was reported to have reduced considerably though no measurable data were available. A further six sites in regional areas have been identified to become smoke-free in 2017–18.

Engaging local government in tobacco control activities: Two councils had recently passed resolutions to amend local laws. One to enable smoke free precincts at a number of high profile areas including council parks, community and cultural centres and one to enable additional smoke free areas to be designated in a future subsidiary law should council priorities change. One council was considering the inclusion of additional smoke free-places in a current review of local laws.

Overall status

Indicator: Compliance with the Tobacco and Other Smoking Products Act 1998.

Current status / progress
Tobacco licensing scheme: Tobacco licensing schemes inform retail compliance activity. Queensland does not currently have a licensing scheme. In response to a Parliamentary committee recommendation (May 2016), investigation is being undertaken to identify the potential impacts and benefits of introducing a tobacco licensing scheme in Queensland. Activity included: communication and consultation with representatives from peak retail organisations and large retailers; collection of data on the sale and supply of tobacco under section 13 of the *Tobacco and Other Smoking Products Act 1998* (TOSPA); provision of a Cabinet Matter to Note advising of investigation process and progress; and development of draft policy options for consideration.

Tobacco Legislation Compliance Plan: Tobacco compliance activity is undertaken by Environmental Health Officers in HHSs. Compliance activity includes both planned and responsive action that is either state-wide or HHS specific. Planned activity is developed in collaboration with HHSs to target areas of identified non-compliance, gain insight on emerging issues or educate about new smoking laws. Planned activity for 2016–17 included:

State wide education and surveillance activity - New legislation for smoke-free outdoor public places commenced in September 2016. Education and surveillance activity was conducted to improve understanding as well as to monitor and increase compliance. The resulted in 13,654 visits to new outdoor smoke-free areas popular with children and families. Surveillance indicated that overall there is a high level of compliance with the new legislation. Hot spots and areas of greater non-compliance were also identified for future surveillance activity.

Metro North Public Health Unit conducted a compliance survey of Registered Training Organisations (RTOs) within the Brisbane CBD in response to ongoing complaints of smoking within 5 metres of entrances at these facilities. Onsite meetings (15) were conducted with 17 prioritised RTOs and education materials were provided to assist with compliance. The survey found 38% of RTOs had an existing no-smoking policy. All RTOs agreed to include legislation information in orientation materials and presentations and more than half (56%) agreed to include tobacco laws information online and to increase campus signage. Scheduled surveillance operations were also carried out as a part of the survey, occurring at eight locations in the CBD. In total, 23 education actions were carried out, 15 warning letters were issued and 2 prescribed infringement notices (PINs) were issued.

Gold Coast Public Health Unit conducted an Adult Store Industry Compliance Survey to assess the industry's compliance with tobacco act display bans and provisions prohibiting the sale of bongs, ice pipes, and e-cigarettes containing liquid nicotine. Audits were conducted for all (11) of the operational adult stores in the region with six stores identified as selling smoking products. Five improvement notices and 1 warning letter were issued for non-compliance with TOSPA, and three prohibited products (ice pipes) were seized.

Overall status 

Indicator: Number and type of places implementing voluntary smoke-free policies

Current status / progress

Smoke-free higher education and training: All seven public universities in Queensland and one private university participated in the smoke-free initiative with five public universities confirming they will implement smoke-free campus policies in 2018. The two remaining public universities were seeking approval to commence smoke-free policies in 2018. The private university had no plan to implement a total smoke-free policy, although they would restrict smoking to designated areas. All 51 (100%) TAFE QLD campuses will be implementing a smoke-free policy in 2018. The response from RTO's has been minimal to date and will be further explored in 2017–18.

Engaging local government in tobacco control activities: Thirty Queensland councils were engaged in this project to support public compliance with new tobacco laws at smoke-free places that are on local government land or to make local laws prohibiting smoking at outdoor public spaces not already covered by a state-wide smoking ban. Fourteen local government councils (18% of all councils) were provided with one-off grants and 16 councils (21% of all councils) participated but did not receive one-off grants. Grants were provided to councils with populations of over 80,000 people and with significant council infrastructure such as public transport waiting points. All 14 councils receiving grants were engaged in or planning tobacco control activities such as local laws, increased non-smoking signage, redesigning and/or relocating butt bins, education or awareness raising activity or collaborating with local sporting clubs, HHSs or non-government organisations (e.g. supporting smoke-free sporting events). Of the 16 additional councils not receiving one-off grants, half (eight) were engaged in or planning any tobacco control activities.

Smoke-free activities occurred in a number of council facilities not covered by state legislation including streetscapes, footpaths near playgrounds, public toilets, shopping centres, showgrounds, river foreshore, beaches, libraries, customer service centres, community halls, theatres, art galleries, and entertainment nodes with pubs, clubs and cafes.

Healthy Indigenous communities: Forty-nine strategies to increase smoke-free public and workplace spaces have been identified by the three Indigenous pilot communities. This includes for example, stencilling on the ground to show smoke-free boundaries and locally developed and community specific smoking signage. Opportunities for implementation will be pursued in 2017–18.

Overall status 

Physically active

Objective: To create more physical activity opportunities at work, play, learning and travelling in Queensland.

Indicator: Evidence of change in state-level policies that facilitate physical activity

Current status / progress
State planning policy review and update: There were 17 changes made to State Planning Policy guidelines to support healthy environments. The guidelines provide strong support for walking and cycling, parks, greenspace and shade creation. For example, the car parking section now also refers to bike parking and suggests allowing bike parking facilities to be substituted for required car-parking spaces by developers.

Queensland Cycling Strategy: The Queensland Cycling Strategy is designed to improve health and wellbeing and the environment by encouraging more people to ride. Increasing regular physical activity through cycling was a key message from Queensland Health to the Department of Transport and Main Roads during the strategy's development. Queensland Health will be involved in implementation through informing the development of targeted messages to encourage walking and cycling (Integrated Communications Branch) and facilitating collaboration across Queensland Government to encourage walking and cycling, particularly for transport (Preventive Health Branch).

Overall status 

Indicator: Evidence of environmental change to support physical activity in adults and children

Current status / progress
10,000 Steps: A target for this step counting program was a 5% increase in the number of community organisations implementing 10,000 Steps strategies over the 12 months (e.g. dog walking strategy, 10,000 Steps walkway signage, 10,000 Steps promotion or a Community Tournament). To achieve this target, one additional organisation was to be recruited in addition to maintenance of the current 23 community organisations delivering 10,000 Steps. With the awarding of grants to nine community organisations, the target was exceeded with the intervention reaching 25 community organisations across 21 councils in regional Queensland.

Heart Foundation Walking: The target of 35 new walking groups was exceeded with the establishment of 41 new Queensland walking groups in the 12 month period. Combined with a 90% retention rate of existing walking groups, 266 walking groups were available in communities across Queensland.

iAIM: This physical activity project to engage schools in delivery of the iAIM program is currently being implemented throughout Darling Downs and South West region, with an evaluation including a research component due in July 2018.

Overall status 

Healthy eating

Objective: To increase healthy food availability, and decrease unhealthy food at targeted settings in Queensland.

Indicators: Proportion of fast food outlets compliant with menu labelling legislation; and Proportion of fast food businesses with healthier menus

Current status / progress
Menu labelling: The project involves supporting fast food chains (with 20 or more locations within Queensland or 50 or more locations in Australia) to comply with legislation to display kilojoule content on standard food items and to reformulate or introduce healthier food options. The project is in the early implementation phase with no available data to date on compliance or healthy menus. Progress against these measures will be available at the end of 2018.

Overall status 

Indicator: Number of Hospital and Health Services (HHSs) that have introduced changes to improve supply of healthier drinks

Current status / progress
Healthier drinks supply: The *Best Practice Guide: Healthier drinks at healthcare facilities* was released in June 2016 and HHSs were offered funding to support implementation. Eight HHSs were successful in receiving funding to reduce the availability of unhealthy drinks in vending machines, retail outlets, function catering and through fundraising. By end of 2016–17, 10 of the 16 HHSs were making good progress towards removing or significantly reducing the supply of sugary drinks. Examples include: HHSs committed to removing 100% of unhealthy drinks by the end of 2017 (one metro and one rural HHS), HHSs committed to removing 80% of unhealthy drinks, and other HHSs reducing availability on at least one site or via one source (e.g. vending machines). Of the six HHSs not yet making good progress, two had initiated change with more work to be done and four HHSs had not initiated any activity.

Overall status 

Indicator: Number of Good Sports Healthy Eating Clubs with level 2 or 3 accreditation

Current status / progress
Good Sports – Healthy Eating: Targets for the initiative included increasing the number of amateur sporting clubs participating in the program by 150 clubs in the 12 month period and increasing accreditation progression by 100 clubs. Levels of accreditation range from registered/Level 0 to Level 3, achieved through meeting Healthy Eating Program criteria such as percentage of available unhealthy (red) food and drinks, display and promotion of healthy (green) food and drinks, food safety training and undertaking healthy fundraising and sponsorship arrangements.

In 2016–17, 154 new clubs participated in Good Sports – Healthy Eating. Overall there were 682 sporting clubs participating (less 168 dormant clubs – no active participation in last two years). These included 307 active clubs with Level 2 or 3 accreditation (295 Level 2 clubs less 64 dormant clubs, plus 82 Level 3 clubs less six dormant clubs). In 2016–17, 93 sporting clubs progressed to level 1, 100 clubs moved from level 1 to level 2, and 47 clubs progressed from level 2 to level 3 (highest accreditation). The target to reduce the number of dormant clubs to 15% in 2016–17 was not met with 25% dormant (168 clubs). A review in 2015 identified a number of barriers to progression through the accreditation process and recommendations to reduce some criteria and strategies to decrease dormancy will be progressed in 2017–18.

Overall status 

Indicator: Number of school tuckshop menus achieving a score 3 or above on the QAST e-menu assessment tool

Current status / progress

Healthy tuckshop support program: The program offers assistance to school tuckshops to supply healthy food and drink, including a menu review service. Of the 292 menus voluntary submitted for assessment, 115 (39%) achieved compliance with Smart Choices with a score of 3 or above. This was an increase from only 7% of submitted menus (n=227) achieving compliance in 2015–16.

Overall status 

Sun safe

Objective: To create more places able to provide protection from harmful UV exposure in Queensland.

Indicator: Evidence of change in sectors adopting state-level policies and initiatives that facilitate sun safe practices

Current status / progress

Sun Smart shade creation initiative: Ninety-one not-for-profit organisations catering for children 0–18 years were supported with 50% matched funding up to $2,000 for portable shade and up to $5,000 for permanent shade structures. Demand for shade funding exceeded available resources with 195 applications received. Of the 91 successful organisations, 64 (70%) had an existing Sun Protection Policy, and 27 (30%) developed a Sun Protection Policy in 2016–17. Funding acted as a catalyst for further commitment to:

a) sun safety: 11 early childhood centres or schools were awarded or renewed their SunSmart status with 43 already SunSmart organisations;
b) healthy living behaviours including physical activity, smoke-free and healthy eating and drinking: Almost half of the 91 supported organisations (43%) joined the Cancer Council QUEST healthy choices program.

Sun safe school uniforms: This initiative achieved commitment to incorporate best practice sun safe specifications into school and sport uniform options for all state schools. The Department of Education has supported inclusion of sun safe specifications into the Request for Offer procurement process used to supply all school and sports uniforms in Queensland state schools. The request for offer will be released following the Department of Education approval processes.

Overall status 

Responsive system

Objective: To build or facilitate organisational or operational systems, which are conducive to implement, adopt or promote healthy behaviour.

Indicator: Evidence of change to systems (including their design and operation) to be more supportive of health and wellbeing

Current status / progress

Healthier. Happier. Workplaces initiative: This initiative aims to build a positive cultural shift toward health and wellbeing within workplaces by engaging with peak industry bodies, member organisations and the Queensland public sector.

The number of workplaces registered with Healthier. Happier. Workplaces online increased from 2814 to 3109 in the six months between January 2017 and July 2017. Additionally, 52 workplaces had been recognised for their health and wellbeing commitment: 18 bronze, 28 silver and 6 gold awards as at end of June 2017.

The Healthy Worker Initiative sits within the Office of Industrial Relations and is co-funded by WorkCover and Queensland Health. The Healthy Worker Initiative has engaged with several peak bodies and industries (including the Queensland Public Sector Commission and Workplace Health and Safety Queensland Standing Committee), and facilitated networks between industry and government. An ongoing pilot study with Brisbane Catholic Education has helped improve understanding of effective ways to engage with a peak body.

Support for health and wellbeing within the Queensland public sector continues to strengthen with the Public Sector Commission collaboratively developing a health and wellbeing framework for the sector. An ongoing Worker Health Initiative Network where all government agencies come together to discuss workplace health and wellbeing continues.

Other examples of embedding health and wellbeing into systems includes the annual Work Safe Awards now including a Health and Wellbeing Category, and the formation of the Work Health Design Branch in Workplace Health and Safety Queensland enabling integration of the Healthy Workers Initiative with the Ergonomics Unit. This change has increased the ability of the Healthy Workers Initiative to provide strategic advice and lead initiatives in health, safety and wellbeing.

Healthy Futures Commission: Establishment of an independent Commission to reduce chronic diseases, and address the social determinants of health in partnership with industry and community was investigated. The model for the Commission was approved by Cabinet in February 2017 and the *Healthy Futures Commission Queensland Bill 2017* was introduced to Parliament in May 2017. The Bill was referred to a Parliamentary Committee and their report was tabled in July 2017.

B.strong Indigenous brief intervention training: The B.strong program aims to provide training to increase workforce capacity to conduct brief interventions with Aboriginal and Torres Strait Islander clients around physical activity, healthy eating and being smoke-free. Training commenced in June 2017, consequently there was no data as yet to report on how the program has contributed to building capacity in the system.

Healthy Indigenous Communities: A pilot commenced in three Cape York Aboriginal and Torres Strait Islander communities with assessment of community readiness to address the healthy food and drink and the smoke-free environments:

- two communities achieved baseline scores of three out of nine which is described as the 'vague awareness stage' for both healthy food environment and smoke-free environment
- one community scored four out of nine (described as 'pre-planning for change' stage) for healthy food environment and five out of nine ('preparation for change' stage) for smoke-free environment.

Strategies relevant to the level of community readiness will be implemented across the remainder of the initiative with the aim of increasing community readiness scores and enhancing the environment by project end.

My health for life: The program aims to identify Queensland adults at highest risk of developing preventable chronic diseases and provide them with access to lifestyle modification interventions to reduce their risk. As at 30 June 2017, 58,084 risk assessments had been completed (target of 50,000 assessments), and program implementation commenced in three HHS locations (target of 3 HHSs). An increased uptake of GP/primary healthcare provider health risk assessments and early intervention practices would contribute to creating a responsive system however data for this indicator is not yet available. GP representation on the My health for life Clinical Reference Group was however achieved.

Smoking Cessation Quality Improvement Payment (QIP) – inpatients: Providing payments to HHSs based on achievement of targets aims to increase the delivery of clinician-led smoking cessation interventions for adult hospital inpatients. Twelve HHSs were eligible for this QIP and four were ineligible (Cairns and Hinterland, North West, West Moreton and Central). Overall state growth with year-to-date pre-requisite that is, smoking status reported for in-scope patients, was 56% (range 50% to 60%) and year-to-date for pathway completion for identified smokers was 90% (range 87% to 91%).

Smoking Cessation Quality Improvement Payment (QIP) – dental: This QIP aims to increase the delivery of clinician-led smoking cessation interventions for adult dental clients. Ten HHSs were eligible for payment and six were ineligible (Cairns and Hinterland, North West, Townsville, Sunshine Coast, Cape and Torres, Metro North). The year-to-date pre-requisite that is, smoking status reported for in-scope patients was 45% (range 42% to 49%) and year-to-date for pathway completion for identified smokers was 77% (range 73% to 83%).

Overall status 

3.3.2 Empowered people

There is evidence of the value of empowerment in positive behaviour change in many health promotion interventions. Empowerment refers to social process in which individuals and communities gain capacity and independence for decision making. Empowering people typically involves development of knowledge, skills and confidence to address or overcome the barriers in their personal and communal lives.[7]

Empowerment was measured through change in knowledge, attitudes or confidence and skills of individuals.

Empowered people

Progress keys

On track or above

Progress is slow

Unknown / not reportable

Increased knowledge:
Overall progress / achievement

Positive attitudes and norms (including increased confidence):
Overall progress / achievement

Improved skills:
Overall progress / achievement

Increased knowledge

Objective: Helping more Queenslanders achieve better knowledge to live healthier lifestyles.

Indicator: Proportion of participants reporting an increase in knowledge of healthy lifestyle and/or prevention of risk factors for chronic disease

Multicultural Healthy Lifestyle program: Delivered to Culturally and Linguistically Diverse (CALD) community members who are at risk of or have an existing chronic disease, this program aims to improve program participants' knowledge in relation to risk and protective factors for chronic disease (healthy eating, physical activity, smoking, risky alcohol consumption and obesity). Results demonstrated a significant improvement in participant knowledge (mean score of 1.96 pre-program and 5.0 post program, $p<0.001$; n=556 of 716 based on data 1 October 2014 to 30 June 2017).

Healthy Tuckshop Support program: Through the support program network, 79% of tuckshop members (n=50 of 555) indicated that they had gained new information that improved their menu.

Indigenous brief intervention training: This training intervention for health workers assessed workshop participant improvement in knowledge on specific health issues relevant to 3 areas:

- smoking (improved knowledge on 4 out of 6 associated health issues)
- nutrition (improved knowledge on 4 out of 6 associated health issues)
- physical activity (improved knowledge on 5 out of 10 associated health issues).

The number of participants (n=25) was small as results are based on two pilot workshops.

Heart Foundation Walking: An annual survey of regular walkers (n=268) found that about seven in 10 (72%) participants reported some increase in knowledge and awareness of the benefits of physical activity for reducing the risk of chronic disease. Over 90% of respondents to the annual survey of walk organisers (n=32) agreed that moderate exercise that increases heart rate slightly can improve health.

Country Kitchens: The impact of the Hands on Cooking workshops was assessed in a pilot of 10 communities and six out of 10 (60%) participants (n=97 out of 239 participants) demonstrated increased nutrition knowledge and 5% reported an increased awareness of the importance of engaging in daily physical activity.

My health for life: As at 30 June 2017, none of the 271 enrolled participants had completed the program so knowledge change data is unavailable.

Act on Alcohol: This program provides advice and support to Queensland community groups and organisations to identify and address alcohol harm within their local community. An annual community survey was promoted to community members and stakeholder organisations to identify alcohol related concerns in Queensland communities. About half (48%) of people surveyed (n=216) demonstrated their motivation to be involved or spend time doing something about alcohol-related concerns in their local area suggesting an awareness of alcohol related harms in the community. The program ended 30 June 2017.

Need for Feed high school cooking program: High school (Years 7-10) students participating in the 16 hours of hands-on cooking classes, run outside school hours, have reported a 31% increase in ability to correctly identifying the fruit and vegetable guidelines (from 51% to 67%, n=158 for Jan 2015 to June 2017 period). However the target of 80% of students identifying guidelines was not achieved.

Overall status: 

Positive attitudes and norms

Objective: Improving attitudes to healthy behaviour change.

Indicator: Proportion of participants reporting a positive attitude change to the targeted healthy behaviour and the pattern of change over time

Multicultural Healthy Lifestyle program: Program participants showed a statistically significant improvement in confidence (mean score 5.98 pre-program to 7.63 post-program, $p<0.001$; n=556 of 716) based on data 1 October 2014 to 30 June 2017).

Healthy Tuckshop Support program: Through the support program network, 72% of members (n=50) agreed or strongly agreed they had gained more confidence to introduce healthy options in the tuckshop.

TRIM kids program: TRIM kids involved implementation of the PEACH™ Queensland Program, a childhood obesity management program for families with primary school-aged children above the healthy weight range, commencing in 2013 and ending 30 December 2016. Data for this reporting period cannot be extracted, however the final report (2013-2016) indicated that 53% of parents were more confident to make changes and set limits regarding their child's eating and activity patterns. During the final year of the project, the program was piloted as a web-based platform as PEACH™ Online.

Indigenous brief intervention training: Some improvement in confidence of training participants to address client 'readiness to change' related to nutrition, physical activity and smoking was reported (mean score on scale of 1 to 5 increased from 3.2 to 3.8; n=25). There was an increase in the number of training participants who perceived that providing advice on risk behaviours was part of their role (smoking cessation $p=0.04$; nutrition $p=0.02$ and physical activity $p=0.02$; n=17). There was a trend of improvement in attitudes of training participants that asking every client about their tobacco use, nutrition and level of physical activity would lead to positive client outcomes such as identifying clients who need support, enabling healthy behaviour change and uncovering complex problems.

Heart Foundation Walking: About seven in 10 walkers (69%, n=268) reported more confidence in engaging in physical activity. From the walk organiser survey (n=32), 97% of respondents reported they had some confidence in promoting the benefits of walking and 94% in encouraging walkers to do physical activity at sufficient levels for health benefits.

10,000 Steps: Workers participate in an online survey at Workplace Tournament commencement (baseline n=6880) and 6 weeks (n=2322) (Results as at 18th January 2017). At baseline, 81% of participants indicated that they intended to increase their activity in the next one month. At the six-week assessment when participants have already likely increased their physical activity through participation in the tournament, still 57% indicated they had the intention to increase their activity in the next one month. The majority of participants (80%) indicated they are now more likely to continue to be active without a Tournament.

Country kitchens: About one-third of participants in the Hands on Cooking workshops (32%; n=97 out of 239 participants) reported they were confident to modify recipes to be healthier and 14% reported increased confidence to try new cooking techniques.

My health for life: As at 30 June 2017, none of the 271 enrolled participants had completed the program so changes in level of confidence and intention to change is unavailable.

Life education: There were 40,466 primary school students who participated in four Life Education modules during Term 2 2017 (April to June). Of these, 1,996 completed surveys. The results showed strong improvement in their intention to adopt healthier choices as a result of the sessions. For example, 81% of surveyed students indicated that information provided had made them more likely to be physically active, 91% indicated they would be more likely to eat healthy food, and 83% indicated they would never smoke cigarettes post the survey, an increase from 71% pre-survey.

iAIM: This program is currently being implemented throughout Darling Downs and South West region, with an evaluation including a research component due in July 2018.

Need for Feed high school cooking program: Upon completion of the program, 90% of students (n=158 for January 2015 to June 2017 period) reported a positive attitude to cooking and healthy eating and 88% felt confident with cooking in the kitchen. As baseline levels were high (81% for both attitude and confidence), percentage increases (11.1% for attitude and 8.6% for confidence) were less than the target of a 20% increase.

Jamie's Ministry of Food program: Analysis of ongoing pre, post and six month post data collection will be provided at project completion (June 2018) as per service agreement requirements. Preliminary results are positive with participants showing increased confidence in all areas of cooking at course completion, increasing after 6 months. Participants' willingness to try new foods and the number of times they sit at the dinner table to eat also increased.

Menu labelling: In May 2017, 405 Queenslanders were surveyed about menu labelling. Over one-third (36%) of those surveyed believed that kilojoule information was likely or very likely to inform their purchasing decisions. Nearly two-thirds of these respondents (64%) intended to choose products with lower kilojoules, and 30% intended to eat at fast-food outlets less frequently. There was little difference with baseline data collected in March 2016.

Overall status: 

Improved skills

Objective: Improvement in skills resulting from program delivery for enabling adoption or maintenance of healthy behaviour.

Indicator: Proportion of participants who increase healthy behaviour skills
Indicator: Proportion of participants who maintain behaviour change for at least three months post program

Multicultural Healthy Lifestyle program: Participant progress was assessed post program at eight weeks. Based on data from 1 Oct 2014 to 30 June 2017 (n=556 of 716), results showed a:

- Positive impact on cardiovascular risk:
  - an average weight loss of 0.7kg (p=0.5)
  - decreased mean BMI from 29.1 to 28.8 (p<0.001)
  - decreased mean waist circumference (from 95.6cm to 94.2cm, p<0.001)
  - decrease in participants with cardio-metabolic risk [waist/ height ratio>0.5] (from 85% to 83%, p<0.005)
  - decrease in participants with high blood pressure (from 26% to 20%, p<0.005).

- Statistically significant improvement in self-reported nutritional behaviours:
  - increased vegetable consumption (proportion meeting guidelines increased from 6% to 17%, p<0.001)
  - increased fruit consumption (proportion meeting guidelines increased from 53% to 73%, p<0.001)
  - decreased discretionary food intake (e.g. proportion consuming fast food/takeaway rarely/never increased from 25% to 36%, p<0.001); proportion having sweet snacks less than once a week increased from 44 to 66%; and proportion having salty snacks four or more times per week dropped from 10% to 3%, p<0.001).
  - decreased sugar-sweetened drink intake (e.g. proportion consuming these drinks four of more times per week decreased from 13% to 3%, p<0.001; proportion consuming less than once a week increased from 61% to 80%, p<0.001).
- Increase in physical activity (proportion meeting the guidelines increased from 67% to 90%, p<0.001).
- Decrease in alcohol consumption (proportion meeting safe alcohol drinking guidelines increased from 21% to 65%, no significance level provided).
- Decrease in smoking rates (8% were identified as smokers at baseline; of those, 27% had quit smoking and 25% had reduced smoking at the end of the program. A further 7% had quit smoking at week 26 follow-up).

Follow up at 26 weeks showed that cardiovascular risk continued to decrease (weight, waist circumference, cardio-metabolic risk and blood pressure) and healthy behaviour changes continued to be improved or maintained.

Healthy Tuckshop Support program: Through the support program network:
- 64% of network participants (n=50 of 555) agreed or strongly agreed they had learnt new skills to improve the menu
- 72% agreed or strongly agreed that attending network meetings contributed to improvements in their tuckshop menu
- 62% agreed or strongly agreed that attending the meetings had contributed to their menu offering more fruit and vegetable items.

TRIM kids program

Data for this reporting period cannot be extracted, however the final report (2013–2017) indicated:
- 82% of parents made changes to their parenting styles and strategies
- 63% of children were eating more fruit and vegetables
- 48% of children were eating less discretionary food and/or non-milk sugar sweetened beverages
- 91% of parents reported their children were more physically active
- Of those children who were above a healthy weight measured at baseline, 77% of children had a lower BMI z-score with an overall mean reduction of 0.1.

Country Kitchens: About one in five (21%) workshop participants (n=97 out of 239 participants) said they were making healthier food choices and increasing fruit and vegetable consumption. At program completion approximately 6 months later (workshops run every 4 to 5 weeks over a six month period), participant vegetable consumption had increased by 0.3 serves (from 3.1 to 3.4 serves per day).

Sun safety social media campaign: This campaign encourages youth to improve sun safety habits through social media and digital channels. Of 300 young people surveyed post-campaign in June 2017, about 7 in 10 (69%) reported they were more likely to use sun protection more regularly and 57% reported they were more likely to use sun protection everyday as a result of the campaign.

Get Healthy Information and Coaching Service: This telephone delivered coaching service supports all adults wanting to make positive lifestyle changes to set their own goals to increase physical activity, increase fruit and vegetable consumption and/or manage their weight. There is currently insufficient 2016–17 data to reliably report behaviour change in participants.

Need for Feed high school cooking program: Pre and post student surveys (n=158 for January 2015 to June 2017) indicated:
- There was a 220% increase in consuming the recommended number of vegetable serves daily (target 40%). The percentage of students meeting these recommendations of serves however remained very low (increased from 5% of students pre-program to 16% post-program).

- The target of a 10% reduction in the weekly consumption of energy dense foods and drinks was exceeded (17% decrease moving from 2.0 times per week to 1.7 times per week).
- There was a 44% increase in the number of students preparing a healthy snack or meal each week (2.4 times increased to 3.4 times per week; target of 25% achieved).
- A 16% increase in number of students consuming the recommended daily intake of fruit serves was achieved however percentage of students meeting guidelines remained very low (increased from 31% of students pre-program to 36% post program; target of 80% not achieved).

Jamie's Ministry of Food program: Analysis of ongoing pre, post and six month post data collection will be provided at project completion (June 2018) as per service agreement requirements. Preliminary results are positive with participants increasing their daily vegetable intake and including salad or vegetables with a meal more often. Early assessment also suggests an increase in number of times main meals are cooked at home and a decrease in frequency of eating takeaway meals.

Menu Labelling: Following the *Kilojoules on the menu* campaign in March and April 2017, 74% of the 405 Queenslanders surveyed were aware of menu labelling. Approximately one in five (22%) of those surveyed had used the kilojoule information when making a purchase in fast-food stores with 70% ordering a healthier choice, 32% a smaller portion and 30% fewer items.

Heart Foundation Walking: Based on undertaking at least 150 minutes of physical activity per week, almost 9 in 10 walkers (87%, n=268) reported sufficient exercise during the previous week (calculated by combining reported minutes of walking, moderate intensity and vigorous intensity activity). When asked to compare their current general health to one year ago, 42% of walker survey respondents rated their health as much better or somewhat better.

10,000 Steps: At 18 weeks post completion of a Workplace Tournament, 75% of workers surveyed (n=882) reported being sufficiently active. There was a significant increase in the proportion of workers engaging in sufficient physical activity after adjusting for age, gender, and organisation at 18 weeks (OR = 1.54, p=0.05 CI 1.20-1.98).

Results at eighteen weeks post Workplace Tournament also showed participants reporting a positive change in the last 3 months of healthy lifestyle behaviours other than physical activity. For example, 63% reported positive healthy eating changes in the last 3 months, 34% reduced sedentary behaviours and 23% increased sun safety. About one-third (36%) of participants reported a positive change in their weight.

Tobacco control interventions: Quit rates at 3 months, 6 months and 12 months are reported for the seven tobacco control interventions delivered by Quitline. The following four interventions have exceeded their specific targets:

- Quit Smoking … for Life! A Queensland Health staff quit smoking program where 53% of participants had quit at 3 months (n=163), 44% at 6 months (n=122) and 39% at 12 months (n=74). Note the program model was reduced from 16 weeks to 12 weeks during the reporting period.
- Health Practitioner Quitline referrals. For participants within July 2016 to January 2017, the quit rate was 48% at 3 months (n=54) and 38% at 6 months (n=20). 12 month data not available.
- Workplace Quit Smoking program. The quit rate was 37% at 3 months, 29% at 6 months and 24% at 12 months.
- Quit for You…Quit for Baby program. The quit rate was 40% at 3 months (n=20) and 44% at 6 months (n=9). The 12 month assessment is not yet complete.

The following interventions have not quite reached their specific targets or data to date is insufficient to report progress:

- Yarn to Quit. An Indigenous Queenslander program with a 28% quit rate at 3 months (n=91) where the target was 30%, and 22% at 6 months (n=72) where the target was 25% and 14% at 12 months (n=45) where the target was 15%.
- Quit for You. The quit rate at 3 months was 50% (n=4). The six month and 12 month data is not yet available.
- Regional, rural and remote program commenced in February 2017, with limited data as yet to report progress.

Overall status 

3.4 Outcomes

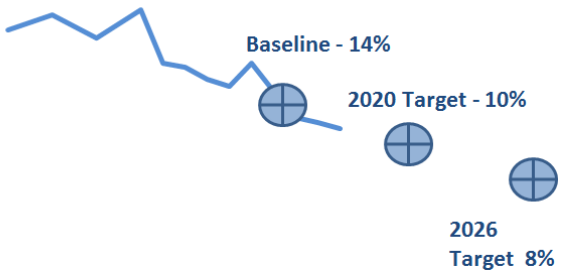
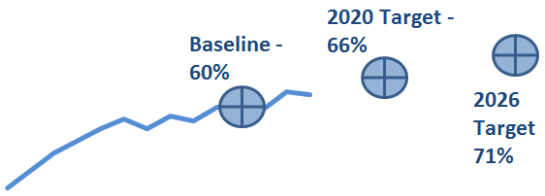
Monitoring healthy behaviour change is integral to the evaluation of *Health and Wellbeing Strategic Framework 2017–2026.* Targets are described in appendix 2.

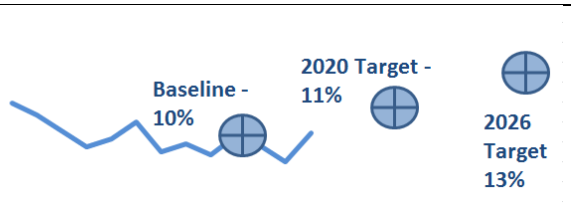
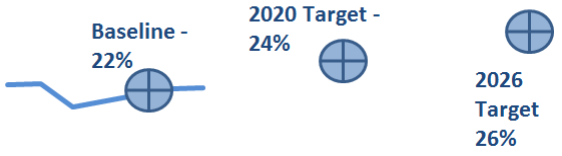
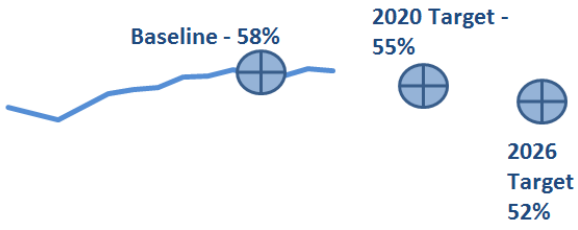
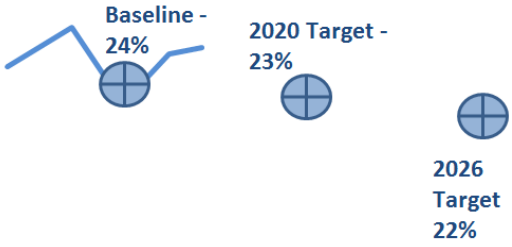
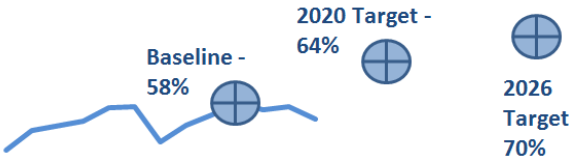
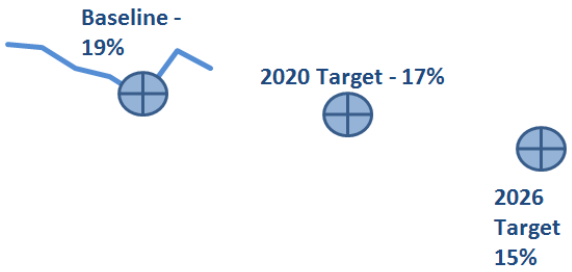
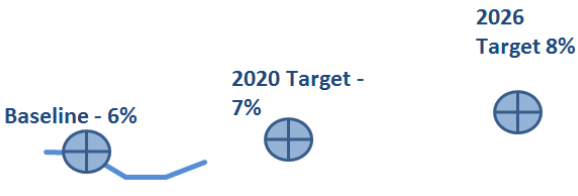
Achieving a target for healthy behaviour outcomes, for example, reducing the prevalence of overweight and obesity is challenging due to the complex nature of the influencing or mediating factors—many of which are outside the health sector. Progress towards targets therefore needs to be interpreted within the wider social and environmental influences that may be supporting or impeding the ability to meet targets.

Tobacco, dietary factors and high body mass are the three leading risk factors causing the greatest health loss in Queensland (9%, 7% and 6% of total burden of disease respectively in 2011).[9] A continuous and sustained investment in these areas is likely to produce long-term benefits in the prevention or reduction of risk factors and thus the reduction of chronic disease burden in Queensland.

The following section assesses performance in the context of longer term trends. Child sun protection was not assessed, as there is only one data point, the baseline estimate of 47% in 2014. The 2020 target is 51%.

Outcome indicators	On track (2020 targets)	Adult / Child
	👍	Adult
	👍	Adult, Child
	👍	Child
	👎	Adult
	👍	Adult
	👎	Child
	👍	Adult
	Insufficient data	Child
	👎	Adult Child
	👎	Adult

Indicators on track to meet 2020 targets	
Daily smoking: adults There has been a steady decline in daily smoking among adults in Queensland, with the rate halving since 1998. The goal is to achieve a 30% reduction from the 2014 baseline by 2020 (from 14% to 10%). The current trend is on track to achieve this target.	
Physical activity: adults Adult physical activity levels have been increasing over the past decade and if the trend is sustained the 2020 goal of 10% increase from baseline will be achieved (from 60% in 2014 to 66% in 2020).	
Children active every day The 2020 target is for a 10% increase in the proportion of children active every day (from 39% at baseline in 2014 to 43%). Current trends are showing this will be achieved.	

Adult vegetable consumption The 2020 target is a 10% increase from baseline: 10% in 2014 to 11% in 2020. On current trends it will be achieved. Due to low prevalence, this indicator is likely to show volatility.	
Child fruit consumption The 2020 target is a 10% increase from baseline: 67% in 2014 to 74% in 2020. On current trends it will be achieved.	
Sun protection: adults The 2020 target is a 10% increase from baseline: 22% in 2014 to 24% in 2020. On current trends it will be achieved.	
Indicators not on track to meet 2020 targets	
Overweight and obesity: adults Although rates have not increased since 2011, as yet there is no decrease in the prevalence of adult overweight and obesity. It is therefore unlikely the 5% reduction will be achieved by 2020—a decrease from 58% at baseline in 2014 to 55% based on self report.	
Child overweight and obesity At baseline about 1 in 4 children were overweight or obese based on proxy report. The 2020 target requires a 5% decrease, from 24% in 2014 to 23% which is unlikely to be achieved based on current trends.	
Adult fruit consumption At the current level of fruit consumption, it is unlikely the 10% increase will be achieved by 2020: an increase from 58% at baseline (2014) to 64% by 2020.	
Lifetime risky drinking: adults Although there have been declining trends in risky alcohol consumption for young males since 2010, the decline is not affecting the whole population and the prevalence in older males has increased. As a consequence lifetime risky alcohol drinking is not on track to achieve the 10% reduction by 2020 (from 19% at baseline in 2014 to 17%).	
Child vegetable consumption At the current level of vegetable consumption, it is unlikely the 10% increase will be achieved by 2020: an increase from 6% at baseline in 2014 to 7% by 2020. Due to low prevalence, this indicator is likely to show volatility.	

4. Influencing drivers and constraints

This section describes the key influencing factors (drivers and constraints) in progressing the *Health and Wellbeing Strategic Framework 2017 to 2026*. Analysis focussed on factors related to
a) the implementation of interventions (implementation-specific)
b) the changing of a system to be more supportive of healthy behaviours (system-specific).

Emerging categories of factors that influenced implementation positively (drivers/enablers) and negatively (constraints/barriers) are mapped against capacity building elements (Capacity Building Framework, NSW Health 2001) and presented in Section 4.1.

The system-specific factors that help or hinder the creation of a responsive system are mapped against Monash Health's System Change Indicators (2017-2021 Integrated Health Promotion Action Plan (based on the *BUILD Framework*, Healthy Together Victoria's *System Change Logic*, and the World Health Organisation's *System Building Blocks*) and presented in Section 4.2.

4.1 Implementation–specific factors

Capacity building elements	**Enablers**	**Barriers**
Organisational development		
Policies and procedures	Service agreements; Mandatory client reporting requirements	Organisation timeline constraints; Lengthy stakeholder approval processes; Inability to quarantine funds to in-scope area
Management support	High level organisation support; Executive committee support	Lack off executive buy-in and push; Changes in authority and organisation representatives
Organisational structure		Organisational change management or restructures; Staff turnover
Information systems	Electronic systems with capacity to include additional clinical reporting	Delays due to reduced information technology capacity, concept testing and system development delays.
Leadership		
Visioning the future	Availability and strength of existing policy and guidelines; Supportive policy environment including election commitments	Low awareness or lack of clarity about new legislation and how best to comply; Legislative timelines
Organisational management	Committed and supportive internal PHB and external agency support (e.g. DET); Strong interest in health issue by a leader e.g. Mayor; Community leadership promoting uptake in some communities; Credibility of key stakeholder organisation; Public acknowledgement of great work (e.g. through awards).	Changes to PHB health priorities e.g. alcohol; Organisational concern about impact of implementation on business, profitability, legal issues and commercial arrangements

Elements	Enablers	Barriers
Community	Community interest and commitment to address a health issue; A commitment by individuals to make a healthy behaviour change; Use of community-based venues	A low priority of health; Competing commitments; High level of disadvantage; Lack of interest or willingness to participate; Logistical participation barriers such as transport, child-minding or suitability of venues; Geographic distance and scattered communities
Partnerships		
Shared goals	Identification of co-benefits and links to stakeholder's core business; Strong alignment with strategic or organisational goals, other funded initiatives, or clinical pathways; Good consultation processes	Conflicting organisational priorities and mandated responsibilities (eg. not considered their issue); Time required for identification of stakeholders and consultation (especially regional consultation); PHB capacity limitations on strong engagement with all stakeholders (including HHSs)
Relationships	Effective partnership and collaboration, Resource sharing; Persistent engagement; Close geographic proximity such as shared premises	Connecting with priority stakeholders and target populations can be a challenge; Long local engagement processes can delay statewide program rollout
Planning	Consultation in project development; Community feedback; Availability of a planning and evaluation framework; Clear scoping, defined objectives; and. defined target group; A coordinated and planned approach; Comprehensive projects; Service agreements with tangible deliverables	Reliance on consultation conducted by other stakeholders; Representatives not confident in representing community or organisational needs
Implementation	Strong governance mechanisms; Regular communication and meetings, Cross-promotion; Ongoing coordination of public sector and jurisdictional networks; Appropriate and flexible delivery models (e.g. multi-modal, adapt and change)	Competing priorities and time constraints; Short program recruitment timeframes
Evaluation	Research and evaluation plan; Regular reporting on outcomes	Poor data reporting; Over ambitious targets

Elements	Enablers	Barriers
Sustained outcomes	Well-established or well-recognised programs; Investment in social marketing, media and branding	Lack of awareness about the program; Branding restrictions can limit alterations; Lack of budget to promote; Staff movements; Model not conducive to sustainability e.g. mobile services leave and do not build the capacity of the local community
Resource allocation		
Financial resources	Adequate intervention funding, Adequate funding within the intervention model (eg. QIP and healthier drinks payments for HHSs, payments for facilitators); Longer funded period	Limited funding; Insufficient budget to run program; Small funding base is insufficient to meet participating organisation's needs; Intermittent funding; User pays system
Access to information	Access to communication support and information to maximise reach; Communication channels; Knowledge sharing; Evidence based resources	Limited rural and remote area access
Specialist advice	Industry expert input; Key stakeholder willingness to participate and share knowledge	
Workforce development		
Workforce learning	Skilled and dedicated project staff (including project team, volunteers, passionate teachers and School Based Youth Health Nurses); Dedicated training and information; Ability of health professionals to provide referrals	Limited project team/workforce capacity; Poor communication between project leads and project implementation staff; A challenging task to meet implementation criteria; Reluctance from some health professionals to discuss/refer

4.2 System-specific factors

System Change Indicators	Enablers	Barriers
Context		
Places, influencers and partners understand the importance of their contribution to prevention	Stakeholders have an awareness their setting/environment is key to supporting healthy behaviours; Internal (CHO) support for prevention	Stakeholder concern regarding the impact of implementing a health policy; Limited evidence that a program leads to behaviour change in children

Indicators	Enablers	Barriers
Understanding context, complexity and leverage points	Strong linkage with national initiatives and actions; State election commitments providing strong support from Government	Competing priorities of key stakeholders. (e.g. a local Councils water supply issue versus promoting the drinking of water); An intervention with an older cohort may not provide ongoing, high-level capacity to continue implementation; Changes to state political agenda; Competing national and local priority agendas
Community demand, engagement and mobilisation	Participants keen to promote program to other community members; Concept of liveable communities provides strong support for health and wellbeing	Non-compliance (e.g. suppliers continue to promote unhealthy products to school tuckshops even when classified as not suitable)
Policy and practice		
Legislation	Tobacco legislation minimises community 'push back'; Tobacco legislation and a state directive escalates the importance of smoke free places as an issue for local government to address	Limitations on tobacco legislation e.g. school and shopping centre car parks and differentiation between under and over 18 years of age
Places, influencers and partners formally commit to prevention through: - policy and procedure influenced - prevention embedded in strategic and operational plans	High uptake of the healthy catering guidelines influencing healthy food provision at community events; Evidenced based smoking cessation clinical pathways developed; Integration into electronic systems with quality smoking data fields and reporting using coders developed; Online smoking referral form available for clinicians and internet; Tobacco legislation built into statewide strategic Compliance Plan	Poor translation of policy to practice; Historical insights e.g. healthy food access not seen as a planning matter
Components		
Places, influencers and partners participate in prevention through: - new initiatives	A service for school tuckshops suppliers to enable development of suitable, healthier food and drink options; Quitline available to all family members; Quitline provides access to free Nicotine Replacement Therapy; A free and confidential Get Healthy coaching program delivered over the phone	Long-term programs could reach saturation point; The model of support or service may not be what some individuals want

Indicators	Enablers	Barriers
- capacity building - rewards, resources and incentives - accessing services	Engagement of provider organisations to enable local service delivery; Development of GP engagement strategies including alignment with practice software and MH4L referral documentation; Engagement of Public Health Networks as a Healthier Queensland Alliance member Smoking Cessation Clinical Pathway incentivised with the QIP Use of validated health risk assessment tools to determine program eligibility i.e. AUSDRISK and Absolute CV RISK (My health for life)	Competing agendas e.g. comprehensive Early Childhood Education and Care National Quality Standards make it challenging for staff to focus on health and wellbeing as one of many more topics (LEAPS support service program).
Modifying and improving existing components	Increased potential for system change by expanding physical activity program to community organisations including Councils	
Leveraging existing components	Uses Clinical Skills Development Service (QH) training system; Open and free access to training	
Coordinated and shared prevention language	Development of research publications which add credibility and contribute to evidence-base	
Connections		
Collaborative relationships and networks are strengthened to leverage change though: - participation in shared decision making - sharing of data and systems	Strong links with Quitline to review and amend program in line with outcomes, budget and policy Addressing organisation's concerns by providing case studies and statistics that support implementing a smoke-free policy	Potential for competition between providers, especially regarding funding.
Places, influencers and partners lead local prevention action	Engaging service providers who are well connected to the community and regional governance structures	

Indicators	Enablers	Barriers
Communities of practice established or continued	Connecting Communities - brings organisations together that have an interest in food literacy and build capacity of the local community	
Infrastructure		
Allocation of new or redistribution of assets and funding to match prevention	Healthier. Happier. Workplace initiative team is now part of a larger team, Work Design Unit, including ergonomics and injury prevention; Increasing engagement with peak bodies and member organisations	Looming stakeholder restructures and priority agenda change
A skilled workforce built through professional development	Provision of Indigenous facilitator positions increases credibility; Broad applicability of training beyond health workers such as correctional services	
Increased availability of health promoting environments – place changes	Provision of funding can increase staff capacity in HHSs to undertake compliance surveillance work which would increase health promoting environments; One-off grants as a key motivator, catalyst or influence in determining the scope and extent of the work undertaken in supporting new tobacco legislation	Practical compliance/enforcement barriers were identified for local governments in enforcing tobacco legislation (e.g. Councils limited powers or status to arrest, detain, or gather evidence to follow up offenders; safety issues for staff particularly in small communities, costs)
Scale		
System spread		Varied levels of support from local councils, including different priorities e.g. butt bins - a litter or trigger issue; Small-sized risk assessment, early intervention and counselling program provides limited reach

Appendix 1: An overview of initiatives

Table 2: Initiatives by Strategies (inputs)

Name of initiative	Strategy					
	Risk assessment, early intervention, counselling	**Personal skills development**	**Sector development**	**Public policy & legislation**	**Social marketing**	**Health surveillance & research**
My Health for Life	**X**	x	x		x	
Get Healthy Information and Coaching Service	**X**					
TRIM Kids Program	**X**					
Quit Now Program	**X**					
Yarn to Quit	**X**					
Quit Smoking... for Life!	**X**					
Workplace Quit Smoking Program	**X**					
Quit for You, Quit for Baby Program	**X**					
Regional, Rural and Remote Program	**X**					
Quit for You	**X**					
Health Practitioner Quitline referrals	**X**		x			
Multicultural Healthy Lifestyle program		**X**				
Life Education		**X**				
Country Kitchens		**X**	x			
Jamie's Ministry of Food Program		**X**				
Need for Feed High School Cooking Program		**X**				
Heart Foundation Walking		**X**	x			
10,000 Steps		**X**				
LEAPS Support Service program			**X**			
iAIM			**X**			
Act on Alcohol			**X**			
B.strong Indigenous brief intervention training			**X**			
Healthy Indigenous Communities			**X**			
Healthy tuckshop support program			**X**			

Bold **X** depicts primary strategy; small x indicates other relevant strategies

Table 2: Initiatives by Strategies (inputs) - continued

Name of initiative	Risk assessment, early intervention, counselling	Personal skills development	Sector development	Public policy & legislation	Social marketing	Health surveillance & research
Smart choices Nutrition Advisory Service			**X**			
Healthier. Happier. Workplaces Initiative			**X**			
SunSmart shade creation initiative			**X**			
Good Sports - alcohol (core)			**X**			
Good Sports - healthy eating			**X**			
Smoking Cessation QIP - inpatients	x		**X**			
Smoking Cessation QIP - dental	x		**X**			
Quitline SMS scoping project			**X**			
Engaging local government in tobacco control activities			**X**	x		
Brief Interventions for a Healthy Lifestyle training		x	**X**			
Tobacco licensing scheme				**X**		
Tobacco legislation compliance plan				**X**		
Smoke free higher education and training			x	**X**		
Smoke-free government precincts			x	**X**		
Healthier drinks			x	**X**		
Menu labelling				**X**		
Sun safe school uniforms			x	**X**		
State planning policy review & update				**X**		
Queensland Cycling Strategy				**X**		
Healthy Futures Commission				**X**		
Sun Safety social media campaign					**X**	
Surveillance and monitoring of risk behaviours including trend assessment: Queensland Preventive Health Survey system and associated releases						**X**
Reporting of risk and outcomes: 2016 Chief Health Officer report and associated products						**X**

Bold **X** depicts primary strategy; small x indicates other relevant strategies

Table 3: Total number of interventions by Strategy (inputs) (excluding health surveillance and research)

Risk assessment, early intervention & counselling	11	Public policy & legislation	10
Personal skills development	7	Social marketing	1
Sector development	16	**TOTAL**	**45**

Overweight and obesity prevention

Total number of initiatives: 24

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Healthy lifestyle - multiple risk factors (number of initiatives = 11)

My health for life program (MH4L)

Purpose: To identify Queensland adults at highest risk of developing preventable chronic diseases and provide them with access to lifestyle modification interventions to reduce their risk.

Target group: Queensland adults aged 45 years and older and people of Aboriginal and Torres Strait Islander origin aged 18 years and over, who are assessed as being at high risk of developing chronic disease. Also includes adults 18+ years with pre-existing conditions such as a previous history of gestational diabetes mellitus; familial hypercholesterolemia; high blood pressure or high blood cholesterol.

Key strategy: *Risk assessment, early intervention and counselling* – Providing chronic disease health risk assessment to identify adults at high risk of developing type 2 diabetes, cardiovascular disease and specific cancers that have known links with obesity. Deliver lifestyle modification programs over 6 months via telephone health coaching or group based programs and online support tools. This program is part of an election commitment.

Current status / progress / achievement: The concept testing process supported refinement and development of service provision model. The established Know Your Number program transitioned to MH4L. Extensive community and service provider engagement and progressive social marketing campaign including local launch events are ongoing. The Healthier Queensland Alliance is working with General Practitioners, Hospital and Health Services and other service providers to undertake health risk assessment and refer clients into the program. Program implementation commenced in March 2017 in Fraser Coast, with an ongoing progressive rollout statewide.

Implementing agency: Diabetes Queensland is leading the statewide implementation of this program, supported by the Healthier Queensland Alliance including Heart Foundation, Stroke Foundation, all Queensland Primary Health Networks, Queensland Aboriginal and Islander Health Council and the Ethnic Communities Council of Queensland. Website www.myhealthforlife.com.au

Get Healthy Information and Coaching Service

Purpose: To support people to make positive lifestyle changes in relation to increasing physical activity and healthy eating and achieving and maintaining a healthy weight.

Target group: Adults over 16 years can self-refer, or be referred by their general practitioner or other health care provider. A new culturally appropriate Get Healthy program will be available from late 2017 for all Aboriginal and Torres Strait Islander participants.

Key strategy: *Risk assessment, early intervention and counselling* – This service offers up to ten free coaching calls with a personal health coach for up to six months.

Current status / progress / achievement: A range of targeted programs are now available: Get Healthy Information and Coaching Service; Get Healthy in Pregnancy; Get Healthy to Prevent Type 2 diabetes; Get Healthy for Aboriginal and Torres Strait Islander people. Six-month SMS support program for clients who have reached their goals has been introduced.

Implementing agency: Healthways delivers this service in Queensland.
Website www.gethealthyqld.com.au

TRIM kids (PEACH program)

Purpose: To support parents and carers to manage their children's weight.

Target group: Families with primary school aged children who want to get their kids active and eating well.

Key strategy: *Risk Assessment, Early Intervention and Counselling* – Parent-led and family-focused six-month healthy lifestyle program that offers practical advice and information about healthy eating and ways to increase levels of physical activity.

Current status / progress / achievement: Funding ceased end of December 2016.

Implementing agency: Queensland University of Technology delivered the program from 2013 to December 2016.

Multicultural Healthy Lifestyle program

Purpose: To increase access to culturally tailored healthy lifestyle promotion and education programs for priority and emerging Queensland CALD communities. Health promotion includes healthy eating, physical activity, chronic disease management, smoking cessation and safe alcohol use.

Target group: Nine culturally and linguistically diverse communities that experience poorer health outcomes than other Queenslanders in 10 of the HHSs.

Key strategy: *Personal skill development* – Multicultural Health Workers with strong links to the targeted communities provide group-based healthy lifestyle and health education programs. General Practitioners and health professionals are encouraged to refer culturally and linguistically diverse clients/patients that would benefit from this program.

Current status / progress / achievement: Meeting the target for increased participation of CALD participants with or at risk of preventable chronic disease. Improved biometric outcomes (weight, BMI, waist circumference, blood pressure). Improvement in health knowledge and confidence in managing personal risks and chronic disease. Among participants there was increased vegetable and fruit consumption; and increased physical activity. Also, there was reduced consumption of unhealthy foods and drinks (including alcohol), and less smoking.

Implementing agency: Ethnic Communities Council of Queensland.
Website http://www.eccq.com.au/what-we-do/health/chronic-disease/

Brief Interventions for a Healthy Lifestyle training

Purpose: To provide clinicians with the skills and confidence to conduct brief interventions as part of their routine care, to support patient's uptake of healthy behaviours including healthy eating, incorporating physical activity into daily life, and reduce smoking and alcohol misuse.

Target group: Queensland health professionals and clinicians.

Key strategy: *Sector development* – Online brief intervention training, consisting of two specialised courses 1) for health workers who work predominately with non-maternity patients and 2) for midwives, child health nurses and other clinicians who work with pregnant and breastfeeding patients. This initiative is ongoing.

Current status / progress / achievement: Free online training continues to Queensland clinicians.

Implementing agency: Queensland Health Clinical Skills Development Service hosts this online training.
Website https://www.sdc.qld.edu.au/

Life Education program

Purpose: To support the delivery of health education modules addressing nutrition, physical activity, healthy weight, smoking and alcohol.

Target group: Primary school students from state and non-state schools across Queensland, with a particular focus on rural and remote areas and communities with socio- educational disadvantage (as measured by ICSEA).

Key strategy: *Personal skill development* - Extra-curricular school-based health education program comprising a mobile classroom and specially trained educators who present vital health and safety messaging through tactile and multisensory activities. Children are encouraged to participate and learn through engaging education experiences. Sessions use the latest technology and provide children with online resources and problem solving activities that can also be used by teachers in the classroom. This initiative is funded until 30 June 2018.

Current status / progress / achievement: Student participation rates continue to increase but numbers from disadvantaged (<900 ICSEA) schools remain low - 13,338 of 140,324.

Implementing agency: The Life Education Foundation Queensland. Website www.lifeeducation.org.au

The Learning Eating Active Play (LEAPS) program

Purpose: To build capacity and increase participation of Early Childhood Education and Care staff in the LEAPS support service program – a professional development program to support implementation of the National Healthy Eating and Physical Activity Guidelines for Early Childhood Settings (Get Up and Grow guidelines).

Target group: Early Childhood Education and Care staff including centres with high Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse populations, and from socioeconomically disadvantage, regional and rural areas.

Key strategy: *Sector development* – Provision of support services for Early Childhood Education and Care centres including embedding the LEAPS support service program into the existing Nutrition Australia Queensland Food Foundations program, ongoing development of high quality resources and tools, newsletters, online discussion forum, free access to online courses.

Current status / progress / achievement: Improved knowledge, skills and confidence of Early Childhood Education and Care staff in relation to healthy eating, physical activity, tobacco and sleep. Increased access of staff to resources, tools, E-newsletters, online support and discussion. Increased networking, collaboration and cross-promotion across the sector and an ongoing point of contact for health promotion and education in Early Childhood Education and care in Queensland.

Implementing agency: Nutrition Australia Queensland.
Website http://training.naqnutrition.org/courses/leaps

Healthier. Happier. Workplaces initiatives

Purpose: To support workplaces to make policy, cultural and physical environment changes that promote healthy lifestyles.

Target group: Queensland businesses and their workers.

Key strategy: *Sector development* – A partnership-based, multi-strategic model using evidence-based interventions, including targeted (e.g. working with Workplace Health and Safety Queensland and WorkCover) and universal strategies (e.g. website, workplace recognition scheme) for best-practice workplace health promotion programs and policies.

Current status / progress / achievement: Team of advisors established, increasing engagement with peak bodies and member organisations, and becoming embedded in Office of Industrial Relations as part of the Work Design Unit.

Implementing agency: The Department of Health and Workplace Health and Safety Queensland jointly delivers key components of this initiative. Website www.workplaces.healthier.qld.gov.au

B.strong Indigenous Brief Intervention Training

Purpose: To build capacity of Indigenous Health Workers and other health and community service providers to provide nutrition, physical activity and quit smoking brief advice to Aboriginal and Torres Strait Islander clients.

Target group: Indigenous Health Workers and other health and community service providers who may be able to provide brief advice to Indigenous clients.

Key strategy: *Sector development* – Face to face and online training in nutrition, physical activity and smoking brief intervention based on a client's stage of behaviour change.

Current status / progress / achievement: Engagement of HHSs and recruitment of participants on track. Pilot results of training content were positive and in–depth evaluation has commenced.

Implementing agency: Menzies School of Health Research. Website www.bstrong.org.au

Healthy Indigenous Communities project

Purpose: Seeks to engage Aboriginal Shire Councils in developing and implementing community-led strategies to create healthy food and smoke-free environments.

Target group: Cape York Aboriginal Shire Councils and community members.

Key strategy: *Sector development* – Undertake community readiness assessments with Councils and key community stakeholders to develop readiness and willingness to change. Based on these assessments, develop and implement community-led strategies to reduce sugary drink consumption and increase smoke-free places.

Current status / progress / achievement: Community assessments identified a need for intensive community engagement strategies to increase readiness to change. Engagement with Councils has been promising.

Implementing agency: Apunipima Cape York Health Council.

Healthy Futures Commission

Purpose: To establish the Healthy Futures Commission Queensland as an independent statutory body to support the capacity of children and families to adopt healthy lifestyles.

Target group: All Queenslanders.

Key strategy: *Public policy and legislation* – Provide policy advice to support the development of a Healthy Futures Commission Queensland Bill for consideration by Parliament.

Current status / progress / achievement: The *Healthy Futures Commission Queensland Bill 2017* was introduced to Parliament in May 2017, and referred to a Parliamentary Committee with a report tabled in July 2017. [The Bill lapsed when the State Government election was called in October 2017 - The Minister for Health is considering the Healthy Futures Commission Queensland Bill.]

Implementing agency: Department of Health.

Healthy eating specific (Number of initiatives: 8)

Country Kitchens program

Purpose: To help rural and remote Queenslanders learn to cook healthy nutritious meals at home and encourage healthy eating within their local communities.

Target group: QCWA members, key community influencers, and rural and remote community members.

Key strategy: *Personal skill development* – The program includes three, 5-hour hands-on cooking skills workshops with a strong focus on increasing daily fruit and vegetable consumption. The QCWA has developed the Country Kitchens Healthy Cookbook supporting community members to cook healthy meals at home. The QCWA is also supporting local branches to implement the Country Kitchens Health Catering Guidelines to improve food and drinks supplied at branch meetings and promote healthier food environments in their local communities. This initiative is funded until 30 June 2018.

Current status / progress / achievement: Evidence of increasing capacity within local QCWA branches to deliver ongoing healthy eating, cooking and lifestyle programs within their local communities is very encouraging from a sustainability perspective. Some branches are also working with key influencers in communities that have capacity to influence what others eat.

Implementing agency: Queensland Country Women's Association.
Website countrykitchens@qcwa.org.au

Jamie's Ministry of Food program

Purpose: To support Queenslanders to change to a healthier way of eating through provision of practical hands-on cooking classes which demonstrate how easy and cheap it can be to make simple and nutritious meals from scratch.

Target group: Areas of high need are prioritised for the Mobile Kitchen locations and the program proactively recruits participants from high risk population groups e.g. concession card holders, Aboriginal and Torres Strait Islanders and young people.

Key strategy: *Personal skills development* – The program teaches cooking skills, food preparation, healthy meal planning and budgeting in a friendly, supportive and fun environment, through a centre at Ipswich and a mobile food truck that travels the state providing 5-week courses. A 'Connecting Communities to Cook' forum at the conclusion of each mobile kitchen visit provides like-minded organisations with a platform for discussion, information sharing and exploring opportunities to inspire and harness community interest and support for future healthy food initiatives. This initiative is funded until 30 June 2018.

Current status / progress / achievement: Effective in reaching large numbers of Queenslanders. Increasing fruit and vegetable consumption and decreasing consumption of take-away and junk food, but also in encouraging the preparation of healthy meals from scratch, family meals and increase social connectedness.

Implementing agency: The Good Foundation. Website www.jamiesministryoffood.com

Need for Feed high school cooking program

Purpose: To improve student's confidence and skills in preparing healthy food.

Target group: Secondary school students in grades 7 to 10 attending state and non-state secondary schools, with a priority focus on those living in socioeconomically disadvantaged areas and Aboriginal and Torres Strait Islander students.

Key strategy: *Personal skill development* – Cooking program conducted after school, in school holidays or on Saturdays by a qualified teacher, school nurse or health professional with the support of Diabetes Queensland. This initiative is funded until 30 June 2018.

Current status / progress / achievement: Students able to independently cook a meal at the completion of the program. Participants have achieved an increase in consumption of fruit and vegetables and

decrease in consumption of energy dense food and drinks. However, currently the number of programs being run is less than the target.

Implementing agency: Diabetes Queensland. Website www.needforfeed.org.au

The Healthy Tuckshop Support program

Purpose: To support school tuckshops across Queensland to implement and maintain the Smart Choices Healthy Food and Drink Supply Strategy for Queensland Schools (Smart Choices).

Target group: Students, tuckshop convenors, parent bodies, teachers and other school staff at state and non-state schools in socioeconomically disadvantaged areas.

Key strategy: *Sector development* – Provision of support services for schools including delivery of free, state-wide network meetings, online development of recipe and menu resources and undertaking regular electronic communication with tuckshops. This initiative is funded until 30 June 2018.

Current status / progress / achievement: Schools submitting menus to be assessed are increasingly compliant against the new Smart Choices strategy. Participants with network meetings continue to feel more confident and skilled in improving their menus to include healthier options. Support provided to suppliers to enable them to promote healthier options to schools and/or consider reformulation of products, as applicable. Provides a point of contact for suppliers in Queensland.

Implementing agency: Queensland Association of School Tuckshops. Website www.qast.org.au

Smart Choices Nutritional Advisory Service (addendum to the Healthy Tuckshop Support Program)

Purpose: To support manufacturers, industry members and suppliers who develop, produce and supply food and drinks for Queensland school tuckshops, regarding the classification of their food and drink products in line with the updated Smart Choices Strategy.

Target group: All industry / supplier enquiries relating to food and drink suitable for Queensland school tuckshops.

Key strategy: *Sector development* – Provision of support service for industry / suppliers, with consultation with key stakeholders (including DET for endorsement). This initiative is funded until 30 June 2018.

Current status / progress / achievement: The service continues to be delivered. Collaboration across key stakeholders assists in achieving strong communication with industry and suppliers.

Implementing agency: Queensland Association of School Tuckshops. Website www.qast.org.au

Good Sports program (Alcohol and Healthy Eating)

Purpose: To support and guide sporting clubs to improve the way alcohol is managed and to promote healthy food and drinks.

Target group: Queensland amateur sporting clubs with junior members.

Key strategy: *Sector development* – Three-level accreditation program providing resources and training to help clubs tackle alcohol-related issues as well as mental health, smoking and healthy eating. An extension of the core program, the Healthy Eating program focuses on increasing the range of healthy food and drink options available, safe food handling, promoting water as the drink of choice, encouraging healthy fundraising activities and developing a healthy food and drink policy. This initiative is funded until 30 June 2018.

Current status / progress / achievement: Good sports (alcohol): Meeting targets for participation, accreditation progression and number of dormant clubs (no active participation in last 2 years). Good sports (healthy eating): Meeting targets for participation and accreditation progression. Reached 13 of 35 priority regions and is not yet achieving targets to decrease the number of dormant clubs.

Implementing agency: The Alcohol and Drug Foundation. Website www.goodsports.com.au/

Healthier drinks for healthcare facilities

Purpose: to improve the supply of healthier drinks in healthcare facilities to support healthy choices for those working in the facilities and those accessing the services provided.

Target group: Employees and visitors of Queensland Healthcare facilities

Key strategy: *Sector development* – the Healthier drinks best practice guide was developed to support education in the provision and sale of sugar-sweetened drinks in healthcare facilities. The Guide was provided to Chief Executives of HHSs in mid-2016. It is being used by administrators who oversee the supply of drinks in retail outlets, vending machines, catering and fundraising activities. The Department of Health is working with HHSs to support implementation of the Guide. In November 2016, funding to support implementation was also provided to eight HHSs that applied, including Children's Health Queensland, Darling Downs, Gold Coast, Metro North, Metro South, Southwest, Torres and Cape, and West Moreton.

Current status / progress / achievement: All 8 funded HHS's were making good progress to reduce availability of unhealthy drinks, plus 2 non-funded HHSs. A further 2 HHSs had initiated change with more work to be done.

Implementing agency: Department of Health.

Menu labelling for fast-food

Purpose: To provide consumers information on the nutritional value of food and drinks at the point-of-sale to help make healthier choices when purchasing fast-food.

Target group: All Queenslanders, and particularly adolescents and young adults as the highest fast-food consumers.

Key strategy: *Public policy and legislation* – This evidence-informed intervention, which was found effective in reducing choice and consumption of energy-dense food in fast food environment[5], used public policy and legislation as a key strategy for implementation. The introduction of a menu labelling scheme requires food businesses to display energy content as kilojoules for standardised food and drinks items on menus. Legislation passed in March 2016 with enforcement commencing March 2017. A consumer education campaign, *Kilojoules on the Menu*, ran from end of February until mid-April 2017. Evaluation of all components of the initiative is ongoing. This program is part of an election commitment.

Current status / progress / achievement: Legislation was passed. Strategies to support food businesses offer healthier choices to their customers are being considered. Many businesses new to menu labelling in Queensland have not commenced despite the legislation.

Implementing agency: Department of Health.

Physical activity specific (Number of initiatives: 5)

Heart Foundation Walking program

Purpose: To promote and maintain good physical health and prevent injury and illness.

Target group: All Queensland adults, with a focus on eight regions with high proportions of people with insufficient physical activity, overweight or obesity and/or cardiovascular disease.

Key strategy: *Personal skills development* – Australia's largest free walking network consisting of walking groups led by volunteer Walk Organisers, as well as a virtual community of walkers who track their activity online. Walking groups vary in size, distance, level of difficulty and walk times to cater for all ages and abilities. This initiative is funded until 30 June 2019. This program is part of an election commitment.

Current status / progress / achievement: Recruitment and very high retention rates are on track; Opportunities for cross promotion have been used to their full advantage; One on one coordinator mentoring/recruiting of local coordinators has been key to increasing the number of walking groups.

Implementing agency: Heart Foundation (Queensland). Website http://walking.heartfoundation.org.au/

10,000 Steps program

Purpose: To raise awareness and increase participation in physical activity by encouraging the accumulation of 'incidental' activity as part of everyday living.

Target group: Queensland adults with a focus on workplaces and the community.

Key strategy: *Personal skill development* – The provision of virtual Step Challenges, health and physical activity information, resources and support via an interactive 10,000 Steps website, Apps for tracking progress, a 10,000 Steps Workplace Guide and Community Grants. This initiative is funded until 30 June 2019. This program is part of an election commitment.

Current status / progress / achievement: Recruitment mostly on track - a new focus on communities in this period has not driven the high number of individual registrations of previous years where workplaces were a priority focus. However, a community focus aims to increase longer term sustainability by embedding 10,000 Steps strategies and infrastructure into communities.

Implementing agency: Central Queensland University. Website www.10000steps.org.au

iAIM

Purpose: To promote physical activity at school and link it to improved outcomes in achievement, behaviour and engagement, and health and wellbeing by using effective pedagogical practice within a school improvement framework.

Target group: Primary school students from state schools in Darling Downs South West (DDSW) Education region.

Key strategy: *Sector development* – Changing school culture by developing and sharing innovative, tailored strategies that enable classroom teachers and principals to set aside time for physical activity, creativity, explore and test new ideas and methods to increase participation in the program.

Current status / progress / achievement: Following a period of non-funding, iAim re-commenced in April 2017 in the DDSW Education region only (previously statewide), with 30 schools registering (15 from previous funded period, 15 new schools).

Implementing agency: Department of Education and Training.

State Planning Policy guidelines; and Queensland Cycling Strategy

Purpose: Active transport and urban design are best-buys for increasing regular physical activity at a population level. Active transport (walking, cycling and public transport) can embed regular, incidental physical activity in travel and reduce the need for car travel (especially for short trips).

Urban design can also embed regular, incidental physical activity in and when moving between urban settings, especially at or near where people earn, learn, shop, recreate and live.

Target group: Queensland urban population.

Key strategy: *Public policy and legislation* – Queensland Health must collaborate with other government departments if it is to increase the prevalence of regular physical activity through public policy and legislation, as it is not responsible for any of the population drivers for physical activity (i.e., the best-buys for physical activity are known). Active transport and urban design initiatives are important physical activity investments as they can increase physical activity on a large scale, over time and in multiple locations. Queensland Health builds these collaborations on selling the co-benefits of physical activity (i.e. the many benefits of physical activity beyond health), respecting the processes and priorities of the host department, and its competence to assist in strategy development, delivery and evaluation.

Current status / progress / achievement: Ongoing.

Implementing agencies: The Department of Transport and Main Roads is the lead agency of Queensland Cycling Strategy (Queensland Health has carriage of two initiatives). The Department of State Development, Manufacturing, Infrastructure and Planning is responsible for State Planning Policy guidelines.

Smoking prevention

Number of initiatives: 16

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Quit Now program

Purpose: To support people to quit smoking through *Quitline* 13 QUIT.

Target group: Anyone thinking about wanting to stop smoking.

Key strategy: *Risk assessment, early intervention and counselling* – Single interaction service with the *Quitline* statewide confidential telephone service available from 7am to 10pm, 7 days a week and offering friendly, evidence-based support, encouragement and resources to help with quitting smoking.

Current status / progress / achievement: Ongoing.

Implementing agency: Department of Health's Quitline service (13 QUIT).

Yarn to Quit program

Purpose: To support people quit smoking

Target group: Aboriginal and Torres Strait Islander Queenslanders.

Key strategy: *Risk assessment, early intervention and counselling* – Confidential telephone smoking cessation support combining multiple counselling sessions and free nicotine replacement therapy (NRT) as well as supporting resources. Individuals can self-refer or be referred by a Health Professional.

Current status / progress / achievement: Surpassed enrolment target, however 3, 6 and 12 month quit rates are below the targets.

Implementing agency: Department of Health's Quitline service (13 QUIT).

Quit Smoking … for Life!

Purpose: To encourage Queensland Health and Queensland Ambulance Service staff to quit smoking.

Target group: All current Queensland Health and Queensland Ambulance Service staff - permanent, temporary and casual. Also available to partners, spouses or family members living in the same house as any staff member.

Key strategy: *Risk assessment, early intervention and counselling* – Free confidential telephone smoking cessation counselling service dedicated to supporting smokers to quit, combining the use of behavioural counselling with nicotine replacement therapy (NRT). This initiative is ongoing.

Current status / progress / achievement: Surpassed enrolment target/capacity, completion and retention rates. Quit rates at 3 months, 6 months and 12 months exceeded targets.

Implementing agency: Department of Health's Quitline service (13 QUIT).

Workplace quit smoking program

Purpose: To support people to quit smoking.

Target group: Queensland workplaces with workers in blue collar occupations.

Key strategy: *Risk assessment, early intervention and counselling* – Free confidential telephone smoking cessation counselling service dedicated to supporting smokers to quit, combining the use of behavioural counselling with nicotine replacement therapy (NRT). Individuals access the program through their participating workplace.

Current status / progress / achievement: Broadening eligibility criteria (for workplace and occupation groups) has led to an increase in the number of workplaces offering the program to their staff. There has been an increase in the number of organisations promoting program to clients.

Implementing agency: Department of Health's Quitline service (13QUIT).
Website http://workplaces.healthier.qld.gov.au/smoke-free-workplaces-public/

Quit for you…Quit for baby program

Purpose: To encourage priority population groups to quit smoking.

Target group: Pregnant women and their partners who smoke and are interested in quitting.

Key strategy: *Risk assessment, early intervention and counselling* – Free Quit smoking support program combining the use of behavioural counselling with nicotine replacement therapy (NRT). The program was offered to all antenatal services across the state from 1 October 2016. Individuals can self-refer, or be referred by a Health Professional.

Current status / progress / achievement: Increase in the number of public antenatal clinics referring clients, as well as individuals self-referring has led to an increase in uptake.

Implementing agency: Department of Health's Quitline service (13 QUIT).

Regional, Rural and Remote Program

Purpose: To encourage priority population groups to quit smoking.

Target group: People who live in regional, rural and remote Queensland with an adult daily smoking rate >12%.

Key strategy: *Risk assessment, early intervention and counselling* – Confidential telephone smoking cessation support combining multiple counselling sessions and free nicotine replacement therapy (NRT) as well as supporting resources. Individuals can self-refer or be referred by a Health Professional. This initiative is funded until 30 June 2018.

Current status / progress / achievement: Commenced in February 2017 with limited data to report however enrolments appear high.

Implementing agency: Department of Health's Quitline service (13 QUIT).

Quit for You

Purpose: To encourage priority population groups to quit smoking.

Target group: Adult (18+) smokers who are experiencing a range of socio-economic issues and are interested in quitting.

Key strategy: *Risk assessment, early intervention and counselling* – Free confidential telephone smoking cessation counselling service dedicated to supporting smokers to quit, combining the use of behavioural counselling with nicotine replacement therapy (NRT). Individuals access the program through participating organisations.

Current status / progress / achievement: Enrolment is slow however retention rates are satisfactory. Data is insufficient to date to determine quit rates.

Implementing agency: Department of Health's Quitline service (13 QUIT).

Health Practitioner Quitline referrals

Purpose: To support people to quit smoking through referral to Quitline 13 QUIT.

Target group: Queensland professionals (government and non-government) to refer patients/ clients who smoke and want assistance to quit.

Key strategy: *Risk assessment, early intervention and counselling* – Free confidential telephone smoking cessation counselling service dedicated to supporting smokers to quit. Non-government referrals receive a single interaction service and government referrals receive four telephone counselling sessions. All receive supporting resources.

Current status / progress / achievement: Queensland Health referrals: 119 participants (July 16 to Jan 17). The quit rate was 48% at 3 months (n=54) and 38% at 6 months (n=20). 12 month data not available.

Implementing agency: Department of Health's Quitline service (13QUIT) delivers this program. Phone 13 78 48.

Smoking Cessation quality improvement payment (inpatients and dental)

Purpose: To increase the delivery of clinician-led smoking cessation interventions for adult hospital inpatients, dental clients, and from 1 July 2017 adult community mental health clients.

Target group: Medical officers, nurses, pharmacists, dental officers and allied health professionals working in Queensland HHSs.

Key strategy: *Sector development* – Provision of Quality Improvement Payments (QIP) as incentives for HHSs to meet agreed performance benchmarks on: a) smoking status reported for in-scope patients (reaching the target is a pre-requisite for eligibility of any QIP) and b) Smoking Cessation Clinical Pathway completed for identified smokers (full QIP dependent on achieving target; proportional payment for partial achievement above the minimum threshold). In-scope patients are adults staying in hospital for 2 nights or more, and dental clients who complete a course of care. This initiative is funded until 30 June 2018.

Current status / progress / achievement:

- QIP – inpatients:
  - a) YTD 89.6% smoking status reported (monthly range 87.0-90.9%) (pre-requisite)
  - b) YTD 56.3% pathway completion for identified smokers (monthly range 49.5-60.1%)
  - 12 HHSs (including Mater) qualified for ≥1 monthly payment.
- QIP-dental:
  - a) YTD 76.8% smoking status reported (monthly range 73-82.9%) (pre-requisite)
  - b) YTD 44.5% pathway completion for identified smokers (monthly range 41.9-49%)
  - 10 HHSs qualified for ≥1 monthly payment.

Implementing agency: Queensland Hospital and Health Services.
Email smokingQIP@health.qld.gov.au to request additional advice or to provide feedback.

Quitline SMS Scoping project

Purpose: To encourage Queensland patients on elective surgery wait lists to quit smoking prior to surgery.

Target group: Queensland patients on elective surgery wait lists.

Key strategy: *Risk assessment, early intervention and counselling* – Using SMS to offer free confidential telephone smoking cessation support to patients on wait lists who smoke at the time of admission. Quitting smoking before surgery can reduce the risk of post-operative complications, as well as benefiting a patient's long term health.

Current status / progress / achievement: Scoping document developed.

Implementing agency: Scoping conducted by Preventive Health Branch, Quitline service (13 QUIT) delivered by Department of Health.

Engaging local government in tobacco control activities

Purpose: To engage with 30 local governments to identify the range of activities undertaken by councils to support public compliance with Queensland tobacco laws and gain insight into the key issues for councils and potential options to maximise future compliance with legislated smoke free areas.

Target group: Local governments.

Key strategy: *Sector development* – Semi-structured interviews were conducted with the Local Government Association of Queensland and twenty seven councils. Written responses were received from 3 councils. A Sector Development report was developed providing an outline of current tobacco control activity, key conditions that support local government tobacco control work and potential options to support future work in this area.

Current status / progress / achievement: Engagement completed and key findings disseminated. Future options being considered.

Implementing agency: Department of Health delivers this program.

Tobacco Licensing Scheme

Purpose: To investigate the potential impacts and benefits of introducing a tobacco licensing scheme in Queensland to inform retail compliance activity.

Target group: All Queensland retailers.

Key strategies: Communication and consultation with peak retail bodies and large retailers, consideration of tobacco sale and supply data and development of draft policy options.

Current status / progress / achievement: Provision of Cabinet Matter to Note advising of investigation process and progress. Draft policy options completed.

Implementing agency: Department of Health.

Tobacco Legislation Compliance Plan

Purpose: To ensure reduced exposure to tobacco and other smoking products by encouraging business and public compliance with the Tobacco and Other Smoking Products Act 1998 (the Act).

Target group: All Queenslanders.

Key strategies: State-wide education campaign to support compliance with new tobacco laws, promotion of 13 QGOV to provide tobacco legislation advice and signage to businesses, review and report on state-wide health status data and trends.

Current status / progress / achievement: Completed

Implementing agency: Department of Health.

Smoke-free higher education and training

Purpose: To reduce smoking on campus by supporting higher education and training organisations to implement smoke-free policies and encourage and support staff and students to quit smoking.

Target group: University community including staff, students and visitors.

Key strategy: *Public policy and legislation* and *Sector development* – Collaborative approach that provides advice, support and relevant resources to support the transition to smoke-free environments, including quit smoking support.

Current status / progress / achievement: All university and TAFE QLD stakeholders are engaged, seeking relevant approval and have proposed commencement dates.

Implementing agency: Department of Health.

Smoke-free government precincts

Purpose: To reduce smoking in precincts with a concentration of government employees to protect non-smokers from second-hand smoke and encourage smokers to quit.

Target group: Prescribed government precincts in the Brisbane CBD.

Key strategy: *Public policy and legislation* – Prescription of smoke-free government precinct sites to align with February 2016 amendments to the *Tobacco and Other Smoking Products Act 1998*. Collaborative strategies include communication plans with staff and surrounding private businesses, workplace quit smoking program offered to staff, increased signage and increased enforcement activities.

Current status / progress / achievement: Measureable data was not available however qualitative reports suggest a reduction in smoking within the precincts and a reduced tolerance for smoking in public spaces. Regional sites have been identified to become smoke-free in 2017-18.

Implementing agency: Department of Health.

Skin cancer prevention

Number of initiatives: 3

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Sun smart shade creation initiative

Purpose: To support enhanced uptake of sun safe behaviours.

Target group: Early childhood education and care facilities, primary and secondary schools, junior sporting organisations and not for profit community organisations that support 0-18 year olds.

Key strategy: *Sector development* – Providing funding support for fixed and portable shade structures and links the implementation and monitoring of a sun protection policy. This initiative is funded to 30 June 2018.

Current status / progress / achievement: Linking shade funding with a requirement to develop and implement a comprehensive approach for sun safety has been effective in encouraging the sustained uptake of sun safe policy and practice in early childhood, schools and junior sporting organisations.

Implementing agency: Cancer Council Queensland. Website http://www.cancer.qld.org.au.

Sun Safe School and Representative Sport Uniforms

Purpose: To reduce children's exposure to ultraviolet radiation (UVR) and sunburn risk in school settings.

Target group: All Queensland children attending primary and secondary schools.

Key strategy: *Public policy and legislation* – Embedding best practice sun safe specifications for school uniforms into Department of Education's Request for Offer (RFO) process to establish an approved provider panel for the supply of school and representative sport uniforms.

Current status / progress / achievement: Best practice specifications for sun safe school uniforms incorporated into the Department of Education RFO for the establishment of an approved provider panel for the supply of school and representative sport uniforms. Preventive Health Branch is supporting Department of Education with the RFO evaluation process in relation to sun safe specifications.

Implementing agency: Department of Education.

Sun safety social media campaign

Purpose: To improve sun safety habits by providing a consistent reminder about the need to adopt sun safe behaviours and the consequences of not doing so.

Target group: Young Queenslanders aged 16-24 years.

Key strategy: *Social marketing* – The youth focused campaign will leverage off the existing Sun Mum followers, through social media and digital channels. Sun Mum has handed the responsibility for ensuring sun safety to the Sun Squad, and this is proving to be an engaging vehicle for delivering 'straight' messaging to a youth audience.

Current status / progress / achievement: The focus of activities for 2016–17 is continuing to provide a consistent reminder to use the five sun safe behaviours daily, all year and the consequences of unsafe sun exposure to the youth audience.

Implementing agency: Department of Health.

Alcohol reduction

Number of initiatives: 2

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Act on Alcohol

Purpose: Provision of services to support delivery by Service Users of effective prevention strategies to address identified local needs related to the harmful consumption of alcohol and associated harms.

Target group: Primary service users – Safe Night Precincts established as part of the Queensland Government's Safe Night Out Strategy in 15 identified east-coast city and regional areas. Secondary service users – Community-based group/s state-wide that are established or organised to address issues with alcohol, including those in areas with high prevalence of risky drinking and harms.

Key strategy: Utilise a variety of methods to build the capacity, knowledge and skills of Service Users (Primary and Secondary), to identify and respond, to local issues relation to harmful alcohol consumption and alcohol-related harm in the community.

Current status / progress / achievement: Conducted community workshops and created a website with processes for communities to address issues with harmful consumption of alcohol and associated harm. Project ended June 2017.

Implementing agency: Lives Lived Well. Website www.liveslivedwell.org.au

Good Sports program (Alcohol)

- See Good Sports program in Healthy eating, page 44.

Appendix 2: Health and wellbeing target outcomes for 2020

Children

Target outcomes	2014 baseline	2020 Targets	No. needed to reach 2020 targets
Reduced overweight & obesity	24% overweight or obese	23% overweight or obese	47,000 fewer overweight or obese children
Improved physical activity	39% children active every day	43% children active every day	154,000 more children active everyday
Improved fruit consumption	67% eating recommended fruit serves daily	74% eating recommended fruit serves daily	265,000 more children eating recommended fruit serves daily
Improved vegetable consumption	6% eating recommended vegetable serves daily	7% eating recommended vegetable serves daily	25,000 more children eating recommended vegetable serves daily
Improved sun protection	47% practicing sun protection behaviours	51% practicing sun protection behaviours	186,000 more children using 30+ sunscreen, wearing broad brimmed hats and protective clothing

Adults

Target outcomes	2014 baseline (2015 for sun protection)	2020 Targets	No. needed to reach 2020 targets
Reduced daily smoking	14% smoking daily	10% smoking daily	157,000 fewer adults smoking daily
Reduced overweight & obesity	58% overweight or obese	55% overweight or obese	114,000 fewer overweight or obese
Improved physical activity	60% physically active	65% physically active	217,00 more adults becoming active
Increased fruit consumption	58% eating recommended fruit serves daily	64% eating recommended fruit serves daily	231,000 more adults eating recommended fruit serves daily
Increased veg consumption	10% eating recommended veg serves daily	11% eating recommended veg serves daily	41,000 more adults eating recommended veg serve daily
Improved sun protection	22% practicing sun protection behaviours in 2015	24% practicing sun protection behaviours	87,000 more adults using 30+ sunscreen, wearing broad brimmed hats and protective clothing

Appendix 3: Methods

Data collection

Prior to collection of information on progress measures, a face to face workshop was held with PHB staff who managed contracts and monitored interventions (n=9). The workshop provided an opportunity to review and refine the data collection tools and to gain a familiarity about the review process and outcomes. Data were collected through a two-stage process. Stage 1 involved a review and revision of the master database originally developed as part of formative assessment conducted in August 2016. All relevant project officers reviewed and, where necessary, updated the database of all current interventions. In September 2017, the stage 2 annual data collection was conducted through the use of a tool containing four Excel spreadsheets. Information collected from stage 2 were then linked to the up-to-date master database (stage 1), and together, informed this report. Both the master database and the stage 2 data collection spreadsheets were placed in a shared drive where all relevant staff contributed during the data collection period. One staff member liaised with the project officers to facilitate accuracy and completeness of data.

Assessment of progress of outcomes to achieving 2020 goals

Assessment of progress was based on statistical criteria. A linear trend line was generated between baseline and 2020 target. If the margin of error of the estimate included the trend estimate for that year, the outcome was deemed to be on track.

Notes for interpretation

1. Information presented in this report is from interventions of various sizes, types, stages and focus.
2. The reported investment included only PHB funding allocated within approved service agreements. Contributions from other agencies and other non-financial resources were not included.
3. The investment shown in this report was the allocated fund ($) which may or may not have been spent within the reporting period.
4. Where interventions had multiple strategies and risk factors addressed, the split of investment across prevention areas was approximate rather than actual.
5. Assessment of interventions' progress was based on information available at the time of review.

Appendix 4: Abbreviations

CALD	Culturally and linguistically diverse
DET	Department of Education and Training
GP	General practitioner
HHS	Hospital and Health Service
LGA	Local government area
PHB	Preventive Health Branch

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