

Health and Wellbeing Strategic Framework 2017 to 2026

Performance review 2018–19

December 2019

About this report

This is the third performance review of the *Health and Wellbeing Strategic Framework 2017–2026* (Framework). It describes the status and progress against a suite of performance indicators for the period: 1 July 2018 to 30 June 2019.

The purpose of this report is to provide Queensland Health, specifically Preventive Health Branch, with information of the investment made in prevention of chronic diseases, performance of the ongoing interventions and track the progress towards achieving the 2020 targets of the Framework. This report is drawn on data from the current *Health and Wellbeing* interventions for the period: 1 July 2018–30 June 2019, unless otherwise indicated in the report.

The report is structured around the logical framework of inputs (investment and strategies; section 2.1), process/outputs (section 2.2), intermediate outcomes (impact; section 2.3), and outcomes (section 2.4) as outlined in the Framework. The assessment of progress of the 2020 targets was centred around answering seven overarching evaluation questions which, together with their corresponding information, are presented in Box 1 (page 8). The progress of outcomes has been assessed over the past three reporting periods: 2016–17, 2017–18 and 2018–19, and is presented in page 5.

This report was prepared by Preventive Health Branch (Noore Alam, Katrina Crompton). Staff within the Health and Wellbeing Unit of the Branch contributed critical information on progress for the interventions and monitoring of outcomes.

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Performance at a glance

Queensland Government's Overarching Agenda for Health

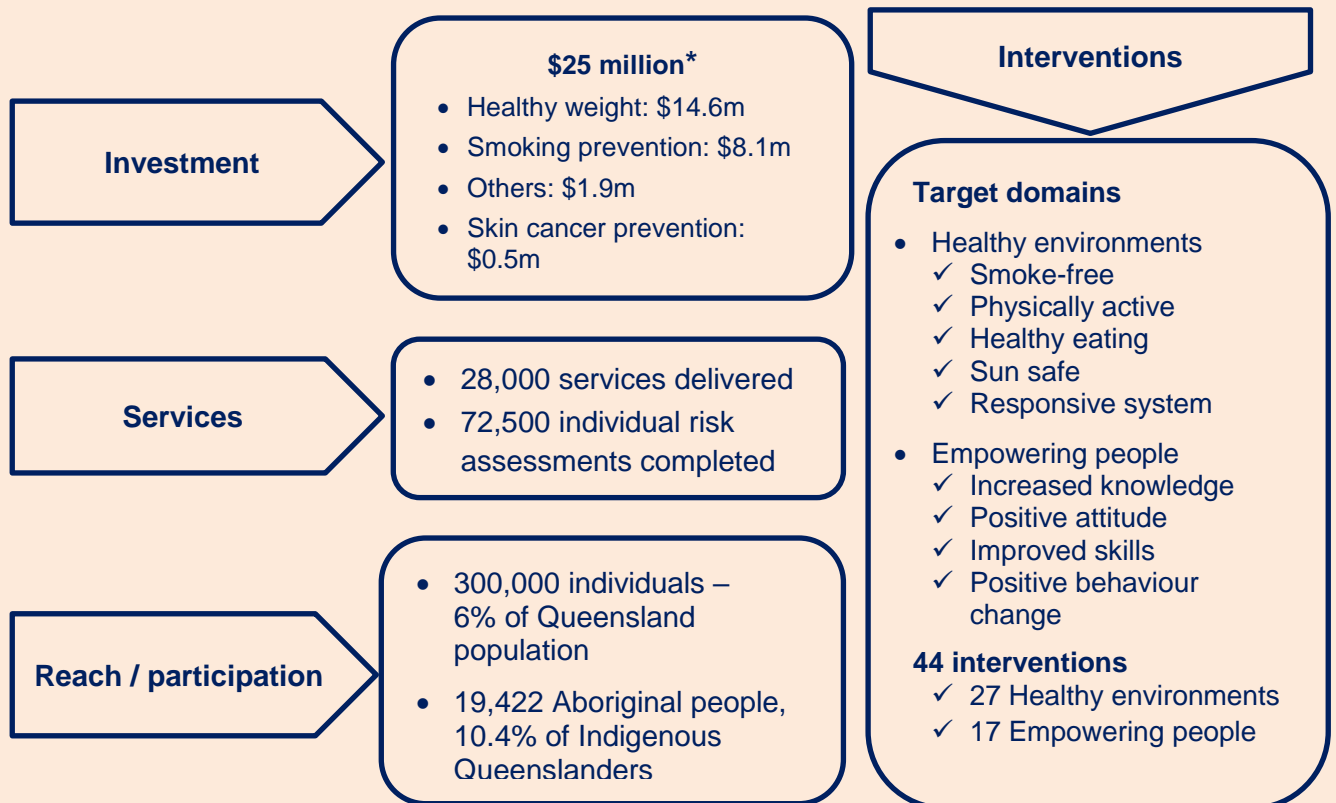
Our Future State – Advancing Queensland's Priority

Give All Our Children A Good Start

Keep Queenslanders Healthy

Preventive Health Branch's blueprint: [Health and Wellbeing Strategic Framework 2017 to 2026](#)

2018–19



Key performance indicators (KPIs)

- **32 KPIs measured**
 - ✓ **13 outcome indicators** (6 for children, 7 for adults)
 - ✓ **16 impact indicators** (10 for Healthy Environments, 6 for Empowering People)
 - ✓ **3 process indicators** (service delivery, reach, retention)

- Progress / status**
- **Outcome indicators:** 5 on track, 7 slow, 1 not reportable
 - **Impact indicators:** 15 on track, 1 slow
 - **Process indicators:** All 3 were on track

*excludes investments and actions undertaken by other Divisions of the Department of Health, Hospital and Health Services (HHS), other government departments, other agencies or the non-government sector.

Progress

Progress of Health and Wellbeing targets for 2020

Child					
Indicator number	Target outcomes	2014 baseline (2014-15 for healthy weight)	2020 Targets	Number needed to reach 2020 targets*	Target status [†] On track  Slow 
1	Increased healthy weight	66% healthy weight [‡]	69% healthy weight	29,000 more healthy weight children	
2	Reduced overweight & obesity	24% overweight or obese	23% overweight or obese	47,000 fewer overweight or obese children	
3	Improved physical activity	39% children active every day	43% children active every day	154,000 more children active everyday	
4	Improved fruit consumption	67% eating recommended fruit serves daily	74% eating recommended fruit serves daily	265,000 more children eating recommended fruit serves daily	
5	Improved vegetable consumption	6% eating recommended vegetable serves daily	7% eating recommended vegetable serves daily	25,000 more children eating recommended vegetable serves daily	
6	Improved sun protection	47% practising sun protection behaviours	51% practicing sun protection behaviours	186,000 more children using 30+ sunscreen, wearing broad brimmed hats and protective clothing	Not assessed due to insufficient data to monitor
Adult					
7	Reduced daily smoking	14% smoking daily	10% smoking daily	157,000 fewer adults smoking daily	
8	Increased healthy weight	35% healthy weight	37% healthy weight	69,000 more healthy weight adults	
9	Reduced overweight & obesity	58% overweight or obese	55% overweight or obese	114,000 fewer overweight or obese	
10	Improved physical activity	60% physically active	66% physically active	217,00 more adults becoming active	
11	Increased fruit consumption	58% eating recommended fruit serves daily	64% eating recommended fruit serves daily	231,000 more adults eating recommended fruit serves daily	
12	Increased veg consumption	10% eating recommended veg serves daily	11% eating recommended veg serves daily	41,000 more adults eating recommended veg serve daily	
13	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	





































* Compared to what there would have been if the prevalence did not change from baseline


[†] Target status is based on 2018–19 outlook


[‡] Healthy weight indicator is based on measured BMI data from the National Health Surveys, in contrast with overweight and obesity which is based on self-report data from the Queensland Preventive Health Survey

Trend

Tracking the progress of *Health and Wellbeing* outcome indicators

Indicator no.	Name of indicator	2016–17	2017–18	2018–19
Child				
1	Healthy weight			
2	Overweight and obesity			
3	Active every day			
4	Fruit consumption			
5	Vegetable consumption			
6	Sun protection	**	**	**
Adult				
7	Daily smoking			
8	Healthy weight			
9	Overweight and obesity			
10	Physical activity			
11	Fruit consumption			
12	Vegetable consumption			
13	Sun protection			

 Indicator is on track to achieve 2020 target from 2014 baseline

 Indicator is not on track

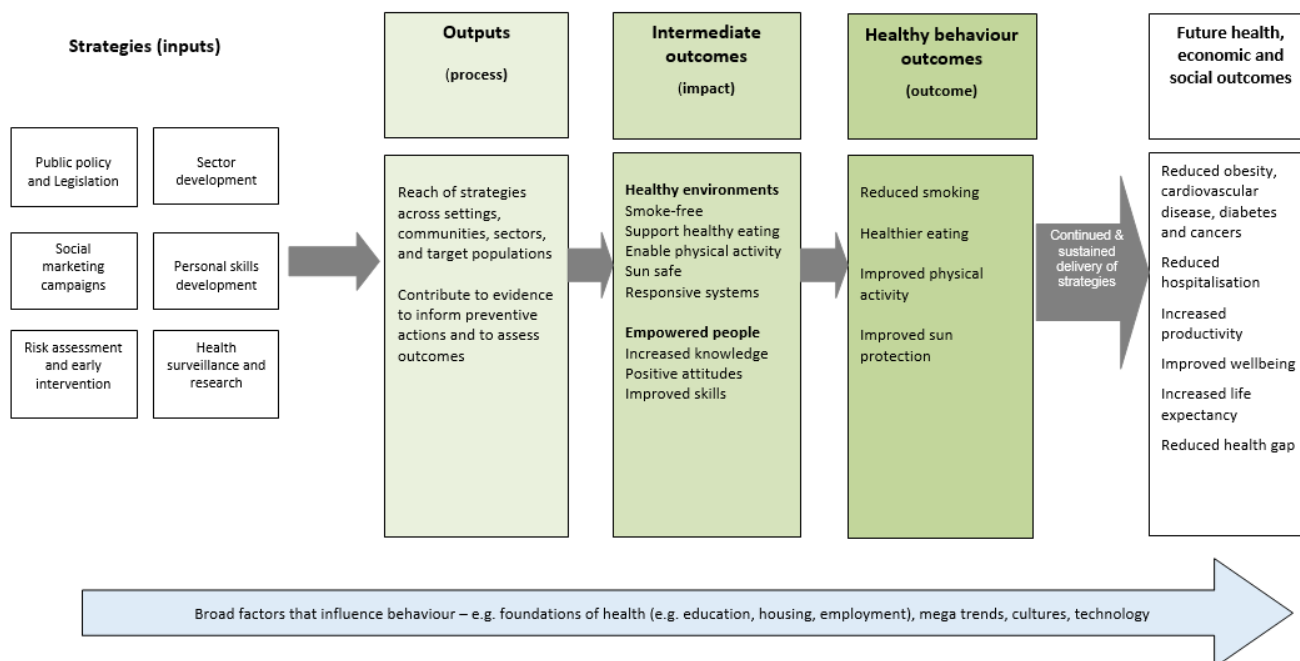
** Indicator was not assessed due to insufficient data to monitor

1. Introduction

1.1 Background

The *Health and Wellbeing Strategic Framework 2017 to 2026*¹ (the Framework) is the blueprint for integrated and complementary actions for healthy weight, smoking prevention and skin cancer prevention. The Framework's program logic (Figure 1) is the basis of an overarching performance monitoring and measurement strategy.

Figure 1: Health and Wellbeing Strategic Framework program logic



Targets for health outcomes have been set for children and adults for 2020 (page 5). Assessment of progress was based on the following questions, noting question number seven was added in 2018:

1. Are 2020 and 2026 health outcomes targets 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?
7. How are investments and activities in prevention contributing to improved health for Indigenous Queenslanders?

Information in response to the questions are presented in Box 1. The trend of tracking the progress of outcomes have been assessed for the past three reporting periods and is presented in page 4.

1.2 Purpose and scope

The purpose of this report is to provide Queensland Health, specifically Preventive Health Branch, with information on the investment made in prevention of chronic diseases, performance of the ongoing interventions and track the progress towards achieving the 2020 targets of the *Health and Wellbeing Strategic Framework 2017 to 2026*.

The report excludes investments and actions undertaken by other Divisions of the Department of Health, 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.

2. Detailed assessment of progress

Box 1: Evaluation questions

Question 1: Are 2020 and 2026 health outcomes targets on track to be achieved?

Progress towards the 2020 targets was mixed for both adults and children. In 2018–19, of the 13 indicators:

- 5 (4 for children, 1 for adults) were on track to reach 2020 goals, 7 were not (1 for children, 6 for adults).
- 1 indicator was not reportable due to insufficient data.

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

- More areas in Queensland became smoke-free through implementation of smoke-free policies in all public universities TAFE campuses and an increasing number of Government precincts.
- Physical activity opportunities were extended through increasing number of walking groups and walking infrastructure.
- Healthy food and drinks were promoted through the adoption of health drink policy at HHSs, Good Sports accreditation in sporting clubs, menu labelling and healthier menus in school tuckshops.

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

- Most interventions with specific objectives to empower people to adopt healthier lifestyles showed encouraging results. Key achievements included increased knowledge about healthy lifestyles, positive attitudes to healthy behaviour change, and improved skills to adopt and maintain lifestyle change.
- Most interventions demonstrated behaviour change in individuals, and many healthy behaviours were sustained at least six weeks after program completion. For example, *My Health for Life* interventions.

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

- The majority of service delivery or participation interventions achieved or exceeded their targets although the reach was relatively small compared to the state population.
- The results were measurable in all domains: outputs, impacts and outcomes.

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

- There is strong evidence of the integration of healthy living policies, strategies and services into other sectors. Examples of sections involved are:
 - **Government:** HHSs, Department of Education, Public Service Commission, Workplace Health and Safety Queensland, local governments.
 - **NGOs:** Heart Foundation, Cancer Council Queensland, Primary Health Networks, Queensland Country Women's Association, Healthier Queensland Alliance.
 - **Education:** Government and non-government schools, universities, TAFEs, school tuckshops.
 - **Others:** Community organisations, fast food industry, sporting clubs, general practitioners, Indigenous organisations.

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

- Queensland Government (Health) led the Council of Australian Governments (COAG) Health Council 'National Child Obesity Prevention Project'.
- All HHSs made progress towards removing or significantly reducing the supply of sugary drinks by implementing *The Best Practice Guide: Healthier drinks at healthcare facilities*.
- Legislation for smoke-free public places and kilojoule labelling for fast food.
- Policies and standards for healthier living were adopted in various settings, benefiting school children, workers and HHS patients.

Question 7: How are investments and activities contributing to improved health and wellbeing of Indigenous Queenslanders?

- **Healthier environments:** Various community led initiatives were implemented to reduce exposure to tobacco smoke, support people to become more physically active, and increase the availability and accessibility of healthy food and drinks.
- **Empowered people:** Over 1,600 targeted services, designed to improve knowledge, attitudes and skills, were delivered to 19,422 Indigenous Queenslanders.
- **Reach:** The proportion of Indigenous Queenslanders of the total Queenslanders reached by all the H&W interventions ranged from 3% to 55%.

2.1 Inputs (investment and strategies)

The Framework’s program logic (Figure 1, page 7) includes six strategies (inputs) applied in prevention interventions:

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



During 2018–19, 44 interventions operated across the six strategies (see also Appendix 1).

PHB’s investment in prevention was assessed by strategies (Figure 2), and target areas (Figure 3).

Figure 2: Distribution of allocated funds by strategy, Queensland 2018–19

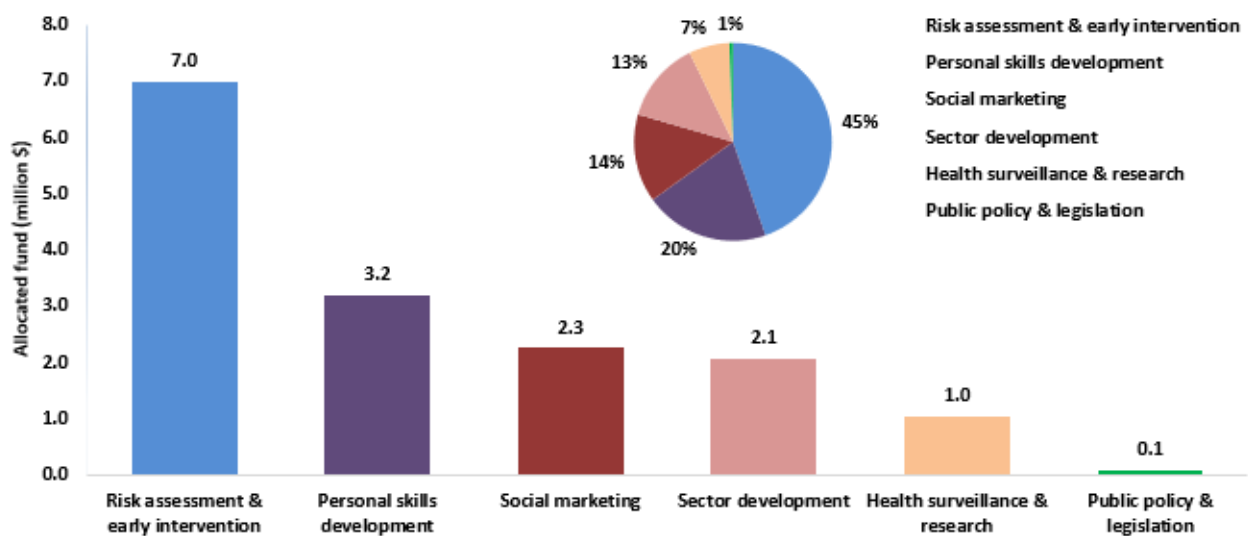
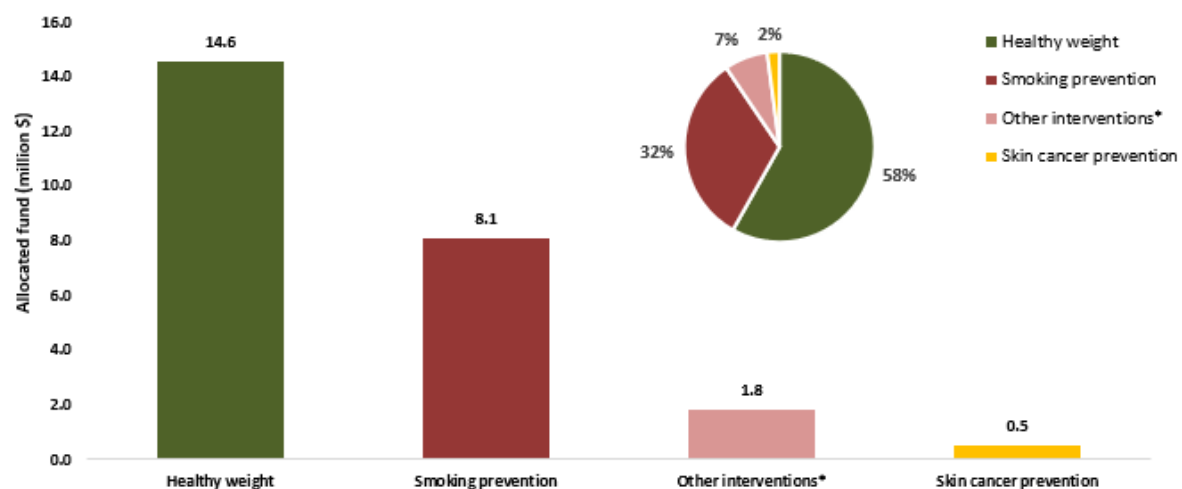


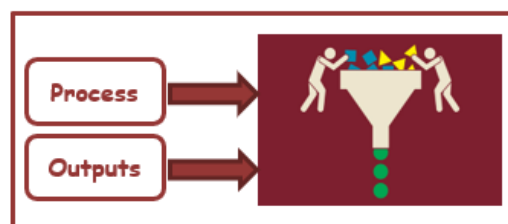
Figure 3: Distribution of funds allocated by target area, Queensland 2018–19



*Includes general healthy lifestyle promotion interventions with no specific prevention areas.
Note: percentages may not add to 100 due to rounding.

2.2 Process / Outputs

This section describes health and wellbeing intervention outputs (or process indicators) in terms of the number of services delivered, number of participants reached, geographic areas covered and retention rates, as applicable.



Of the total of 44 interventions delivered, 26 had measurable service delivery or participation indicators (Table 1). Indigenous-specific intervention outputs are presented at Table 2. The details of all interventions are presented in Appendix 1.

It is worth noting that the interventions were of various sizes in terms of budget and geographic and/or population coverage, and were implemented in different settings. The number of deliverables, both services and participants or beneficiaries, should therefore be considered with caution.

The interventions delivered over 28,000 service interactions, reaching approximately 300,000 individuals—about 6% of Queensland population.

Table 1: Health and Wellbeing interventions delivered in 2018–19 by key strategies

Intervention	No. Service/s delivered	No. Participation / Reach	Retention rate (%)	Geographic coverage
Public policy and legislation				
Tobacco Legislation Compliance Plan	136 Designated Outdoor Smoking Area (DOSA) venues assessed	136 DOSA venues	N/A	State-wide
Smoke-Free Government Precincts	6 government precincts	6 government precincts	N/A	State-wide
Sector development				
Healthier Food and Drink Choices at Healthcare Facilities	94 facilities	397 outlets	N/A	State-wide
Healthy Tuckshop Support Program	141 menu reviews	118 schools with assessed menus	N/A	State-wide which encompasses 7 Dept of Education regions
	24 network meetings	221 attendees	N/A	
	30 recipes and resources	24 eMenu recipes with 4,180 views 6 eMenu resources uploaded	N/A	
Smart Choices Nutrition Advisory Service	45 enquiries received and resolved		N/A	State-wide
Good Sports - Healthy Eating	19 sporting club regions participating	194 amateur sporting clubs provided with accreditation support	29%	19 LGAs
Smoking Cessation Quality Improvement Payment (QIP) - inpatients	15 HHSs received at least one payment	56,682 patients with clinical pathways completed	N/A	State-wide
Smoking Cessation QIP - Community Mental Health	15 HHSs received at least one payment	15,789 patients with clinical pathways completed	N/A	State-wide
Smoking Cessation QIP - Dental	16 HHSs eligible for at least one payment	23,071 patients with clinical pathways completed	N/A	State-wide

Table 1 (continued): Health and Wellbeing interventions delivered in 2018–19 by key strategies

Intervention	No.	Service/s delivered	No.	Participation / Reach	Retention rate (%)	Geographic coverage
Sector development (continued)						
SunSmart Shade Creation (including Commonwealth Games)	113	shade structure grants (50% to Mackay HHS)	15	HHSs	N/A	State-wide
Brief Interventions for a Healthy Lifestyle Training	1	maternal and child health courses	1137	enrolled	13.2%	State-wide
			151	completed		
B.strong Indigenous Brief Intervention Training	1	general health courses	1503	enrolled	22.6%	15 HHSs
			340	completed		
Healthy Indigenous Communities	45	face to face training workshops	467	participants (exceeded target by 2%)	N/A	6 Cape York LGAs
	202	online training	202	online e-module completers (12% achieved)		
Healthier. Happier. Workplaces	26	workshops	382	Workplace Health & Safety Officers	N/A	State-wide
Partners in Prevention Forum (2nd forum)	1	collaboration forum	158	health sector participants	N/A	13 HHSs
Personal skills development						
Life Education	5	health education modules (nutrition, physical activity, healthy weight, smoking and alcohol)	137,275	Primary school students	N/A	8 HHSs
			472	Primary schools	N/A	
Country Kitchens	202	of 240 QCWA branches involved	11,337	Queenslanders	N/A	State-wide
	172	(85%) used Healthy Catering Guidelines				
	184	facilitators delivered activities				
	897	community healthy lifestyle activities delivered by CK branch facilitators				
Jamie's Ministry of Food Program	47	5-week food literacy and cooking skills courses	788	Queenslanders age 12 years and older*	89%	Ipswich permanent centre
	87	5-week courses (mobile kitchens)	894		91%	Newport, Mackay,
	5	5-week course (outreach)	91		80%	Atherton Tablelands
	2	'Connecting communities to cook' workshops			N/A	Newport, Mackay

*Participation of target groups met or exceeded planned percentage targets (concession card holders, young people, Aboriginal and Torres Strait Islanders and people with a disability).

Table 1 (continued): Health and Wellbeing interventions delivered in 2018–19 by key strategies

Intervention	No. Service/s delivered	No.	Participation / Reach	Retention rate (%)	Geographic coverage
Personal skills development (continued)					
Heart Foundation Walking	89 new walking groups	1,605	new walkers	66%	8 regional areas
	305 total walking group	6,642	total walkers	84%	
10,000 Steps	3 types of services targeted at individual walkers, workplaces and communities	11,403	individual walkers	N/A	State-wide
		211	registered workplaces		
		49	registered community organisations		
Risk assessment, early intervention and counselling					
My Health for Life	72,532 health risk assessments	4,557	adult program completers of 6 sessions	68%	15 HHSs
Get Healthy Information and Coaching Service	5 Get Healthy coaching, pregnancy, Indigenous, type 2 diabetes, information only	562	registrations or referrals	N/A	15 HHSs
Quit Now Program	1 single-session quit smoking support or information	15,868	individuals who smoke and want support to quit (exceeded target by 11%)	N/A	State-wide
Intensive Quit Support Program	Multiple support calls with 12 weeks supply of nicotine replacement therapy to support individuals in identified groups to quit smoking	5,650	workers in blue collar occupations	43%	State-wide
			pregnant women and partners	15%	
			Aboriginal and Torres Strait Islanders	28%	
			people experiencing disadvantage	32%	
			Queensland Health and Queensland Ambulance staff	46%	
			public higher education sector	54%	
Patient Wellness Clinical Pathway (January–June 2019)	859 Patient Wellness Clinical Pathway completed	274	patients supported through Way to Wellness service	16%	State-wide
	419 quality improvement payments				
Social marketing					
Social marketing campaigns are delivered by Strategic Communications Branch, Corporate Services Division, and reported on through different mechanisms.					
Health Surveillance and research					
Refer to next page.					

Health surveillance and research

In 2018–19, Preventive Health Branch produced high-quality evidence to inform prevention policy, planning and practice. Key outputs included:

The Health of Queenslanders (Chief Health Officer) report suite

- [Chief Health Officer report 2018](#) with a suite of materials were delivered. The suite included, population health profiles by HHSs, statistical tables, factsheets on diabetes, smoking, perinatal indicators in Queensland, Indigenous Queenslanders.
 - 5 factsheets of life stages: children (0–14), young people (15–29), younger adults (30–44), middle-aged adults (45–64), and older people (65+).

Other reports and factsheets

- [Methods for reporting population health status](#), Release 7, Department of Health, Queensland Government: Brisbane; 2018.
- [Are Queenslanders meeting the Australian Dietary Guidelines?](#) Department of Health, Queensland Government: Brisbane; 2018. Data source: Australian Health Survey 2011–12 (ABS).
- [Changes in weight status of children and adults in Queensland and Australia](#). Department of Health, Queensland Government: Brisbane; 2019. Data source: National Health Survey 2017–18 (ABS).
- Factsheet – [Measured weight status in Queensland](#). Department of Health, Queensland Government: Brisbane; 2018. Data source: National Health Survey 2017–18 (ABS).

Dynamic data visualisations

- [Data from the 2018 CHO report](#): demography, hospitalisations, perinatal, indicators for HHSs.
- Queensland survey analytic system (QSAS): state and regional headline indicators, trends, selected risk factors by HHS, PHN, LGA. The visualisation tools and resources are available at Queensland Health website: <https://www.health.qld.gov.au/research-reports/population-health/preventive-health-surveys/data-trends>

Preventive health surveys and research

Reports

- [Free time physical activity of Queensland children](#). Department of Health, Queensland Government: Brisbane; 2018. Data source: Child Preventive Health Survey 2018, Department of Health, Queensland Government: Brisbane; 2018.
- [Characteristics of the Queensland public sector workforce](#): findings from the adult preventive health survey 2018. Department of Health, Queensland Government: Brisbane; 2019.

Factsheets

- [Physical activity of Queensland children 2017-18](#). Department of Health, Queensland Government: Brisbane; 2019.

Evidence and evaluation

Reports

- [Performance Review 2017–18](#), Health and Wellbeing Strategic Framework 2017 to 2026. Department of Health, Queensland Government: Brisbane; 2018.
- [Tobacco, alcohol and illicit drug use in Queensland 2016](#). Analysis of the AIHW National Drug Strategy Household Survey 2016. Department of Health, Queensland Government: Brisbane; 2019.

Evidence review

- Scoping of built environment planning and health and a suite of indicators drafted for the whole-of-government collaborative *Healthy Places, Healthy People* initiative under the Queensland Government's [Our Future State: Keep Queenslanders healthy](#).

Table 2: Assessment of progress - process indicators for Indigenous Queenslanders, 2018–19

Intervention	Services delivered	Participation		Proportion Indigenous	Geographic coverage
		Number	Participants		
Indigenous-focussed interventions					
B.Strong Brief Intervention	45 workshops	257	Indigenous participants	55%	State-wide
Wuchopperen Indigenous Women's Preventive Health Project	74 female clients had a cervical screening test	715	female clients with an annual health check	100%	State-wide
Whole-of-population interventions					
My Health for Life	One 6-session healthy lifestyle program ran over a 6-month period (group-based or telephone health coaching)	2,655	Indigenous participants in health risk assessment (HRA)	3.7% of total HRAs (Total HRA =72,532)	14 HHSs
		137	Indigenous participants who completed the program	3% of total completions (Total completions =4,557)	
Quit Now	Single tailored telephone counselling sessions	1,319 [^]	Indigenous smokers who want to quit	8%	State-wide
Intensive Quit Support Program	Multiple tailored phone counselling sessions plus 12 weeks supply of NRT*	959 [^]	Indigenous smokers	17%	State-wide
Jamie's Ministry of Food	Ipswich Centre	788	Indigenous participants	10%	State-wide
	Mobile Kitchen	894		4%	
Life Education	Primary schools	12,282	Indigenous primary school students	9%	9 HHSs
Heart Foundation Walking	14 Indigenous walking groups	131	walkers who identified themselves as Indigenous	3%	State-wide
	1,560 walking sessions				

Data in Table 2 are a subset of Table 1. *Nicotine replacement therapy. [^]Number of participants does not represent number of individual people.



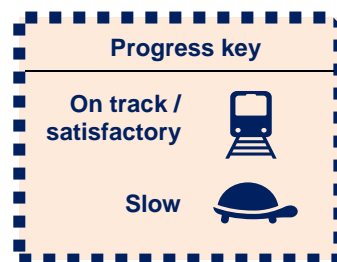
2.3 Intermediate outcomes (impacts)

Using the framework’s program logic (Figure 1, page 7), the impact of interventions was assessed across two domains of chronic disease prevention:

Healthy environments

Empowered people

This section reports progress against 16 indicators related to Healthy Environments (Indicators 14 to 23) and Empowered People (24 to 29).^{*} Some interventions have specific targets, while for others a target is not relevant. Progress towards positive outcomes were assessed as on track or satisfactory, or slow based on composite factors of achievement, both quantitative and qualitative.



2.3.1 Healthy environments



Healthy environments refer to physical and social environments that support people to eat healthy food, be smoke-free, be physically active and sun safe. A healthy environment can also refer to systems that promote healthy lifestyles. Key interventions[†] with an objective to create or change environments conducive to the adoption of healthy behaviours are listed in this section.

Smoke-free



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

Indicator 14

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



The Smoke-free Government Precincts intervention is committed to protect non-smokers from second-hand smoke while encouraging smokers to quit. As part of the commitment, Queensland Government smoke-free precincts were expanded across Queensland, with six new precincts proclaimed under the tobacco regulations in Bundaberg, Cairns, Hervey Bay, Maroochydore, Rockhampton and Townsville. These smoke-free precincts protect staff and visitors to government facilities from second-hand smoke and assist in reducing exposure to smoking.

Tobacco Reform Proposals: A package of tobacco reform has been developed to guide efforts to fast-track smoking reduction in Queensland and provide greater protection from second hand

^{*} Outcome indicators 1 to 13 were reported in page 5

[†] Interventions overlap across areas of healthy environments

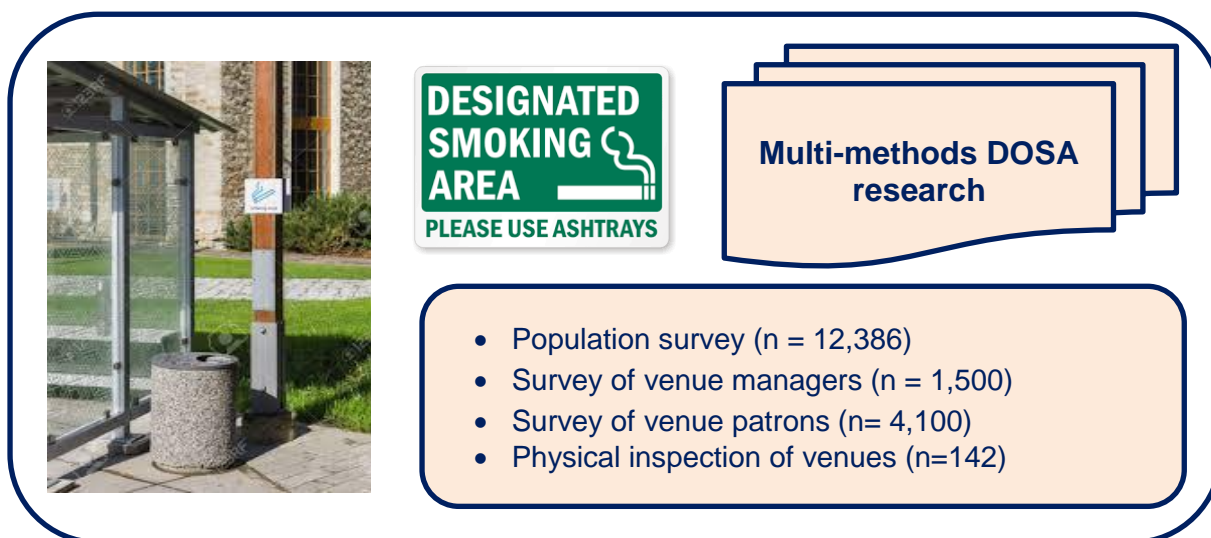
smoke. The reform package includes legislative and program proposals to deliver smoking reductions through:

- reducing accessibility of smoking products
- increasing smoke-free public places
- promoting quitting and further reduce smoking acceptability
- taking targeted actions to reduce smoking among Indigenous Queenslanders.

The package of reform proposals has been informed by the development of the Smoking Reduction Model and multi-methods research examining designated outdoor smoking areas at liquor licensed venues. Reviews of current literature and best-practice were also undertaken.

Designated Outdoor Smoking Area (DOSA) Surveys: A multi-method research intervention was undertaken in 2018 to assess contemporary DOSA design and use, and to inform policy concerning DOSAs. Built on previous research conducted in 2008 and 2011 with patrons and venue managers, the latest research found that smoking at DOSAs continues to:

- expose people to second-hand smoke, including children;
- influence smoking initiation by creating a social norm;
- make it more difficult for smokers to quit, stay quit and not relapse.



The infographic is enclosed in a rounded rectangular border. On the left is a photograph of a designated smoking area at a bus stop, featuring a glass shelter and a concrete ashtray. To the right of the photo is a green sign with white text that reads "DESIGNATED SMOKING AREA" and "PLEASE USE ASHTRAYS", with a small icon of a cigarette. Further right is a stack of three light orange boxes with dark blue text that says "Multi-methods DOSA research". Below these elements is a larger light orange box with a dark blue border containing a list of research methods.

- Population survey (n = 12,386)
- Survey of venue managers (n = 1,500)
- Survey of venue patrons (n= 4,100)
- Physical inspection of venues (n=142)

Indicator 15

Evidence of change in state-level policies to reduce smoking



Tobacco Reform Proposals: This initiative has been designed to further reduce smoking rates by reducing the appeal and acceptability of smoking products, increasing smoke-free public places, and decreasing the accessibility to smoking products. A package of legislative and program solutions has been developed and progressed for approval. The package is in the process of being refined and provided for Ministerial consideration and approval.

Among the major milestones achieved in 2018–19 were: scoping policy options for consideration, completing initial assessment of the impact of reforms on stakeholders, and by sourcing supportive information to inform the cost-benefit analysis required for regulatory impact assessment.

Queensland Smoking Reduction Model is a policy decision support tool that is actively informing the selection and development of approaches to reduce smoking in Queensland. The Model provides quantifiable assessment of the potential for strategies to contribute to the reduction of smoking rates in the State. This initiative was finalised in 2018–19. The findings of the model are now being used to inform both legislative and program strategies included in the tobacco reform package.

National Tobacco Strategy: The development of the *National Tobacco Strategy* was ongoing throughout 2018–19. The Commonwealth Department of Health are leading the development of the Strategy. It is expected that further consultation will occur later in 2019. The Strategy guides state delivery and will impact on all Queenslanders.

PHB contributions to the development of the National Tobacco Strategy includes:

- participation by PHB Director on the Strategy working group
- comment on draft strategy prior to consultation.

Indicator 16

Evidence of environmental change to reduce exposure to smoking



Healthy Indigenous Communities: 62 strategies were identified to increase smoke-free public and workplace spaces across the project's focussed Aboriginal and Torres Strait Islander Shire Council areas. Key actions included promotion of campaign videos at community events, holding smoke-free events e.g. Council Christmas party, installation of 'no smoking signage at Police Citizen Youth Clubs (PCYC)' and developed smoke-free signage in local language.



Physically active



Objective: To increase physical activity where Queenslanders work, learn, play and travel in Queensland.

Indicator 17

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



*Activate! Queensland
2019–2029*



*Queensland Walking
Strategy 2019–2029*



*Queensland Cycling
Strategy 2017–2027*



Both the strategies were released early in July 2019. Responsibility for *Activate! Queensland* and the *Queensland Walking Strategy* reside with the Departments of Housing and Public Works, and Transport and Main Roads respectively. Increasing the emphasis on physical activity in a range of settings and sectors requires state government Departments (and others) to work together. Preventive Health Branch worked with these Departments in the development of these strategies with the provision of advice, and participation and assisting in consultations.

In 2018–19, Preventive Health Branch continued to contribute to the implementation of the *Queensland Cycling Strategy 2017–2027*. Its two fundamental roles were facilitating regular interactions between Queensland Government departments with an interest in physical activity (Education, Transport and Main Roads, Health, Housing and Public Works, and State Development, Manufacturing, Infrastructure and Planning) and the exchange of information, for example, results from the Chief Health Officer's Report, and consideration of research on the physical activity patterns of Queensland school children.

Indicator 18

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



Heart Foundation Walking has been a part of the collaborative approach to increasing the physical activity of Queenslanders through state-based strategies and the ongoing ‘movement’ for walking. In 2018–19, 89 new walking groups were established compared with the planned 35 new groups. Similarly, 1,605 new walkers were enrolled; 28% higher than the target (1,250 participants). Cumulatively between 1 July 2015 and May 2019, there was 305 walking groups established with approximately 5,000 walking participants. This equates to a 66% retention rate for participants and an 84% retention rate for groups. The largest increase in participation was for indoor walking groups (shopping centres) with more than 450 walkers joining 15 indoor walking groups with an anticipated growth of more than 5% annually.




2018–19

89 walking groups
1,605 new walkers
118 (7.4%) were Indigenous

Cumulative since 1 July 2015
305 walking groups
6,642 walkers

Our walkers
DO AN AVERAGE OF
5 HOURS
of walking
A WEEK



All our walkers
BELIEVE
any exercise
is better
than none




9 OUT OF 10
walkers say
Heart Foundation Walking
HAS IMPROVED THEIR HEALTH













Target number of walking group participants exceeded by 28%

10,000 Steps is a free program that encourages Queenslanders to increase their physical activity. With the help of a pedometer or activity tracker, 10,000 Steps aims to make Queenslanders aware of how active they are and encourages them to move more every day! In 2018–19, 64 organisations implemented more than 120 activities across 34 local government areas in Queensland. These strategies include community challenges, walkway signage and dog walking strategy.



2018–19 achievements	Target exceeded by
11,403 individual walkers	4%
211 registered workplaces	48%

All time achievements	Monthly achievements
 392,000 members registered	 2,100 members registered
 Over 200 Billion steps logged	 Over 1 Billion steps logged
 13,500 organisations registered	 48,500 website sessions
 56,000 App installs	 519 App installs
 Over 5,000 team tournaments	 300 Challenge participants

10,000 Steps has inspired me to motivate family members and friends.

The website and app are an excellent resource. Thank you

Healthy eating



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

Indicator 19

Evidence of change in state-level policies that facilitate healthy eating



Council of Australian Governments – Health Council reforms on children's food and drink:

The national childhood obesity prevention project has continued to progress the agreed commitments under the five areas: actions in the settings of schools, sport and recreation, public healthcare facilities, improvements to national menu labelling, and foods that are promoted to children. In August 2018, Australian Health Ministers endorsed an interim guide to define unhealthy food and drinks for voluntary use by jurisdictions to reduce the exposure of children to food and drink marketing in settings under government control.

Health Ministers have agreed on a joint way forward with Sport and Recreation, and Education Ministers respectively to improve the food and drink environments in children's sport and schools. Development of strategies to operationalise the intent of these joint statements at the jurisdictional level are well underway. Queensland Government has introduced a policy for government advertising to limit the impact of junk food advertising on children, based on the national interim guide.

Menu Labelling: From the national review of menu labelling schemes, a draft Ministerial Policy Guideline is in development. Once approved by Australian and New Zealand Food Ministers, these Policy Guidelines are expected to shape the Queensland menu labelling legislation in the future.



Healthier Food and Drink Choices at Healthcare Facilities: This intervention formed part of the Minister's Priority Rapid Results Area program. A Health Service Directive on healthier drinks was issued in April 2019, following extensive consultation with HHSs. The Directive came into effect on 1 July 2019 and mandates that only healthier drinks are sold, provided, promoted and advertised at healthcare facilities. The Directive also includes a mandatory requirement for annual monitoring of compliance. A key priority initiative identified at a co-design workshop held in June 2019, was the need for a Health Service Directive for Healthier Food – to be progressed in 2019–20. Prior to the Directive coming into effect, a baseline survey was conducted across 94 facilities involving 397 outlets in 16 HHS. The baseline data will be used to observe Hospital and Health Service implementation of the Directive, through the annual monitoring of compliance over time.

Indicator 20

Evidence of environmental change to support healthy eating by adults and children.





Menu Labelling: Large fast food chains are required to comply with legislation to display kilojoule content for standard food items. Mandatory menu labelling encourages businesses to reformulate or introduce healthier food options. The majority (90%) of businesses captured by the Queensland legislation have implemented the menu labelling scheme across Queensland. However, most businesses were found not to be fully compliant with the legislation, because of the variations in font colour and style on menus. This anomaly was anticipated as the Queensland legibility provisions differed from those of the 2011 national model, and most businesses implemented the scheme nationally. Queensland is leading the development of a bi-national Policy Guideline, which is anticipated to help address jurisdictional anomalies. Information on the availability of healthier menus is expected to be available in 2019–20.

Healthy Tuckshop Support Program: Of the 141 menus voluntarily submitted for assessment, 47 (33%) achieved compliance with Smart Choices strategy in 2018–2019. This was a decrease from 52% (of 184 submitted menus) in achieving compliance in 2017–18. From the Smart Choices compliance perspective, 2018–19 results (33% compliance) were also lower than those in the previous year (2016–17), where 39% (of 292 submitted menus) were compliant.

Healthy Indigenous Communities: Social marketing and community engagement activities raised community’s readiness for action to address sugary drinks and/or smoking. Seventy-seven strategies related to water and sugary drinks were identified to implement across targeted Aboriginal and Torres Strait Islander Shire Council areas. Key actions included holding sugary-drink free events e.g. Council Christmas party, developed and shared healthy drink guidelines for new tourism centre and provided a list of in-store recommendations to managers in two local stores including product availability and placement of sugary drinks.

Good Sports Healthy Eating: The program has exceeded the annual accreditation target of 150 clubs, out of the total of 194 clubs, achieving accreditation in 2018–19 year. There are three levels of accreditation based on the percentage of healthy food items of the total menu items the clubs hold.

Good Sports Healthy Eating

Focus on:

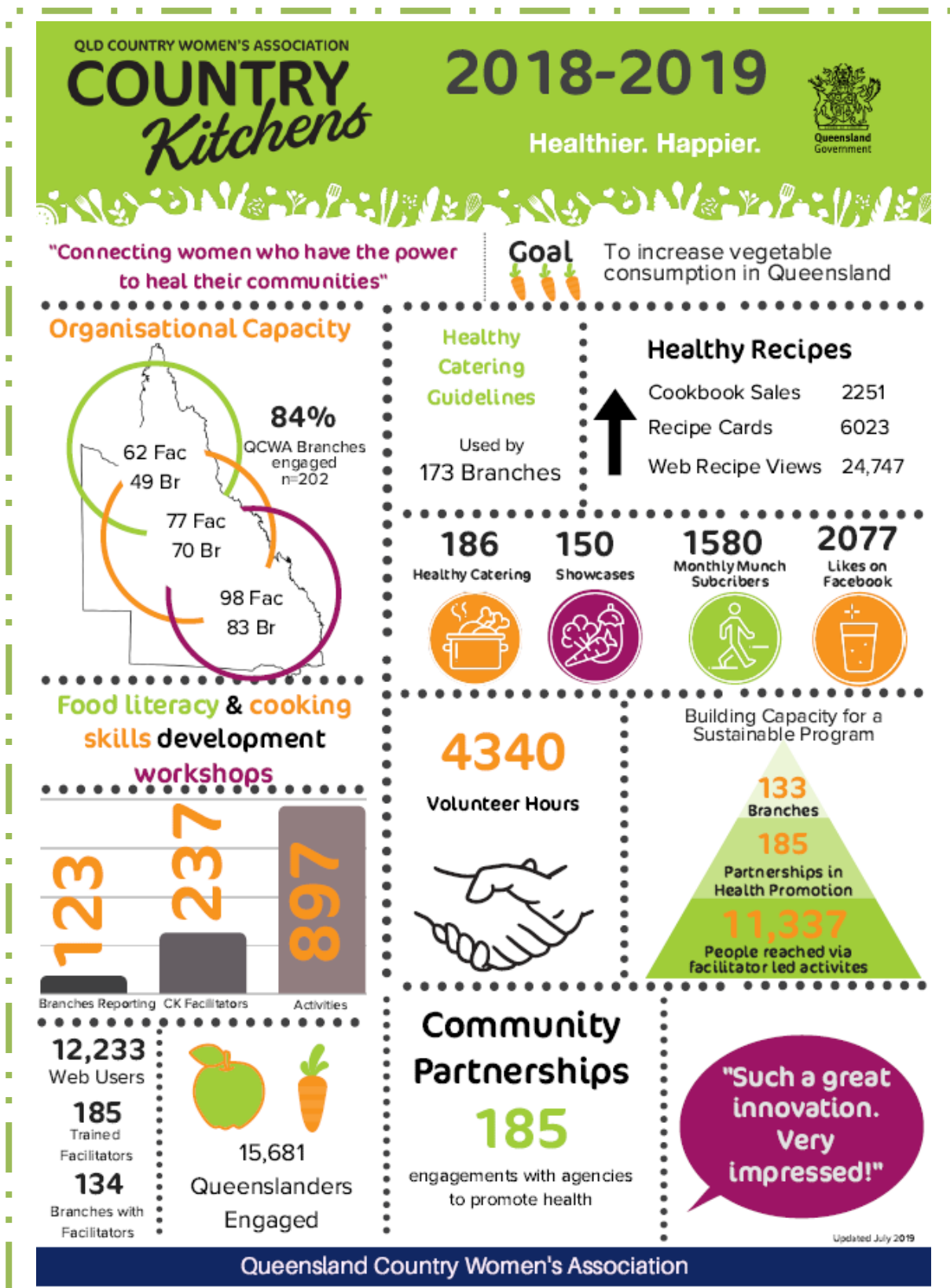
- Increasing range of healthy food and drink options
- Safe food handling
- Promoting water as the drink of choice
- Promoting healthy food and drink options
- Promoting healthy eating
- Encouraging healthy fundraising activities and prizes
- Creating a healthy food and drink policy

Key achievements: 2018–19

- Accreditation of sporting clubs with healthier menu options available
 - Level 1: 35 clubs
 - Level 2: 83 clubs
 - Level 3: 76 clubs
- 44 partnerships established state-wide
- Cumulative: 801 clubs (target ≥500. Target exceeded by 60%)
- Reach: 19 targeted LGAs

Country Kitchens

The Country Kitchens program continues to build the capacity of the Queensland Country Women's Association and its members to engage in and support the ongoing delivery of healthy eating and healthy lifestyle initiatives in local communities. The following infographic outlines some of the achievements of the Country Kitchens program in 2018–19.



Sun safe



Objective: To create more places able to provide protection from exposure to harmful ultraviolet rays (UVR) in Queensland.

Indicator 21

Evidence of change in state-level policies that facilitate sun safe practices.



Sun safe school and representative sport uniforms: Best practice specifications for sun safe school uniforms were incorporated into the Department of Education request for offer for the supply of school and representative sport uniforms. Preventive Health Branch supported Department of Education with the request for offer evaluation to assess and ensure potential uniform suppliers' compliance with sun safe specifications.



The collaboration between Department of Education and Department of Health to integrate mandatory sun safe specifications in the Department of Education's existing procurement process was to appoint a panel of approved suppliers for all school and representative sporting uniform options. This has provided a simple and sustainable solution for provision of sun safe uniforms for all Queensland schools and their students.

This innovative and sustainable model is thought to be a first both nationally and internationally. It can be replicated in other settings and contexts. Workplace Health and Safety Queensland and the Queensland Public Service Commission have expressed interest in the potential use of this procurement model approach to supply sun safe uniforms for Queensland government's outdoor workforce or potentially a whole of government approach.

Sun Safe Guidelines for Mass Public Gathering: The Commonwealth Games, Gold Coast 2018, provided a strong platform for sun safety considerations to be incorporated in the planning of mass gathering events. To build on this platform and enhance uptake, the Sun Safe Guidelines for Mass Public Gatherings were incorporated in the 'Events in Queensland Handbook: Best Practice Guidelines for Event Delivery in Queensland' produced by Department of Premier and Cabinet to support community organisations, local councils and event organisers.

Indicator 22

Evidence of environmental change to assist Queenslanders to be sun safe.



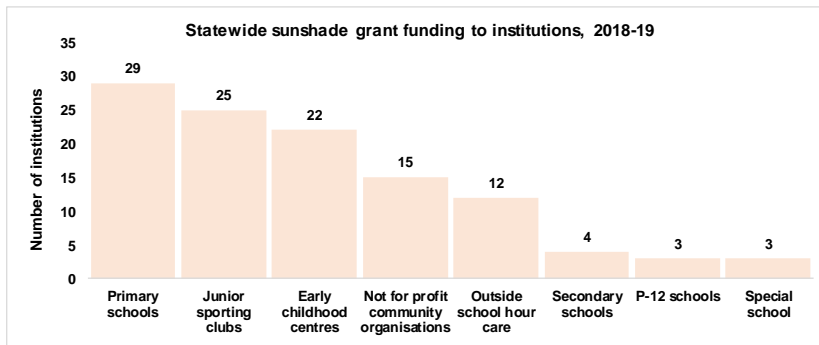
Sun Smart Shade Creation Initiative: Preventive Health Branch provided 50% matched funding to 113 not-for-profit organisations providing services for children 0 – <18 years to purchase portable or permanent shade structures. As childhood sunburn rates in the Mackay Hospital and Health Service area was 16% higher than the state rate, and the highest of all HHSs, 50% of available shade funding was allocated to 52 eligible organisations in Mackay HHS area. Demand for shade funding exceeded available resources with 226 applications received. The funding model requirements acted as a catalyst for further commitment among recipient organisations to review their organisations’ sun protection policies and implement additional strategies to reduce UVR exposure.

All recipient organisations (113) now have current membership to the Cancer Council Queensland's QUEST program that provides access to policy templates and a range of resources to support uptake of healthy behaviours. Forty-three of these organisations reported joining the QUEST program to access resources to support their applications for funding through the SunSmart Shade Creation Initiative. Of the 113 recipient organisations, 66 were early childhood centres or primary schools and therefore eligible to join the National SunSmart Program. Of the eligible 66 early childhood centres or primary schools, 55 are now members of the National SunSmart Program.

SunSmart Shade Creation Initiative funding model incentivises and supports eligible organisations to implement a comprehensive sun protection approach to minimise children and staff’s UVR exposure. It provides matched funding to support organisations purchase permanent shade structures (up to \$5,000) or portable shade structures (up to \$2,000).



119,631 children were provided with shades

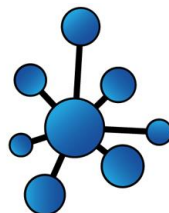


- 113 organisations supported
- Half of the funding in Mackay HHS due to 16% higher sunburn rates than the state average

Fashion for the Sun: This updated secondary school curriculum resource to support and encourage students to apply sun safe considerations in clothing design and manufacturing is available in an online format and incorporates interactive learning opportunities. The online resources are available to ‘Design and Technologies’ teaching staff in all Queensland State, Independent and Catholic schools to support students’ learning outcomes.

Outdoor Worker Toolbox Talk Resources: Preventive Health Branch collaborated with Workplace Health and Safety Queensland to develop an online sun safety focused resource toolkit to support outdoor workplaces and employees with practical strategies to reduce the occupational exposure to ultraviolet radiation. The initiative has provided improved access to resources for workplaces to address sun safety in the workplace.

Responsive system



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

Indicator 23

Evidence of change to systems including their design and operations to be more supportive of health and wellbeing.



Smoking Cessation Outcome Indicators in Department of Health Service Agreement with HHSs (formerly Smoking Cessation QIP – inpatients and QIP dental): The Quality Improvement Payments to support the provision of brief interventions for hospital inpatients through the Smoking Cessation Clinical Pathway ceased on 30 June 2018. Effective 1 July 2018, an Outcome Indicator with benchmarks for the reporting of smoking status and completion of the Pathway for both admitted episodes of care and dental clients has been included in HHS Service Agreements. The inclusion of this Outcome Indicator in HHS Service Agreements will provide a mechanism to monitor both the assessment and reporting of patient smoking status and appropriate provision of clinician initiated smoking cessation brief intervention; including referral to Quitline through uptake of the Pathway.

Smoking Cessation Quality Improvement Payment (QIP) – community mental health: The Quality Improvement Payment to incentivise the provision of smoking cessation brief interventions for community mental health clients is funded until 30 June 2020. 11 HHSs were eligible for payment as they met the benchmark criteria. Overall state growth with YTD pre-requisite (smoking status reported for in-scope patients) were 87% (range 75%-100%) and YTD target (pathway completed for identified smokers) were 65.4% (range 40.1%-86.1%). Data current as at 31 December 2018.

B.strong Indigenous Brief Intervention training: The B.strong program aims to provide training to upskill the workforce to conduct brief interventions with Aboriginal and Torres Strait Islander clients related to physical activity, healthy eating and being smoke-free.

In 2018–19:

- 45 workshops delivered
- 467 participants; 55% (257) identified as Indigenous

Healthy Indigenous Communities: The 2018–19 phase of the project built on the learnings from the pilot project by continuing to work with one community to support community-led interventions and strategies related to reducing sugary drink consumption, increasing water consumption and creating more smoke-free places; expanding the range of health issues being addressed to include physical inactivity; and extending engagement with Aboriginal and Torres Strait Islander Councils across Cape York. The results from the 2018–19 phase included Council endorsing the Community Action Plan developed as part of this project into their 2019–20 Operation plan to reducing sugary drink consumption, increasing water consumption, creating more smoke-free places and influencing physical activity environments. In addition, 5 new Community Health Profiles were developed in five Aboriginal and Torres Strait Islander Shire Councils in Cape York.

Country Kitchens: In 2018–19, the program's focus was on organisational capacity building to further support food literacy, healthy eating and healthy lifestyles in local communities. New Queensland Country Women Association (QCWA) State Executive level processes were formally endorsed to support ongoing implementation of the Country Kitchens (CK) program, including embedding CK reporting from Branches as a formal process. This resulted in 434 reports detailing CK activity being submitted from QCWA Branches across the State. QCWA organisational changes were also initiated to allow volunteer Regional CK facilitators to be appointed by QCWA to support the implementation. Additionally, in May 2019, 20 new CK Divisional Convenors were created with formal role descriptions added to QCWA State Executive procedures manual.

A strongly emerging environmental impact of the program was the increasing number of high-level partnership activities with other organisations to support healthy eating. Fifty-six Branches reported 185 partnership activities, supporting healthy eating and healthy lifestyles, with schools, aged care, councils and Aboriginal groups.

Partners in Prevention Forum: The second Partners in Prevention Forum showcased the champions leading the way in prevention and brought together key actors in preventive health in Queensland. The forum was held in Brisbane with a total of 158 participants from HHSs, Department of Health, Office of the Minister for Health, Primary Health Networks Queensland, and several non-government organisations. The key outcomes included assessing priorities and future actions, sharing innovation and resources, forming strong cross-sector partnerships, embedding change within existing processes to improve system infrastructure, and showcasing the HHS champions leading the way in prevention.

Healthier. Happier. Workplaces Initiative: Three key Healthier. Happier. Workplaces resources were transitioned over to Workplace Health and Safety Queensland in 2018–19. The Healthy Worker initiative (HWI) reviewed and rebuilt those resources and incorporated them into the WorkCover website. The HWI team continued to engage with peak industry bodies, member organisations and the Queensland public sector and completed 28 workshops state-wide. Before closing the Healthier. Happier. Workplaces Initiative on 30 June 2019, membership reached 4001 workplaces. Additionally, 43 workplaces had been recognised for their health and wellbeing commitment:

- 17 bronze,
- 22 silver and
- 4 gold awards as at end of June 2019.

The Healthy Worker Initiative is now an integral part of the Work Health Design Team alongside other technical units and the work of the health and safety regulator. The HWI team developed and launched the Work Health and Wellbeing Tool kit in May 2019 with approximately 260 industry representatives in attendance. Continued facilitation of the Worker Health Initiative Network that supports implementation of the Queensland Government's *Be healthy, Be Well* framework.



Photo source: Queensland Government

2.3.2 Empowered people

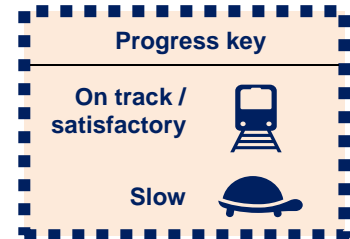


Empowerment refers to the social process in which individuals and communities gain capacity and independence for decision making. Empowering people typically involves development of knowledge, skills and confidence to address or overcome the barriers in their personal and communal lives.²

Key interventions* with specific objectives of empowering people to adopt healthy behaviours are listed in this section.

Increased knowledge

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



Indicator 24

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



Healthy tuckshop support program: Through face-to-face tuckshop network meetings, 91% (76 survey respondents out of 177 attendees) indicated that they had gained new information that improved their tuckshop menu and 95% felt their attendance had contributed to improvements to their tuckshop menu. In the Facebook Live Chats, 89% (of 20 survey respondents out of 94 attendees) reported somewhat satisfied or very satisfied with their attendance.

B.strong Indigenous Health Worker Brief Intervention Training

Based on a comparison of participants' knowledge levels at baseline (n=645), post-workshop (n=603), and at follow-up (n=143), for smoking, nutrition and physical activity and their impacts on chronic illness (e.g. heart disease, cancer, low birth weight, etc.), the proportion of participants with their knowledge increased from about 50% pre-workshop up to 83% at 3 months' follow-up.



B.strong



2017–19 highlights

- 98 face-to-face workshops
- 1,131 health professionals trained
- 700 (62%) identified as Indigenous
- 361 completed *B.strong* eModules
- 56% of trainees from government sector (health, education, corrective services)
- 35% of trainees from Community Controlled Health Services
- 97% satisfaction ratings for B.strong training participants

* Interventions overlap across areas of healthy environments

Country Kitchens

The Country Kitchens program uses a community capacity building approach to improve the food literacy and cooking skills of rural, regional and remote communities. Integral to the success of the program is the commitment from the Queensland Country Women's Association (QCWA) network of state-wide volunteer members to help change behaviours in their communities to promote health.

QLD COUNTRY WOMEN'S ASSOCIATION

COUNTRY Kitchens

Participants of the hands-on nutrition and cooking workshops reported gains in knowledge of portion size, food labelling, recipe modification and changes to food behaviour. Participants also reported sharing this increased knowledge with families and friends.



Rose's story

Community volunteer Rose Aston is esteemed by QCWA for her role as Central Region Country Kitchen's Facilitator. Rose leads the way in running community activities to improve the health of people in her local area.

Rose resides on a small acreage inland west of Gin Gin with half a dozen head of cattle. Living in a rural setting gives Rose an understanding of the barriers that rural communities face.

Rose is just amazing!! From the first time we met, I knew she was a real gem for the Country Kitchens Program - Fiona McKenzie, QCWA State Program Manager.

Rose has actively engaged local councils, schools, disability support groups, neighbourhood centres and Indigenous groups to run hands-on workshops that aim to increase healthy behaviours. Each partnership has helped to promote consumption of the region's local fruits and vegetable produce, and to raise awareness of healthy living. In January–June 2019, Rose supported and led 15 community activities in the Central Region. This includes ongoing monthly cooking classes with Wallaville State School students and a successful cooking demonstration and showcase at Wandin Aboriginal Community Group's NAIDOC Week celebrations, with 300 people in attendance.

Life Education: Following the delivery of Life Education modules in primary schools during April to June 2019, 95% of surveyed teachers (n=1,141) strongly agreed or agreed that students had improved their health knowledge. For all modules over 500 parents surveyed, 89% of parents observed specific changes in their child's behaviour following their participation in the program. Of these 36% observed changes in relation to nutrition and physical activity, and 66% observed changes in relation to smoking and alcohol.

Patient Wellness Clinical Pathway: The key outputs for the six-months period; January–June 2019, are as below:

Patient Wellness Clinical Pathway

Key results: January–June 2019

859

Patient Wellness
Clinical Pathways
completed

419

Quality Improvement
Payments

274

Patients supported
through Way to
Wellness service

Survey of SOPD*
clinicians

100%
believed patient
wellness was a priority

85%
Thought intervening to
improve patient health
should occur in SOPD*

70%
Thought the initiative
was worthwhile

*An excellent
process in preparing
clients before major
surgery*

- SOPD
Clinician

*SOPD = Specialist Orthopaedic
Outpatient Department

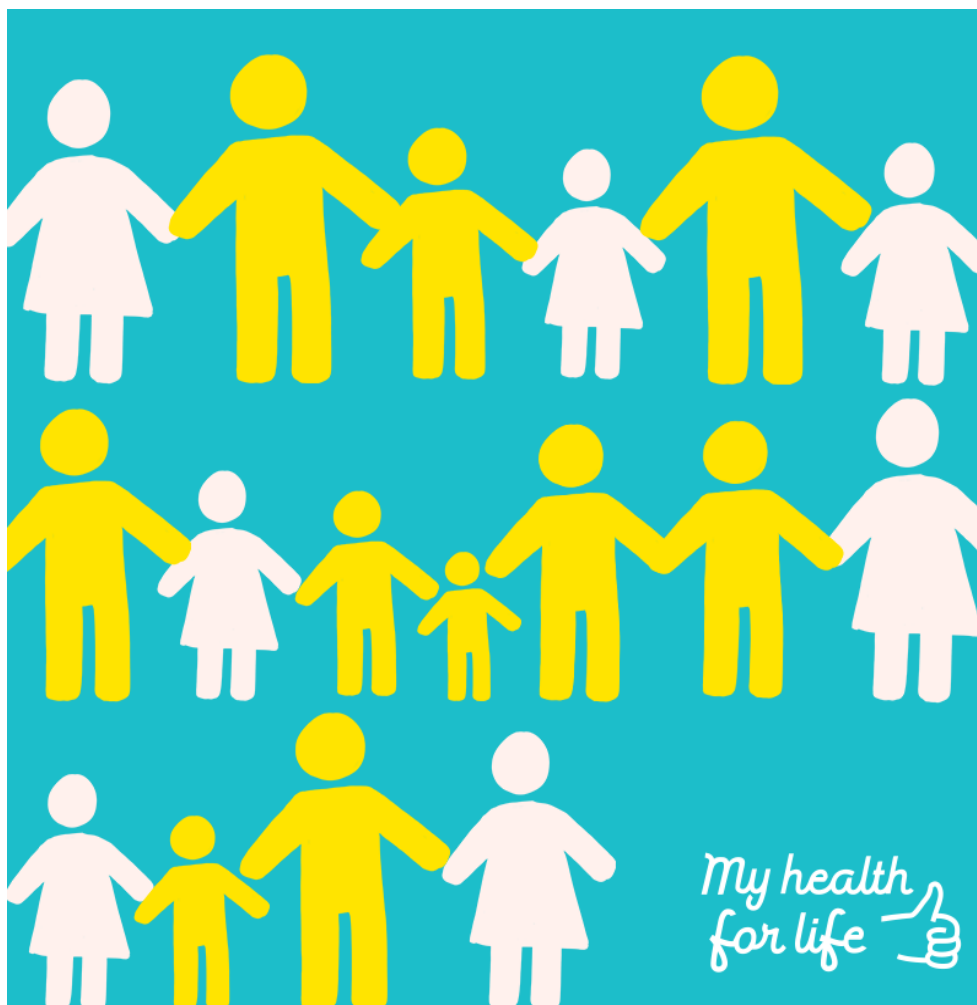
I was connected with My Health for Life and I am working off my Way to Wellness Action Plan. I've lost weight, improved my food and nutrition, reduced my sugar and stopped drinking alcohol – my husband has stopped too! I am even exercising every day to strengthen my muscles before my knee surgery.

- A Way to Wellness participant

My Health for Life: At program completion (6 sessions over 6 months), marked improvements were noted in participants' baseline knowledge and awareness of chronic disease risk factors across all targeted lifestyle risk factors for chronic diseases. Improvements were also noted in participants' knowledge of behaviour changes to improve health including physical activity guideline recommendations, and daily fruit and vegetable serves.

Percentage of participants reporting improvement (from baseline) in their knowledge of:

- Smoking (8%)
- Diabetes (16%)
- Overweight (12%)
- High blood pressure (10%)
- High cholesterol (11%)
- Days of physical activity each week (32%)
- Minutes of physical activity each day (25.5%)
- Serves of fruit each day (17%)
- Serves of vegetables each day (33%)



Positive attitude



Objective: Helping Queenslanders improving attitudes to healthy behaviour change.

Indicator 25

Proportion of participants reporting a positive change in attitude and/or confidence to the targeted healthy behaviour and the pattern of change over time



Healthy Tuckshop Support Program: Through face-to-face tuckshop network meetings, 87% (66 out of 76 survey respondents) agreed or strongly agreed that they had gained more confidence to introduce healthy options in the tuckshop.

B.strong Indigenous Brief Intervention Training: Participants (health workers) were asked to rate their current level of confidence for assessing their clients' readiness to change their health behaviour in smoking, nutrition and physical activity, at three separate time points: baseline (pre-workshop), post-workshop, and at 3-months follow up. Participants rated the workshops positively overall on all the survey satisfaction items. 97% of participants reported that they were very or extremely satisfied with the workshops.

Health Foundation Walking: Walk organisers provided feedback on what positive changes to their life they experienced from participating in the program. Some of their comments included health, mental health, social and physical activity improvements to their life. Most walkers (90%) believed their participation in HFW enabled them to increase the amount of regular walking they do.

10,000 Steps: Overall change in sufficient physical activity was assessed.



2018–19

Percentage of participants reported being sufficiently active:

- At baseline: 69%
- 6 weeks: 80%
- 18 weeks: 73.4%

My Health for Life: Key results are presented under Indicator 28.



In 2018–19:

- 72,532 risk assessments completed (36% of 2020 target [200,000])
- 4,557 participants completed the program (46% of 2020 target [10,000])

Indicator 26

Proportion of participants reporting intention to change to adopt healthy behaviour



Health Foundation Walking: Based on participants' (walkers) self-reported data from 478 walkers who completed online surveys, participants made significant improvement in their daily walking (150 mins or more per day) in the 7 days prior to the survey. Most were women older than 60 years.

10,000 Steps: At baseline, 79.5% of participants indicated that they intended to increase their activity in the next one month and 6.5% indicated they intended to increase their activity in the next six months.

Life Education: Following delivery of modules in primary schools during April to June 2019, 1,141 teachers agreed or strongly agreed that working with Life Education would help them include health education in the classroom. 97% were positive for nutrition, 94% for physical activity and 88% for tobacco education.

My Health for Life: At baseline (session 1), 93% of participants reported of their intention to change behaviours. At session 6 after 6 months, 96% of participants reported they retained their intention to change behaviour.

Improved skills



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

Indicator 27

Proportion of participants reporting an increase in healthy behaviour skills



Healthy Tuckshop Support Program: Of the 76 survey respondents of the face-to-face tuckshop network meetings:

- 87% agreed or strongly agreed they had learnt new skills to improve the menu;
- 74% agreed or strongly agreed that attending the meetings had contributed to their menu offering more fruit and vegetable items.

B.strong Indigenous Brief Intervention Training: Participants were asked to report on a range of consultation skills used to help support their clients change their unhealthy behaviours and were assessed at commencement and post workshop. There was a measurable increase in skills respondents were currently using and planning to use to support their clients to change their smoking, nutrition and physical activity behaviours from baseline to post workshop. Although the intention to increase utilisation of skills was apparent following the workshop training, the practical application remained close to baseline as reported during follow-up. However, it is important to note that the follow up data was based on a small sub-sample of respondents.

Life Education: Following delivery of Life Education modules in primary schools during April to June 2019, 87% of surveyed teachers (n=1,141) Strongly Agreed or Agreed that students have improved their skills to support them to make informed choices.

As part of the ongoing Jamie's Ministry of Food program in Queensland, The Good Foundation (TGF) developed and delivered a 3-month pilot (March–June 2019) cooking and healthy eating program. The program aimed at improving the food literacy, food security and healthy eating for people in disadvantaged, and remote Indigenous communities. The program was delivered in partnership with the communities and local organisations of Ravenshoe and Mount Garnet, in the Tablelands Regional Council area.

An important element of this pilot was the development of a model which incorporated sustainability. To achieve this, TGF delivered an outreach model including a “Train The Trainer” program. Two age-specific cooking courses, designed to be culturally and geographically appropriate for local residents, addressing common health concerns were developed. While TGF staff delivered these classes to 86 local residents, 5 local residents were trained in the “Jamie Way” and graduated to become registered *Jamie's Ministry of Food* Trainers. These trainers continue to change lives in their communities by delivering classes to fellow residents. TGF supports delivery of this program on an ongoing basis.



Positive behaviour change

Objective: Helping Queenslanders undertaking healthy behaviours.



Indicator 28

Proportion of participants reporting positive behaviour change at intervention completion



Healthy tuckshop support program: Through the support program network, 91% of participants (of 76 survey participants) responded that they had gained new information that improved their use of tuckshop menu.

10,000 Steps: At baseline, 14% of participants reported they did not intend to increase their steps or daily physical activity. At the 6-week assessment, 31% of participants reported they did not intend to increase their activity from their baseline level of physical activity. Over half (56%) indicated they intended to increase their activity in the next 1 month and 13% said they intended to increase their activity in the next 6 months. Intention to change behaviour of the participants as a result of participating in an intervention in the short term was positive, although the impact was minimal over a long term.

Heart Foundation Walking: The results of the National Online Survey of Queensland participants (n=130) demonstrated positive behaviour change towards regular daily walking.

- 9 out of 10 (90%) walkers believed their participation has enabled them to increase the amount of regular walking they do.
- They also felt that HFW has helped improve their overall health.
- All walkers believed that doing any physical activity is better than doing nothing.
- HFW walkers do an average of 5 hours of walking a week.



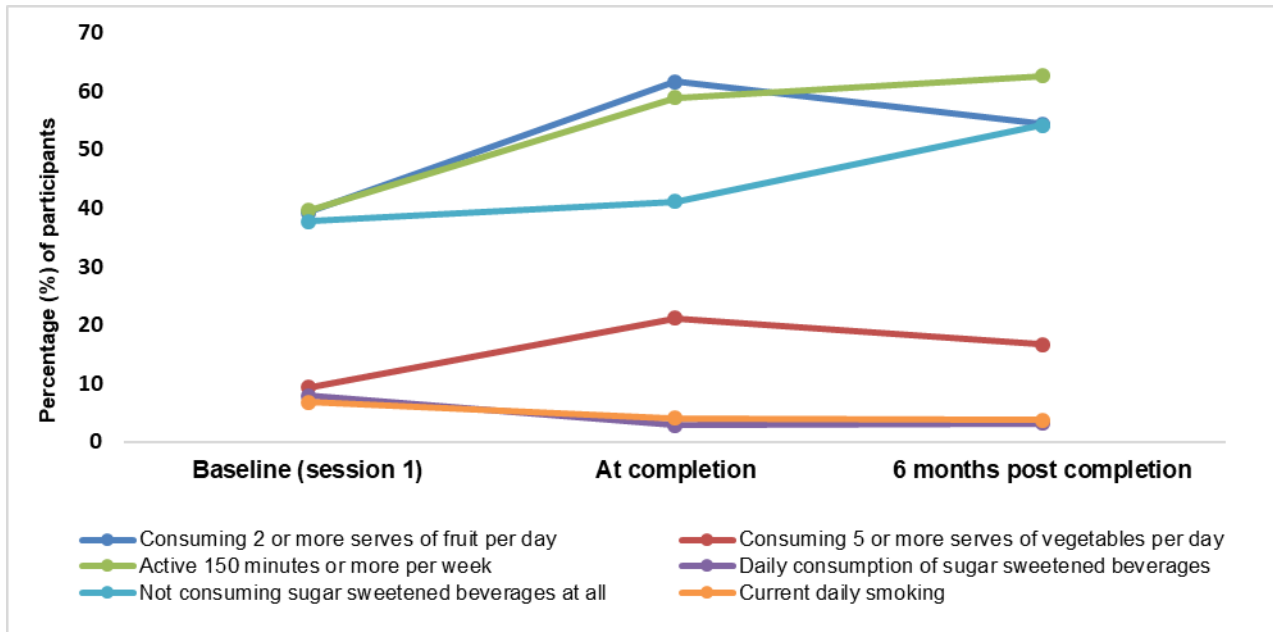
Life Education: Following delivery of modules in primary schools during April to June 2019, 95% of surveyed teachers (n=1,141) Strongly Agreed or Agreed that the Life Education program has made a positive impact to children's health and wellbeing.

Intensive Quit Smoking Program: Intensive Quit smoking Program provided quit support to Queenslanders of diverse socioeconomic and demographic backgrounds. For participants who completed the 12-month program in 2018–19, the average quit rates at program completion was 50.2% with sub-group differentials as below:

- workers in blue collar occupations (52.4%)
- pregnant women and partners (36.6%)
- Aboriginal and Torres Strait Islanders (41.0%)
- people experiencing disadvantage (44.9%)
- individuals living in HHS with an adult daily smoking rate $\geq 14\%$ (50.1%)
- Queensland Health and Queensland Ambulance staff (54.6%)

My Health for Life: Participants of the program made marked improvement in positive behaviour change over time (Figure 4).

Figure 4: Progress of My Health for Life participants across selected intervention indicators, 2018–19



Indicator 29

Proportion of participants who maintain behaviour change for at least three months post-implementation



10,000 Steps: Overall change in sufficient physical activity was assessed at baseline, 6-weeks and 18 weeks following completion. At baseline (n=8,409), 5,802 (69.0%) participants reported being sufficiently active. At 6 weeks (n=2,478), 1,985 (80%) reported being sufficiently active. At 18 weeks post-completion (n=985), 723 (73.4%) reported being sufficiently active.

My Health for Life: Refer to indicator 28 (Figure 4)



2.4 Outcomes

Monitoring healthy behaviour change is integral to the evaluation of the Health and Wellbeing Strategic Framework 2017–2026. 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. Due to small numbers, the prevalence for some targets, for example vegetable consumption for adults and children, may be volatile.

This section assesses the performance in the context of longer term trends (Tables 3 and 4) of 13 outcome indicators.^{3,4} Sun protection for children was not assessed due to insufficient data points. The baseline prevalence and 2020 targets are presented in the Summary (page 5).

Table 3: Five indicators likely to achieve their 2020 targets

<p>Child healthy weight</p> <p>At baseline, about 2 in 3 children were in the healthy weight range based on measured data. This indicator uses measured height and weight from the National Health Survey which collects data every three years. Based on current trends, the 2020 target (69%) is likely to be achieved.</p>	<p>Baseline - 66%</p> <p>2020 Target - 69%</p> <p>2026 Target 73%</p>
<p>Child overweight and obesity</p> <p>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 likely to be achieved based on current trends.</p>	<p>Baseline - 24%</p> <p>2020 Target - 23%</p> <p>2026 Target 22%</p>
<p>Child active every day</p> <p>The 2020 target is for a 10% increase in the proportion of children active every day (from 39% at baseline in 2014 to 43%). On current trends, the target is likely to be achieved. However, considering the trend since 2009, there has been no improvement in the prevalence of children being active every day.³</p>	<p>Baseline - 39%</p> <p>2020 Target - 43%</p> <p>2026 Target 47%</p>
<p>Child fruit consumption</p> <p>The 2020 target is a 10% increase from baseline: 67% in 2014 to 74% in 2020. On current trends, the target is likely to be achieved.</p>	<p>Baseline - 67%</p> <p>2020 Target - 74%</p> <p>2026 Target 80%</p>
<p>Adult daily smoking</p> <p>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 29% reduction from the 2014 baseline by 2020 (from 14% to 10%). The current trend is on track to achieve this target.</p>	<p>Baseline - 14%</p> <p>2020 Target - 10%</p> <p>2026 Target 8%</p>

Table 4: Seven indicators unlikely to achieve their 2020 targets

<p>Child vegetable consumption</p> <p>At the current level of vegetable consumption, it appears that a 10% increase; from 6% at baseline in 2014 to 7% by 2020 is uncertain. However, due to low prevalence, this indicator is likely to show volatility.</p>	<p>Baseline - 6%</p> <p>2020 Target - 7%</p> <p>2026 Target 8%</p>
<p>Adult healthy weight</p> <p>At baseline, about 1 in 3 adults were in the healthy weight range based on measured data. This indicator uses measured height and weight from the National Health Survey. Based on the first update (2017–18), the 2020 target (37%) is unlikely to be achieved.</p>	<p>Baseline - 35%</p> <p>2020 Target - 37%</p> <p>2026 Target 39%</p>
<p>Adult overweight and obesity</p> <p>Based on self-report, there has been no decrease in the prevalence of adult overweight and obesity. It is unlikely the 5% reduction will be achieved by 2020—a decrease from 58% at baseline in 2014 to 55%.</p>	<p>Baseline - 58%</p> <p>2020 Target - 55%</p> <p>2026 Target 52%</p>
<p>Adult fruit consumption</p> <p>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.</p>	<p>Baseline - 58%</p> <p>2020 Target - 64%</p> <p>2026 Target 70%</p>
<p>Adult physical activity</p> <p>Adult physical activity levels increased over the past decade, although the rates slowed in recent years. On current trends, the 2020 goal of 10% increase from baseline (from 60% in 2014 to 66% in 2020) is unlikely to be achieved.</p>	<p>Baseline - 60%</p> <p>2020 Target - 66%</p> <p>2026 Target 71%</p>
<p>Adult vegetable consumption</p> <p>The prevalence of adult vegetable consumption decreased over recent years. At the current level of consumption, it is unlikely that the 2020 target of 10% increase; from 10% in 2014 to 11% in 2020 will be achieved. However, due to low prevalence, the rate may fluctuate.</p>	<p>Baseline - 10%</p> <p>2020 Target - 11%</p> <p>2026 Target 13%</p>
<p>Adult sun protection</p> <p>The 2020 target is a 10% increase from baseline: 22% in 2014 to 24% in 2020. On current trends it unlikely to be met.</p>	<p>Baseline - 22%</p> <p>2020 Target - 24%</p> <p>2026 Target 26%</p>

Note: There were insufficient data to report on child sun protection.

Appendix 1: An overview of interventions in 2018–19

Table A: *Health and Wellbeing* interventions by strategies

No.	Name of interventions	Strategy*					
		Public policy & legislation	Sector development	Social marketing [‡]	Personal skills development	Risk assessment, early intervention	Health surveillance and research [#]
1	COAG Health Council - Children's Food and Drinks	X					
2	Development of National Obesity Strategy	X					
3	Menu Labelling for Fast Food	X		x	x		
4	Smoke-Free Government Precincts	X	x				
5	Tobacco Legislation Compliance Plan	X			x		
6	National Tobacco Strategy	X					
7	Queensland Smoking Reduction Model	X					
8	Tobacco Reform Proposals	X					
9	Queensland Walking Strategy	X					
10	Queensland Cycling Strategy	X			x		
11	Queensland Sport and Active Recreation Strategy (<i>Activate Queensland</i>)	X	x		x		
12	Sun Safe School Uniforms	X	x				
13	Healthier Drinks for Healthcare Facilities	x	X				
14	Healthy Tuckshop Support Program		X				
15	Smart Choices Nutrition Advisory Service		X				
16	Good Sports – Healthy Eating		X		x		
17	Infrastructure Solutions and Investment to Support Healthy Living		X				
18	Healthy Places, Healthy People Initiative	x	X		x		
19	Smoking Cessation QIP – Inpatients		X			x	
20	Smoking Cessation QIP – Community Mental Health		X			x	
21	Smoking Cessation QIP – Dental		X				
22	Healthy Indigenous Communities		X		x		
23	Healthier. Happier. Workplaces		X		x		
24	Partners in Prevention Forum		X				

* Bold X depicts primary strategy. Small x indicates other relevant strategies.

‡ Social marketing campaigns are delivered by Strategic Communications Branch, Corporate Services Division, and reported on through different mechanisms.

Health Surveillance and Research outputs are described in page 12.

Table A (continued): Health and Wellbeing interventions by strategies

No.	Name of interventions	Strategy*					
		Public policy & legislation	Sector development	Social marketing [‡]	Personal skills development	Risk assessment, early intervention and counselling	Health surveillance and research [#]
25	Brief Interventions for a Healthy Lifestyle Training		X				
26	B.strong Indigenous Brief Intervention Training		X				
27	SunSmart Shade Creation Initiative		X			x	
28	Outdoor Worker Toolbox Talk Sun Safety Resource		X		x		
29	Fashion for the Sun		X		x		
30	An Age-friendly Community Sun Safety Toolkit		X				
31	Quit Marketing and Promotional Material			X			
32	Sun Safety Social Media Campaign			X			
33	Life Education – Healthy Eating and Physical Activity		x		X		
34	Country Kitchens		x		X		
35	Jamie's Ministry of Food		x		X		
36	Heart Foundation Walking		x		X		
37	10,000 Steps		x		X		
38	<i>My Health for Life</i>		x	x	x	X	
39	Get Healthy Information and Coaching Service				x	X	
40	Patient Wellness Clinical Pathway		x			X	
41	Torres Strait Indigenous Women's GP Project		x			X	
42	Wuchopperen Indigenous Women's Preventive Health					X	
43	Quit Now Program				x	X	
44	Intensive Quit Support Programs				x	X	

* Bold X depicts primary strategy. Small x indicates other relevant strategies.

‡ Social marketing campaigns are delivered by Strategic Communications Branch, Corporate Services Division, and reported on through different mechanisms.

Health Surveillance and Research outputs are described in page 13.

Public Policy and Legislation

Council of Australian Governments - Health Council Reforms on Children's Food and Drinks

Purpose: Drive national cross-sector engagement on actions that limit the impact of unhealthy food and drink on children.

Target group: Australian children (0–<18 years).

Key strategy: *Public policy and legislation* – Facilitating national agreement on five actions: healthcare, school and sport and recreation settings, food regulatory approaches to obesity prevention and criteria for reducing children's exposure to unhealthy food and drink marketing on government spaces.

Current status / progress / achievement (2018–19): Each of the five actions have been agreed and all initiatives being developed by cross jurisdictional / sector working groups (where relevant):

Sport and recreation: A joint statement has been developed for consideration by Sport and Recreation and Health Ministers on healthy eating and active living.

Schools: Education and Health Ministers have agreed on a national joint statement to be released following consideration by Health Ministers on the good practice guide developed to assist in implementation.

Healthcare: A draft national statement for the health sector to lead in healthier food and drink choices for visitors and staff, together with goals, principles and minimum national nutrition standards has been developed for consideration by Health Ministers.

Food promotion: A national interim guide for reducing children's exposure to unhealthy food and drink promotion, for voluntary use by governments has been released on the COAG Health Council website.

Food Regulation: An industry/public health/government co-design process identified solutions for key issues related to menu labelling schemes. Approval of the policy approach was delayed due to a postponement of the Ministerial Forum on Food Regulation June 2019 meeting. New opportunities to use the food regulation system for obesity prevention initiatives are awaiting approval to proceed from the Ministerial Forum.

Implementing agency: Departments of Health (prevention and food regulation divisions/agencies), Education, Sport and Recreation from all jurisdictions.

Development of the National Obesity Strategy

Purpose: To develop a national obesity strategy on behalf of the Council of Australian Governments (COAG) Health Council.

Target Group: All Australians.

Key Strategy: *Public policy and legislation* - Lead the national obesity strategy working group, facilitate the development of a national obesity prevention strategy and manage the strategy Secretariat.

Current status / progress / achievement (2018–19): On 12 October 2018, the Council of Australian Governments (COAG) Health Council agreed to the development of a national obesity strategy for Australia noting the significance of overweight and obesity in Australia as an urgent public health problem. The COAG Health Council, Australian Health Ministers' Advisory Council (AHMAC) and the national working group agreed that the strategy would include:

- population approaches for the primary and secondary prevention of overweight and obesity in recognition that prevention occurs in settings beyond health;
- a unifying focus on promoting health and reducing risk;
- a focus on priority population groups or regions where prevalence is higher;
- recognition of the social determinants of health; and
- priority intersectoral actions that include whole of government, economy and community efforts as well as specific public health system actions.

Implementing agency: Preventive Health Branch led the development of the Strategy.

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, 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 (2018–19): Most businesses, which are required to display kilojoule information in Queensland, have been implementing menu labelling. However, there is not full compliance, largely due to the different legibility provisions in Queensland compared to other State and Territories. The Queensland-led national review of menu labelling schemes and subsequent bi-national policy development are expected to address these and other inconsistencies. The assessment of any change in the availability of healthier menu items has been delayed due to competing priorities and reduced internal capacity, with results not expected until 2019–20.

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 (2018–19): In 2019, smoke-free government precincts were established in the regional areas of Bundaberg, Cairns, Hervey Bay, Maroochydore, Rockhampton and Townsville. Together, with the seven smoke-free government precincts in the Brisbane CBD, there are now 13 smoke-free government precincts across Queensland.

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: *Public Policy and Legislation* – Localised enforcement activity to reinforce compliance with smoking bans at identified hot spots such as public transport waiting points, within 5 metres of a non-residential building entrance, and malls. Promotion of 13 QGOV to provide tobacco legislation advice and signage to businesses, review and report on compliance with tobacco legislation.

Current status / progress / achievement (2018–19): Tobacco Legislation Compliance Plan for 2018–19 focussed on undertaking a survey of Designated Outdoor Smoking Areas at licenced premises. Six HHS's were recruited to participate in the survey which was undertaken in a range of venues across those HHSs. Each HHS was given a target number which was reached. Data analysis was undertaken, and a report produced.

Implementing agency: Department of Health.

National Tobacco Strategy

Purpose: The National Tobacco Strategy (Strategy) expired at the end of 2018. A new strategy is being drafted in consultation with State and Territory Governments and tobacco control experts.

Target group: The strategy will be used by Commonwealth, State and Territory Governments and tobacco control experts to guide the work being progressed.

Key strategy: *Public Policy and Legislation.*

Current status/progress/achievement (2018–19): Queensland Health is participating in the development of the new Strategy by providing feedback on the draft Strategy. In 2018–19, the National Working Group tasked to develop the Strategy progressed a draft which was presented before the National expert reference group for review.

Implementing agency: Commonwealth Department of Health is the lead. Queensland Health is contributing to the development of the strategy.

Tobacco Reform Proposals

Purpose: Development of a package of tobacco reform options including legislative and program measures to further reduce the smoking rate.

Target Group: All Queenslanders.

Key Strategies: *Public policy and legislation* with aims to (1) reduce the acceptability and appeal of smoking products (2) increase smoke-free public places (3) promote quitting and further reduce smoking acceptability (4) take targeted action to reduce smoking among Indigenous Queenslanders

Current status/progress/achievement (2018–19): A suite of legislative and program strategies capable of delivering further and faster smoking reductions have been identified and progressed for consideration and approval.

Implementing agency: Department of Health.

Queensland Walking Strategy

Purpose: To facilitate physical activity through walking as an active transport at a population level.

Target group: Queensland urban population.

Key strategy: *Public policy and legislation* – Preventive Health Branch built collaboration to influence public policy and legislation.

Current status / progress / achievement (2018–19): The Queensland Walking Strategy is a significant development as it is the first walking strategy for Queensland. Preventive Health Branch was thoroughly engaged in this process (attended sessions, commented on drafts and provided advice on request).

Implementing agency: The Department of Transport and Main Roads is the lead agency.

Queensland Cycling Strategy

Purpose: To facilitate physical activity through cycling as an active transport at a population level.

Target group: Queensland urban population.

Key strategy: *Public policy and legislation* – Preventive Health Branch built collaboration to influence public policy and legislation, as responsibility for population drivers of physical activity lies with multiple government departments. Efforts focussed 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 (2018–19): The Queensland Cycling Strategy 2017-2027 sets the strategic direction for cycling in Queensland over the next 10 years and prioritises

building and connecting infrastructure, sharing roads and public spaces, encouraging more people to ride and powering the economy (e.g. through cycle tourism). Department of Health activities increased interdepartmental awareness of relevant research, data and activities and interaction. The 2017–19 Action Plan has been completed, but its evaluation has not been finalised. A 2019–21 Action Plan is being developed.

Implementing agencies: The Department of Transport and Main Roads is the lead agency.

Queensland Sport and Active Recreation Strategy (Activate Queensland 2019–29)

Purpose: To promote sport and active recreation by facilitating participation across the life span of all Queenslanders.

Target: Queenslanders of all ages.

Key strategy: *Public policy and legislation* – A lifelong participation focussed sport and active recreation system can increase physical activity on a large scale, over time and in multiple locations. Preventive Health Branch builds collaboration to influence public policy and legislation, as responsibility for population drivers of physical activity lies with multiple government departments.

Current status / progress / achievement (2018–19): Activate! Queensland 2019–2029 is the Queensland Government’s 10-year strategy, outlining the new collaborative direction for physical activity and movement in Queensland. The Department of Health contributed significantly to the development of the strategy. Preventive Health Branch contributed to a cabinet submission for the consultation and development of the Strategy. The strategy’s action plan (*Our Active8 2019–2022*) was launched on 27 July 2019.

Implementing agencies: The Department Housing and Public Works is the lead agency for the Sport and Active Recreation Strategy.

Sun Safe School Uniforms

Purpose: 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 (2018–19): Department of Education have appointed a panel of approved sun safe school and representative sports uniforms. This panel provides a simple and sustainable solution for the supply of sun safe school and sports uniforms for all Queensland state, independent and catholic primary and secondary schools. Preventive Health Branch supported Department of Education with assessment of the request for offer (RFO) for the potential uniform suppliers’ compliance with sun safe specifications.

Implementing agency: Department of Education.

Sector Development

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. Preventive Health Branch 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 (2018–19): In September 2018, this program was identified as a priority in the Health Minister's Rapid Results Program. A Health Service Directive on healthier drinks for healthcare facilities became effective from 1 July 2019. According to the Directive, any drinks sold, provided, promoted and advertised at Hospital and Health Service facilities were to be only healthier drinks. Incentive funding has been secured from Queensland Health's Corporate Services Division to support HHSs to drive improvements in the healthy food supply in 2019–2020.

Implementing agency: Department of Health.

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) and to support manufacturers, industry members and suppliers regarding classification of their products in line with Smart Choices.

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

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. Provision of support services for industry / suppliers, with consultation with key stakeholders.

Current status / progress / achievement (2018–19): Schools continue submitting menus to be assessed against the Smart Choices Strategy. Participants at network meetings continue to feel more informed, confident and skilled to improving their tuckshop menus, to include healthier options. Support continues to be provided to suppliers, to enable them to promote and provide healthier options to schools and/or consider reformulation of products, as applicable. There was strong collaboration across key stakeholders in order to provide strong communication to industry and suppliers.

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

Smart Choices Nutritional Advisory Service

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).

Current status / progress / achievement (2018–19): 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. Collaboration across key stakeholders provided strong communication with industry and suppliers, with positive feedback.

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

Good Sports – Healthy Eating

Purpose: To support and guide sporting clubs 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.

Current status / progress / achievement (2018–19): Good sports (healthy eating) exceeded targets for participation and accreditation progression. Reached 19 of 35 priority regions (54%). The program also achieved its target to decrease the number of dormant clubs to 21% (target was <25%).

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

Infrastructure Solutions and Investment to Support Healthy Living

Purpose: To achieve a more consistent cross government delivery and measurement of infrastructure and built environment investments that support active living and demonstrate their reach and health impact over time.

Target group: Whole of government.

Key strategy: *Sector development* – Stakeholder engagement to stimulate dialogue across government, encourage the inclusion of urban design features that support active living, provide advice to influence government plans, projects and programs, develop an agreed whole-of-government suite of indicators to measure the health of places, and publish a report on healthy places indicators for Queensland.

Current status / progress / achievement: Consultation and engagement commenced, review of evidence, scoping of draft indicators and expert review completed, opportunities to provide submissions and advice continue.

Implementing agency: Department of Health delivers this program in collaboration with Department of State Development Manufacturing, Infrastructure and Planning, and Office of Government Architect.

Healthy Places, Healthy People initiative

Purpose: PHB to lead a collaborative approach to work with Queensland Government agencies to measure, monitor, report and better understand the collective impact of built and natural environment features on health through supporting healthy and active living.

Target group: Relevant Queensland Government agencies including Queensland Government Architect, Department of Transport and Main Roads, State Development, Manufacturing, Infrastructure and Planning.

Key strategy: *Sector development* to facilitate building healthy places for healthy living.

Current status / progress / achievement (2018–19): PHB established collaboration with Department of State Development Manufacturing, Infrastructure and Planning and Office of Government Architect. PHB conducted an extensive review of current evidence to inform potential healthy places indicators that support active living, sought advice from five multidisciplinary experts regarding the relevance and feasibility of the proposed approach, options for indicators and potential implementation challenges.

Implementing agency: Department of Health delivers this program in collaboration with Department of State Development Manufacturing, Infrastructure and Planning, and Office of Government Architect.

Smoking Cessation Quality Improvement Payment (inpatients, community mental and dental health)

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

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

Key strategy: *Sector development* – Effective 1 July 2018, an Outcome Indicator with benchmarks for the reporting of smoking status and completion of the Pathway for both admitted episodes of care and dental clients has been included in HHS Service Agreements. The inclusion of this Outcome Indicator in HHS Service Agreements will provide an ongoing mechanism to monitor both the assessment and reporting of patient smoking status and appropriate provision of clinician initiated smoking cessation brief intervention; including referral to Quitline through uptake of the Pathway.

Current status / progress / achievement (2018–19):

- QIP – inpatients: As of 30 April 2019, 45,402 Smoking Cessation Clinical Pathways were completed for patients admitted to Queensland hospitals. This equates to about one-third of all identified inpatient smokers receiving a smoking cessation brief intervention. Similarly, as of 30 April 2019, 17,048 Smoking Cessation Clinical Pathways were completed for dental clients, equating to 78% of dental clients who were identified as current smokers receiving a smoking cessation brief intervention during their care.
- QIP – community mental health: The Quality Improvement Payment to incentivise the provision of smoking cessation brief interventions for community mental health clients is funded until 30 June 2020. 11 HHSs were eligible for payment. Overall state growth with year to date pre-requisite (smoking status reported for in-scope patients) = 87% (range 75%–100%) and YTD target (pathway completed for identified smokers) = 65.4% (range 40.1%–86.1%). Data current to 31 December 2018.

Implementing agency: Queensland Hospital and Health Services.

Email smokingQIP@health.qld.gov.au to request additional advice or to provide feedback.

Healthy Indigenous Communities project

Purpose: Seeks to engage Aboriginal and Torres Strait Islander 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*.

Current status / progress / achievement (2018–19): This project undertakes 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. In 2018–19, the project was able to exceed expectation by working closely with the local council to ensure the community action plan was endorsed to be included in the Councils Operational Plan from 2019–20.

Implementing agency: Apunipima Cape York Health Council.

Healthier. Happier. Workplaces

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 (2018–19): WHSQ has achieved some specific milestones in terms of building the new website and transitioning the surveys and recognition scheme across. They continue to build the cross-government network and undertake specific advisory roles.

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

Partners in Prevention Forum

Purpose: The forum aims to identify and promote a range of prevention initiatives led by HHSs and provides attendees with the opportunity to engage face to face with their colleagues in areas of chronic disease prevention across the state.

Target group: HHSs staff, Department of Health, Officer of the Minister for Health and Minister for Ambulance Services, Queensland Primary Health Networks and non-government organisations.

Key strategy: *Sector development.*

Current status / progress / achievement (2018–19): The second annual forum was held in Brisbane on 12 and 13 September 2018, attracting 96 attendees. The forum showcased the HHS champions leading the way by sharing innovation and resources, forming strong cross sector partnerships and embedding change within existing processes to improve system infrastructure. Evaluation results from the attendee survey showed an improvement in 2018 across all indicators including intention to take future action, opportunities to network, and relevance to their work.

Implementing agency: Department of Health.

Brief Intervention 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 optimal nutrition, healthy weight, incorporating physical activity into daily life, reduce smoking and risky alcohol consumption.

Target group: Queensland health professionals and clinicians.

Key strategy: *Sector development.*

Current status / progress / achievement (2018–19): 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 women of childbearing age, pregnant women, young children and families. The second training has been extensively updated and expanded. This initiative is ongoing.

Implementing agency: Queensland Health Clinical Skills Development Service hosts this online training.

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 Indigenous Queenslanders.

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

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 (2018–19): State-wide, 45 face-to-face workshops were delivered for 467 participants. 202 participants completed eModules.

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

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 children aged 0–<18 years.

Key strategy: *Sector development* – Providing funding support for fixed and portable shade structures and links the implementation and monitoring of a sun protection policy.

Current status / progress / achievement (2018–19): 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>

Outdoor Worker Toolbox Talk Sun Safety Resource

Purpose: To support the outdoor worker sector reduce unsafe occupational UVR exposure for their workforce.

Target group: Government and non-government outdoor worker sector and employers.

Key strategy: *Sector development* – Collaborative approach with Workplace Health and Safety Queensland to provide the outdoor worker sector with best practice sun safe policy development advice and relevant resources to reduce unsafe occupational UVR exposure.

Current status / progress/ achievement (2018–19): Sun Safety Toolbox Talk resources are available on Worksafe Queensland website (<https://www.worksafe.qld.gov.au/injury-prevention-safety/hazardous-exposures/sun-safety>).

Implementing agency: Workplace Health and Safety Queensland.

Fashion for the Sun

Purpose: to support secondary school teachers integrate sun safe considerations in relevant learning contexts.

Target Group: Secondary school design and technology teachers.

Key Strategy: *Sector development* – integrating sun safe considerations in relevant secondary school curriculum learning areas supports Queensland schools with implementation of a whole of school sun safe policy approach.

Current status/progress/achievement (2018–19): This updated secondary school curriculum resource to support and encourage students to apply sun safe considerations in clothing design and manufacturing is available in an online format and incorporates interactive learning opportunities. These online resources are available to 'Design and Technologies' teaching staff in all Queensland State, Independent and Catholic schools to support students' learning outcomes.

Implementing agency: Department of Education, Queensland Government.

An Age-Friendly Community Sun Safety Toolkit

Purpose: Developed by Department of Communities, Disability Services and Seniors, the toolkit provides best practice information, resources and recommendations for creating sun safe supportive physical environments.

Target group: community organisations, businesses and local governments in Queensland.

Key strategy: *Sector development* - The toolkit is a learning resource to help community organisations, businesses and local government include age-friendly concepts in their workplace and to contribute to building an age-friendly Queensland.

Current status / progress/ achievement (2018–19): Preventive Health Branch contributed best practice information, resources and recommendations to support the creation of sun safe physical environments. The toolkit is available on the Department of Communities, Disability Services and Seniors website (<https://www.communities.qld.gov.au/seniors/queensland-age-friendly-community/age-friendly-toolkit>).

Implementing agency: Department of Communities, Disability Services and Seniors, Queensland Government.

Personal Skills Development

Life Education – Healthy Eating and Physical Activity

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 class-room 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 latest technology providing online resources and problem-solving activities that can also be used by teachers in the classroom.

Current status / progress / achievement (2018–19): 472 schools and 137,275 students were reached throughout 8 priority HHSs.

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

Country Kitchens

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: Queensland Country Women's Association (QCWA) members, key community influencers, and rural and remote community members.

Key strategy: *Personal skills development and sector 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.

Current status / progress / achievement (2018–19): Ongoing recruitment and training of new and support for previously trained Country Kitchen (CK) Facilitators has been instrumental in ensuring ongoing commitment and sustainability of the program. Two hundred and thirty-seven branch members are now engaged in the CK program with 185 trained as CK Facilitators. QCWA State Executive level agreement around program support and reporting processes and commitment to the CK program has increased within the QCWA organisation with formal endorsement of the appointment of three volunteer Regional Country Kitchens Facilitators and 20 volunteer Country Kitchens Divisional Convenors. This is a promising commitment to ongoing sustainability of the program. Increased use of Healthy Catering Guidelines when preparing recipes, providing food and catering at community events and the high level of community activities being delivered at a local level is very encouraging. The reported number of partnerships with key organisations and influencers to deliver activities at a local level has increased significantly showing increasing confidence and capacity of the QCWA to be an agent for health promotion in their communities.

Implementing agency: Queensland Country Women's Association
Website <http://www.qcwa.org.au/countrykitchens/>

Jamie's Ministry of Food

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.

Current status / progress / achievement (2018–19): In 2018–19, 3,019 Queenslanders attended any of the JMOB courses, events or demonstrations. Of these, 1,717 (57%) participated in the 5-week cooking program. The program exceeded the target by 58% in reach by participants from low socioeconomic groups, young people (12–29 years), Indigenous Queenslanders, and regional and remote communities. The Good Foundation continues to deliver the program successfully across Queensland, reaching key target groups and in many cases exceeds its set targets with a remarkable 80-90% participants' retention rates. The characteristics of the participants at the Ipswich Centre are:

- 70% = concession card holders (target 50%)
- 58% = 12–29 year old (target 30%)
- 10% = Aboriginal and Torres Strait Islander participants (target not set).

A total of 91 participants attended the JMOF Indigenous Pilot Program in Atherton, 54% identified as Indigenous, 100% rural and remote.

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

Heart Foundation Walking

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.

Current status / progress / achievement (2018–19): Reaching the recruitment and retention targets for the program has been the result of strategically focused community and organisational activation made possible with regional visits. With each visit to the eight priority regions, new volunteers have been recruited, with new groups forming resulting in increased participation in these regions.

Implementing agency: Heart Foundation (Queensland).

Website <http://walking.heartfoundation.org.au/>

10,000 Steps

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 skills 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.

Current status / progress / achievement (2018–19): The implementation of *10,000 Steps Tournaments* remained a key motivator for workplaces to sign up. However, many workplaces saw the value in the messages and other resources offered and embedded 10,000 Steps in their broader workplace wellness program. Targets were exceeded with over 11,403 new individuals and 211 new workplace registrations. Community grants contributed to increase the implementation of 10,000 Steps within the broader community. The Health Challenge feature of the website provided a tool for communities/organisations to facilitate a healthy lifestyle intervention.

Implementing agency: Central Queensland University.

Website www.10000steps.org.au

Risk Assessment, Early Intervention and Counselling

My Health for Life

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 (2018–19): Eligible Queensland adults are able to access *My Health for Life* programs by either telephone health coaching (state-wide), or group-based programs (available in 14 HHSs), followed up with a 6-month online maintenance program. A suite of tailored program materials has been developed for use with target cohort groups including CALD communities (5 language groups), urban Indigenous communities, and workplaces. 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. Specific achievements in 2018–19 included:

- 72,532 risk assessments completed (70,000 target).
- 4,557 program completions (4,600 target)
- Retention rate at program completion was 68%.
- Of the 4,557 program completers in 2018–19, 95% intended to maintain healthy behaviours. Six months after program completion, 48% of participants further decreased their waist circumference; and 63% were active for 150 minutes or more each week.

Implementing agency: Diabetes Queensland is leading the state-wide 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 provide information and health coaching to Queenslanders over the age of 16 to enable them make lifestyle changes regarding healthy eating; being physically active; 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 to one of five programs.

Key strategy: *Risk assessment, early intervention and counselling* – deliver lifestyle modification program over 6 months via telephone health coaching. The service offers 5 programs, each tailored to meet the different need of its participants:

- Standard Coaching
- Get Healthy in Pregnancy
- Type 2 Diabetes Prevention
- Aboriginal and Torres Strait Islander Program
- Information Only

Current status/progress/achievement (2018–19): Queensland Health has a Service Agreement with the New South Wales Ministry of Health (MoH) to provide access to the program by Queensland

residents. NSW MoH has a contract with Health Direct Australia which contracts Remedy Healthcare to deliver the Get Healthy Services. In 2018–19, 562 individuals enrolled in a coaching program. Of them, 60% enrolled in the standard *Get Healthy Service program*, 35% in the *Type 2 Diabetes Prevention program*, *Get Healthy in Pregnancy* and *Get Healthy for your Mob* (Indigenous program) account for 2% and 3% respectively.

Implementing agency: Healthways Australia delivers this service in Queensland.

Website www.gethealthyqld.com.au

Patient Wellness Clinical Pathway

Purpose: Brief intervention tool for clinicians to assess modifiable lifestyle risk factors that impact on surgical outcomes, assess a patient's readiness for behaviour change and assist this change, including referral to the Health Contact Centre's Way to Wellness service.

Target group: Orthopaedic outpatients.

Key strategy: *Risk assessment, early intervention and counselling.*

Current status / progress / achievement (January–June 2019): Of the 274 patients who attended an elective surgery appointment, 172 (63%) received information about their lifestyle risk factors and found this information useful or very useful. 115 (43%) made lifestyle changes based on advice from the Specialist Outpatient Department, 134 (49%) reported an increase in their health literacy, 244 (89%) found the *Way to Wellness* service useful or very useful, 110 (40%) were referred to a state-wide program, predominately *My Health for Life*.

Implementing agency: Joint initiative by Preventive Health Branch, Health Support Queensland, and Clinical Excellence Division.

Wuchopperen Women's Preventive Health project

Purpose: Women's health clinics increase access to and support for Aboriginal and Torres Strait Islander women to cervical screening and follow-up services and referrals to preventive health programs.

Target group: Aboriginal and Torres Strait Islander women in Cairns and surrounding communities, aged between 18 – 70 years.

Key strategy: *Risk assessment, early intervention and counselling* – promote awareness of cervical screening for women in the Aboriginal and Torres Strait Islander community, provide information for women who require follow-up for abnormal cervical screening test results or gynaecological issues, encourage and support them to attend follow-up appointments, and promote referrals to preventive health programs.

Current status / progress / achievement (2018–19): Provision of women's preventive health services with an emphasis on cervical screening for Aboriginal and Torres Strait Islander women in Cairns and surrounding communities.

Implementing agency: Wuchopperen Health Service.

Quit Now Program

Purpose: To provide support and information for Queenslanders wanting to quit smoking. Program is delivered by *Quitline* Service.

Target group: Anyone thinking about wanting to stop smoking.

Key strategy: *Risk assessment, early intervention and counselling* – Single interaction service with the *Quitline* state-wide 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 (2018–19): Quit Now program achieved over 18,000 interactions with Queenslanders wanting to quit smoking.

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

Website <https://www.healthier.qld.gov.au/about/support/13quit/>

Intensive Quit Support Program

Purpose: To provide smokers in high risk cohorts access to intensive quit support provided by the Quitline service. The Intensive Quit Support Program combines multiple quit support sessions with 12 weeks supply of nicotine replacement therapy. This program is provided at no cost to the participant.

Target group: Eligible cohorts include: pregnant women and partners, Aboriginal and Torres Strait Islander peoples, individuals living in regional, rural and remote HHSs where the adult daily smoking rate is 14% or higher (individuals can self-refer by calling 13 78 48 or referred by Health Professional), workers in blue collar occupations (access the program via their registered workplace) and people experiencing disadvantage (access the program via organisations they are engaged with for e.g. public housing tenants).

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 (2018–19): Over 5,600 Queenslanders (blue-collar workers, pregnant women, Indigenous Queenslanders, people experience disadvantage, Queensland Health and Queensland Ambulance staff and public higher education sector) were supported through multiple support calls with 12 weeks supply of nicotine replacement therapy to assist clients quit smoking.

Implementing agency: Department of Health's Quitline service (13 QUIT).
Website <https://www.healthier.qld.gov.au/about/support/13quit/>

Appendix 2: Methods

Data collection

Preventive Health Branch staff (project officers) who managed the *Health and Wellbeing* interventions provided data which informed the Performance Report 2018–19. A series of consultations with project officers provided opportunities to clarify supplied-information, cross-check data and resolve any questions.

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.

Recognising volatility in low prevalence indicators such as vegetable consumption, trend-based assessments as described in the [Queensland Chief Health Officer report](#) and the [Queensland Survey Analytics System](#), were also used.^{3,4}

Notes for interpretation

1. Information presented in this report is from interventions of various sizes, types, stages and focus.
2. The reported investment included allocated funding (GST exclusive) of Preventive Health Branch only. Labour costs were not included.
3. Contributions from other divisions of the Department of Health, Hospital and Health Services of Queensland Health, other agencies and other non-financial resources were not included.
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 progress was based on information available at the time of review.

Appendix 3: Abbreviations

ABS	Australian Bureau of Statistics
CALD	Culturally and linguistically diverse
COAG	Council of Australian Governments
DOSA	Designated outdoor smoking area
GP	General practitioner
HHS	Hospital and Health Service
LGA	Local government area
PHB	Preventive Health Branch
QIP	Quality improvement payment
UVR	Ultraviolet rays

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