

Health and Wellbeing Strategic Framework 2017 to 2026

Performance review 2017–18

December 2018

About this report

This is the second performance review of the *Health and Wellbeing Strategic Framework 2017–2026*. It describes the status and progress against key indicators over the period 1 July 2017 to 30 June 2018.

This report was prepared by Preventive Health Branch (Noore Alam and Dru Armstrong). 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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1. Introduction

1.1 Background

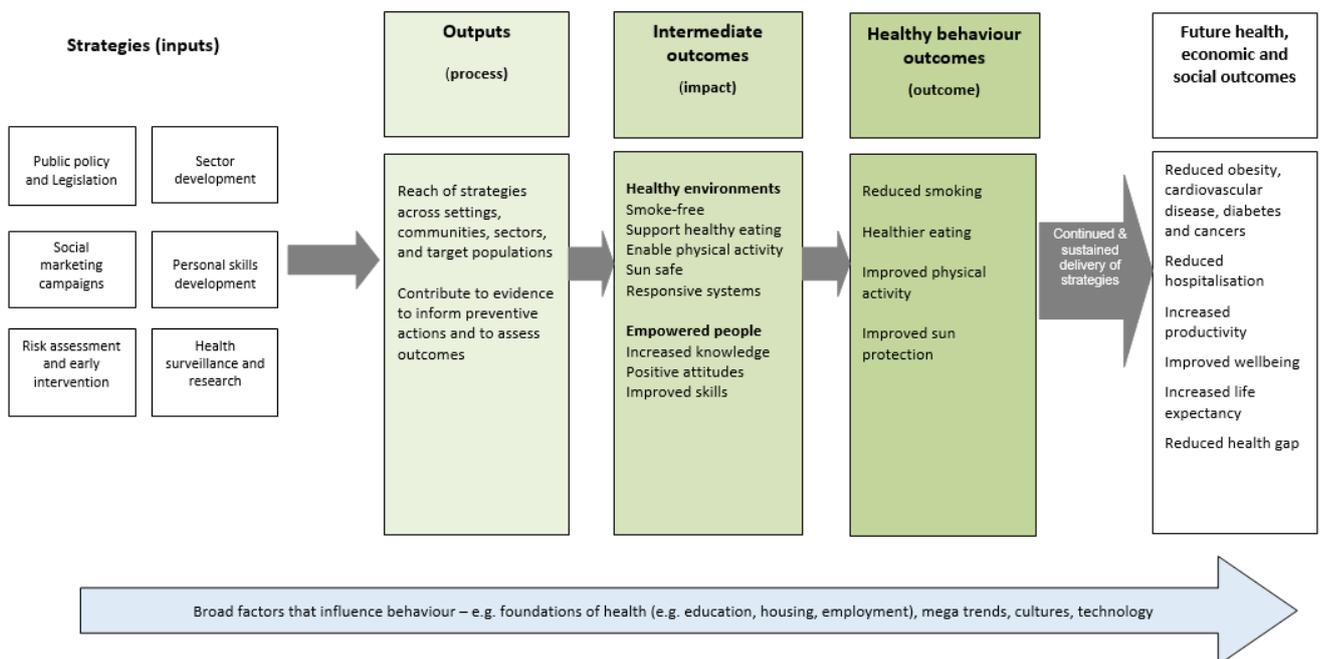
The *Health and Wellbeing Strategic Framework 2017 to 2026*¹ (the framework) is the blueprint for integrated and complementary actions for healthy weight, smoking prevention and skin cancer prevention. The framework’s program logic is the basis of an overarching Performance Monitoring Strategy (Figure 1).

Healthy behaviour targets have been set for children and adults (Appendix 2).

Assessment of progress was based on the following questions, noting number seven was added in 2018:

1. Are 2020 and 2026 targets for healthy behaviours on track to be achieved?
2. How are environments and systems changing to be more supportive of healthy behaviours?
3. Are Queenslanders better empowered to adopt and maintain healthy behaviours?
4. Were the expected number of participants/interventions achieved and the impacts measurable?
5. In what ways has prevention been integrated into targeted sectors policies, planning, strategies and services?
6. What Government legislation and policies have been developed to support Queenslanders to lead healthier lives?
7. How are investments and activities in prevention contributing to improved health for Indigenous Queenslanders?

Figure 1: Health and Wellbeing Strategic Framework program logic



1.2 Purpose and scope

This monitoring report provides an overview of progress based on health and wellbeing interventions commissioned by Preventive Health Branch for the period July 2017 to June 2018.

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. Overall progress

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

Progress towards the 2020 targets was mixed for both adults and children. In 2017–18:

- four indicators were on track to reach 2020 goals, eight were not;
- one indicator was not reportable due to insufficient data to assess progress.

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

	Indicator	2016–17	2017–18	2018–19	2019–20
Child	Healthy weight				
	Overweight and obesity				
	Active every day				
	Fruit consumption				
	Vegetable consumption				
	Sun protection	**	**		
Adult	Daily smoking				
	Healthy weight				
	Overweight and obesity				
	Physical activity				
	Fruit consumption				
	Vegetable consumption				
	Sun protection				

 Indicator is on track to achieve 2020 target
 Indicator is not on track

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

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

- Queensland has become more smoke-free through implementation of smoke-free policies in all public universities and TAFE campuses in Queensland.
- Physical activity opportunities were facilitated through an increase in walking group infrastructure, extended social support and digital technology.
- Support for healthy eating and drinking was strengthened through the adoption of healthy drink policy at Queensland hospital and health facilities, Good Sports accreditation in sporting clubs, and healthier menus in school tuckshops.
- Protection from harmful UV radiation was enhanced for children through school uniform procurement standards and shade creation, and for people during the Commonwealth Games 2018.

There were 27 interventions with objectives of creating environments and system changes to support healthier choices.

Smoke-free:

- All 7 Queensland public universities and 51 TAFE Queensland campuses voluntarily became totally smoke-free, benefiting over 400,000 students and staff by reducing exposure to second-hand smoke.
- Community-led decision making resulted in no-smoking signage in communities and development of workplace smoking policies to expand smoke-free spaces in three Indigenous Cape York communities.

Physical activity:

- iAIM program increased the capacity of 37 school communities to embed physical activity within the school culture and curriculum throughout the Darling Downs.
- 10,000 Steps program conducted 214 workplace tournaments (exceeded target by 22%) and 44 community organisations implemented 10,000 steps actions (exceeded target by 83%).
- Social support for organised walks increased with 59 new Heart Foundation Walking groups established, many in regional Queensland (exceeded target by 69%).

Healthy eating:

- Queenslanders were supported to make healthy choices, with large fast-food chains displaying information about kilojoule content on their menus.
- All HHSs made progress towards removing or significantly reducing the supply of sugary drinks to encourage healthier drink choices by patients, staff and visitors of healthcare facilities.
- The Healthy Catering Guidelines (Country Kitchens) were implemented at 54 community events.
- Sporting clubs increased the range of healthier food and drink choices through attaining accreditation in the Good Sports healthy eating program.

Sun safety:

- Not-for-profit organisations were supported to purchase permanent and portable shade structures to provide sun protection for children and their families.
- New public mass gathering guidelines for sun safety were used by the Commonwealth Games 2018 organising committee to support reduced sun exposure for spectators, staff and athletes.

Systems change:

- The Office of Industrial Relations strengthened its commitment to workplace health and wellbeing by embedding this work into the Work Design Branch. Similarly, other government departments are increasingly recognising the benefits of a healthy workplace.
- Department of Education procurement processes were reformed to include sun safe specifications for school uniforms, benefiting more than 540,000 Queensland state school students.

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

- Most of the interventions with a specific objective to empower people to adopt healthier lifestyles showed encouraging results.
- Key achievements included increased knowledge about healthy lifestyles (largely focussing on healthy eating, quit smoking and being active), more positive attitudes to healthy behaviour change, and improved skills to adopt and maintain lifestyle change.
- Behaviour change of individuals was demonstrated in most interventions, and many healthy behaviours were sustained at least six weeks after program completion.

There were 14 interventions designed to empower people to adopt healthy behaviours.

The interventions included:

- Healthy lifestyle: My health for life, Get Healthy Information and Coaching Service, Life Education, Multicultural Healthy Lifestyle program, and Wuchopperen Indigenous Women's preventive health program
- Healthy eating: Country Kitchens, Jamie's Ministry of Food, Need for Feed high school cooking program
- Active living: 10,000 Steps, Heart Foundation Walking
- Smoking prevention: Quit Now and Intensive quit support programs.

Specific examples:

- Increased knowledge and skills: An increase in health knowledge was observed for participants of Life Education, Multicultural Healthy Lifestyle program, Country Kitchens and Need for Feed. Improvement in skills required to prepare healthy snacks, cook a healthy main meal, modify a recipe to be healthier and make healthier food choices was demonstrated by participants in Country Kitchens, Jamie's Ministry of Food and Need for Feed.
- Improved confidence and intention to change: Increased confidence in tasting and cooking new foods, planning a healthy meal and reducing the risk of getting a chronic disease was reported by healthy eating program participants. Over 95% of My health for life participants reported intention to make healthy lifestyle changes both during and after the program, and 79% of 10,000 Steps workplace tournament participants stated they would continue to be active.
- Behaviour change: Interventions resulted in a range of positive healthy behaviour changes including increased fruit and vegetable consumption, reducing energy-dense and sugary food and drinks, increased physical activity and quitting smoking. There was also evidence of decreased BMI, waist circumference and high blood pressure from preventive health program participants.

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

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

There were 31 interventions with service delivery and/or participation indicators.

The interventions are listed in Table 1 (pages 13–16).

The interventions delivered over 27,000 service interactions, reaching close to 280,000 individuals—about 5% of Queensland population.

Interventions with high levels of participation included:

- My health for life
- Life Education
- Smoking Cessation Quality Improvement Payment (QIP) for inpatients, community mental health and dental
- Quit Now program
- Intensive quit support program
- Heart Foundation Walking
- 10000 Steps.

Health and wellbeing intervention outputs, impacts and outcomes were measurable.

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 and agencies.

There were 25 interventions which involved engagement with other sectors.

The sectors engaged included:

- Government departments and agencies: HHSs, Department of Education, Public Service Commission, Workplace Health and Safety Queensland, local governments
- Non-government organisations: Heart Foundation, Cancer Council Queensland, Primary Health Networks, Queensland Country Women's Association, Healthier Queensland Alliance
- Education: non-government schools, universities, TAFEs, tuckshops
- Other: community organisations, fast food industry, sporting clubs, general practitioners, Indigenous Queenslanders organisations, multicultural organisations.

Specific examples:

Healthy eating:

- The supply of unhealthy drinks in healthcare facilities decreased through implementation of best practice policy for planning and retail procurement processes.
- Jamie's Ministry of Food mobile kitchen delivered a 'Connecting Communities to Cook' forum to provide a platform for local organisations to share information and explore opportunities for sustainability.
- Sporting clubs made progress towards healthier food options with 177 new clubs achieving Good Sports accreditation.

Smoking prevention:

- Integration of clinician-led smoking cessation interventions for patients in clinical setting.
- Smoke-free policies were developed and implemented in all public universities and by TAFE Queensland.

Physical activity:

- Prevention advice was provided to the development of the Queensland Sport and Active Recreation Strategy and Transport Plan for Brisbane, and the implementation of the Queensland Cycling Strategy.

Sun safety:

- Sun safe specifications for school uniforms were integrated into the Department of Education's procurement processes for all 1,240 Queensland schools.
- Early childhood facilities, schools and junior sporting clubs required to have a sun safety policy to be eligible to receive sun smart shade grants.

Service integration:

- My health for life was delivered through linkages with HHSs and many service providers state-wide.
- All HHSs were engaged in 'Brief Intervention for a Healthy Lifestyle training' with over 800 enrolments of non-maternity and maternity clinicians.

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

- Legislation for smoke-free public places and kilojoule labelling for fast food was monitored and enforced.
- Voluntary adoption of smoke-free higher education and training campuses.
- Policies and standards for healthier living were adopted in various settings, benefiting school children, workers and hospital and health service patients.

Smoking prevention:

- The Tobacco Act Compliance Plan was delivered, with HHS enforcement officers conducting more than 17,000 site visits and issuing 400 infringement notices to individuals in breach of Queensland tobacco legislation.
- A Queensland-based policy modelling tool was developed in collaboration with a range of national experts and stakeholders to inform options for future tobacco prevention policy and legislation.

Healthy eating:

- The Council of Australian Governments (COAG) Health Council 'National Child Obesity Prevention Project' was led by Queensland. This included stakeholder consultation and further development of cross sector national initiatives for Ministerial consideration.
- Contributed to a national working group for the voluntary food service pledge scheme designed to improve industry adherence to dietary guidelines.
- 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".
- "An Integrated approach for tackling childhood overweight and obesity in Queensland" including an overview, model of care and toolkit to address childhood obesity was endorsed by the Queensland Child and Youth Clinical Network through funding to Children's Health Queensland.

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

- Healthier environments: This included community led initiatives 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: Indigenous Queenslanders participated in interventions designed to improve knowledge, attitudes and skills. There was an increase in the number of community-owned and community-led initiatives.

Three major initiatives had the specific aim to improve the health of Indigenous Queenslanders, while many whole-of-population initiatives also benefitted Indigenous people.

Interventions with specific focus:

- B.strong training program was delivered to over 500 health and community workers across 15 HHSs. This increased workforce capability to implement healthy eating, physical activity and quit smoking brief interventions with Indigenous clients.
- Healthy Indigenous Communities project built the capacity of Indigenous Shire Councils to develop community-led strategies to create healthy places. The project demonstrated effectiveness in raising awareness of health issues and the value of working together to create supportive environments.
- Quitline 'Yarn to Quit' program provided counselling and support to 511 Indigenous Queenslanders, exceeding participation target by 70%.

Whole-of-population initiatives:

- Indigenous Shire Councils developed 165 community-led initiatives to facilitate smoke-free areas within the Indigenous communities.
- Indigenous Queenslanders were referred to the 'My health for life' healthy lifestyle support program—67% enrolled, 47% completed.
- Life Education program supported the delivery of health education modules to address nutrition, physical activity, healthy weight, smoking and alcohol to 13,135 Indigenous Queensland primary school students.
- Need for Feed high school cooking program delivered a culturally tailored program 'Tukka Tools' to 176 students including 100 Indigenous students.
- In partnership with Indigenous Shire Councils, over 200 community-led activities were implemented. This included the installation of cold water bubblers, supply of water cooler to community stores and increased availability of sugar-free drinks and water

3. Detailed assessment of progress

3.1 Strategies (inputs)

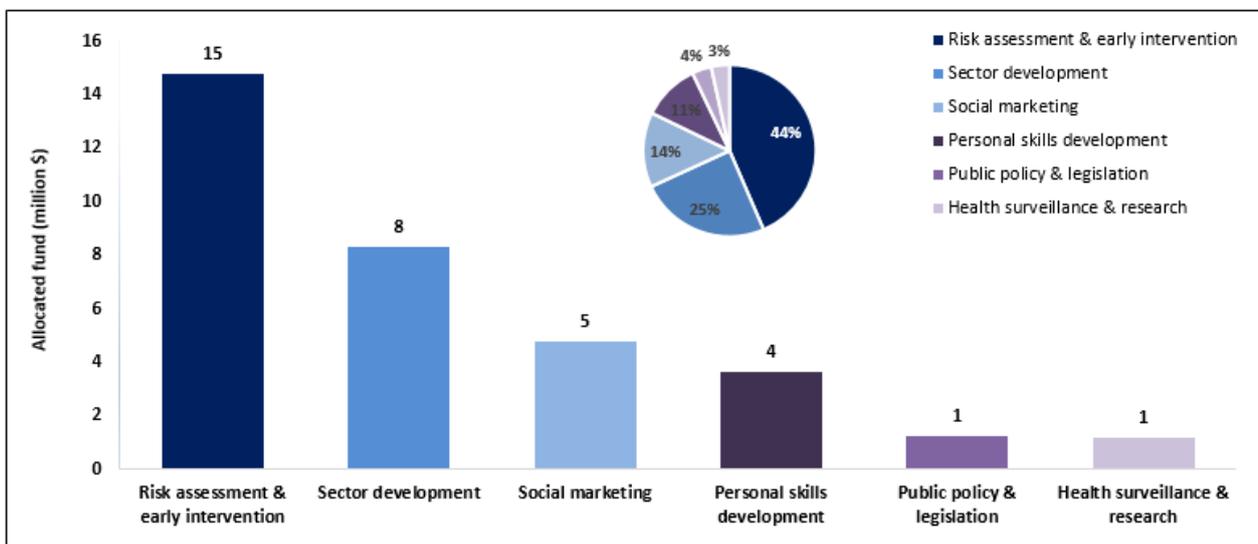
The framework’s program logic (Figure 1, page 4) includes six strategies (or inputs):

- public policy and legislation
- sector development
- social marketing
- risk assessment, early intervention and counselling
- personal skills development
- health surveillance and research.

During 2017–18, 41 interventions operated across the six strategies (see also Appendix 1).

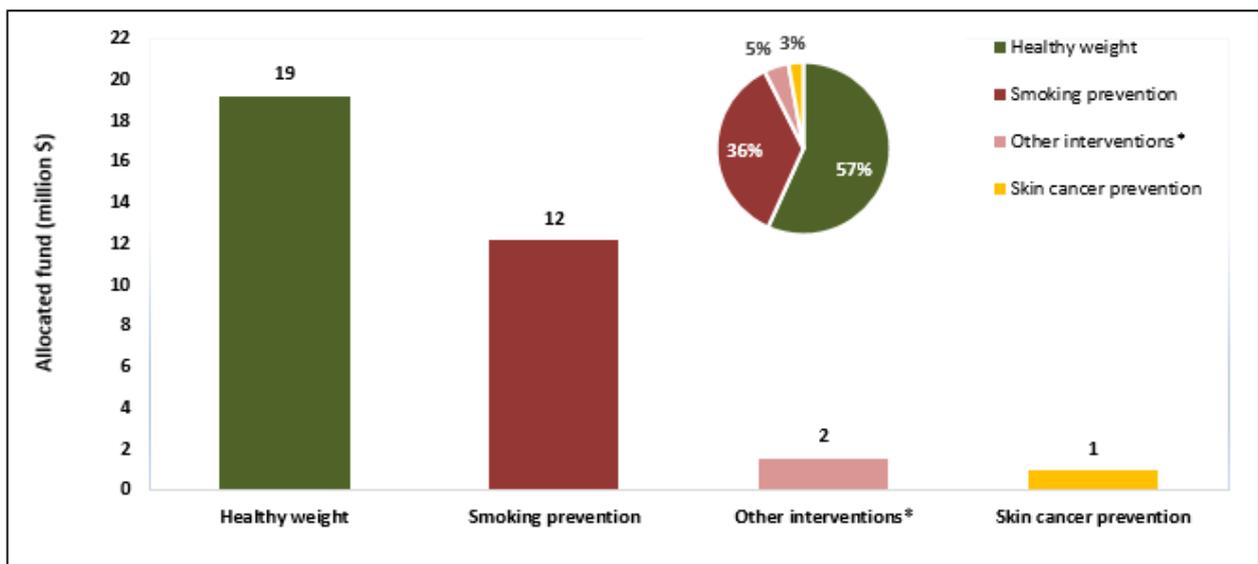
Allocated funding was assessed by strategy (Figure 3), and target area (Figure 4).

Figure 3: Distribution of allocated funds by strategy, Queensland 2017–18



Note: percentages may not add to 100 due to rounding

Figure 4: Distribution of funds allocated by target area, Queensland 2017–18



*includes general healthy lifestyle promotion interventions with no specific prevention areas

3.2 Outputs (process)

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

A total of 31 interventions had service delivery and/or participation indicators (Table 1). A report of progress specifically focussed on Indigenous Queenslanders is at Table 2. Also provided is information on health surveillance and research outputs.

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 27,000 service interactions, reaching close to 280,000 individuals—about 5% of Queensland population.

Table 1: Assessment of progress - process indicators, 2017–18

No.	Intervention	Service/s delivered	Participation	Retention rate (%)	Geographic coverage
Public policy and legislation					
1	Tobacco Act Compliance Plan	17,101 site visits for tobacco enforcement 400 infringement notices			State-wide
2	Queensland Smoking Reduction Modelling Tool	smoking reduction modelling tool	20 organisations collaborated in model development		State-wide
3	Smoke-free Higher Education and Training		7 public universities 51 TAFE QLD campuses		State-wide
4	Sun Safe School Uniforms	sun safe uniform procurement process	1,240 State schools		State-wide
Sector development					
5	Healthier Drinks for Healthcare Facilities		16 HHSs		State-wide
6	Healthy Tuckshop Support Program	184 menu reviews	141 schools with assessed menus		State-wide
		33 recipes and resources			
7	Smart Choices Nutrition Advisory Service	51 enquiries received			State-wide
8	Good Sports - Healthy Eating		177 new registered sporting clubs (exceeded target by 77%)		26 LGAs
9	Good Sports - Alcohol		230 new registered sporting clubs (exceeded target by 53%)		31 LGAs
10	iAIM Program	22 professional development events	37 registered schools		Darling Downs
		28 teacher action research projects	3,447 students		

Table 1 (continued): Assessment of progress - process indicators 2017–18

No.	Intervention	Service/s delivered	Participation	Retention rate (%)	Geographic coverage
Sector development (continued)					
11	Smoking Cessation Quality Improvement Payment (QIP) - inpatients	13 HHSs received at least one payment	37,714 patients with clinical pathways completed		State-wide
12	Smoking Cessation QIP - Community Mental Health	14 HHSs received at least one payment	12,313 patients with clinical pathways completed		State-wide
13	Smoking Cessation QIP - Dental	15 HHSs eligible for at least one payment	22,743 patients with clinical pathways completed		State-wide
14	SunSmart Shade Creation (inc. Commonwealth Games)	105 shade structure grants	105 early childhood facilities, schools, junior sporting clubs		State-wide
15	Brief Interventions for a Healthy Lifestyle Training	maternal and child health course	321 clinician enrolments	41%	16 HHSs
		general health course	543	43%	16
16	B.strong Indigenous Bbrief Intervention Training	39 face to face training workshops	518 workshop participants (exceeded target by 2%)		15 HHSs
			45 online e-module completers (12% achieved)		15
17	Healthy Indigenous Communities				3 Cape York LGAs
18	Healthier. Happier. Workplaces		217 new online workplace registrations		State-wide
19	Partners in Prevention Forum	collaboration forum	40 health sector participants		13 HHSs
Social marketing					
Social marketing campaigns are delivered by Strategic Communications Branch, Corporate Services Division, and reported on through different mechanisms.					

Table 1 (continued): Assessment of progress - process indicators 2017–18

No.	Intervention	Service/s delivered	Participation	Retention rate (%)	Geographic coverage
Personal skills development					
20	Life Education		142,675 primary school students		5 HHSs
			520 primary schools		
21	Country Kitchens	48 15-hour nutrition and cooking skills program (exceeded target by 50%)	1,242 workshop participants		State-wide
		58 healthy lifestyle community activities			
22	Jamie's Ministry of Food Program	142 5-week food literacy and cooking skills course	1,435 Queenslanders (age 12+)*	91%	5 mobile kitchen locations
		71 7-week food literacy and cooking skills course	650	88%	80% regional locations
		5 Connecting to Cook workshops	221 organisation representatives		Ipswich centre
23	Need for Feed High School Cooking Program				44% rural and remote areas schools
		43 16-hour cooking skills and food literacy program (outside school hours)	659 Year 7-10 high school students	90%	61% schools in low socioeconomic areas
					54% schools with high numbers of Indigenous students
24	Heart Foundation Walking	59 new walking groups (exceeded target by 69%)	1,710 new walkers (exceeded target by 37%)		8 regional areas
		269 total walking groups	6,952 total walkers (exceeded target by 39%)	75%	
25	10,000 Steps	44 community organisations with 10,000 Steps strategies (exceeded target by 83%)	9,932 new individual registrations (achieved 90%)		State-wide
		214 tournaments commenced (exceeded target by 22%)	237 workplace registrations (exceeded target by 66%)		

*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): Assessment of progress - process indicators 2017–18

No.	Intervention	Service/s delivered	Participation	Retention rate (%)	Geographic coverage	
Risk assessment, early intervention and counselling						
26	My Health for Life	83,451 health risk assessments (exceeded target by 19%)	1,890 adult program completers of 6 sessions (79% achieved; 100% achieved by August 2018)	72%	11 HHSs	
27	Get Healthy Information and Coaching Service	5 Get Healthy coaching, pregnancy, Indigenous, type 2 diabetes, information only	1,084 registrations or referrals		15 HHSs	
28	Multicultural Healthy Lifestyle Program	24 8 face-to-face sessions and 4 follow-up telephone coaching sessions	306 adults with or at risk of chronic disease	90%	8 HHSs	
29	Quit Now Program	single-session quit smoking support or information	18,167 individuals who smoke and want support to quit (exceeded target by 11%)		State-wide	
30	Intensive Quit Support Program	provision of multiple support calls plus 12 weeks supply of nicotine replacement therapy to support individuals in identified groups to quit smoking	5,504 (exceeded target by 10%)	workers in blue collar occupations	46%	State-wide
				pregnant women and partners	17%	
				Aboriginal and Torres Strait Islanders	43%	
				people experiencing disadvantage	52%	
				individuals living in HHSs with an adult daily smoking rate ≥14%	55%	
				Queensland Health and Queensland Ambulance staff	48%	
				public higher education sector	54%	
31	Wuchopperen Indigenous Women's Preventive Health Project	774 health clinics conducted (exceeded target by 86%)	7,434 women participated		North Queensland	

Health surveillance and research

This includes the generation of high-quality evidence to inform prevention policy, planning and practice. Key outputs included:

2018 Chief Health Officer report

- Data collection and analysis for the preparation of 'The Health of Queenslanders 2018: Report of the Chief Health Officer of Queensland'. The report includes information on prevalence and trends of risk factors and key health outcomes for the state and regional areas. A suite of supporting products includes health profiles for HHS, factsheets and online data visualisations.

Preventive health surveys and research

- Two state-wide population health surveys were conducted with prevalence and trend data for adults and children provided online in a visual and downloadable format.
- Physical activity data from the child health surveys 2017 and 2018 were further analysed and findings published in the Australian and New Zealand Journal of Public Health and in other reports.
- E-cigarette study was conducted in 2016–17. The analysis is ongoing and will be reported in 2019.
- A nutrition research study 'Healthy diets ASAP – Australian Standardised Affordability and Pricing methods protocol' co-authored by two PHB staff was published in September 2018.

Monitoring and evaluation

- The first systematic assessment of the progress of implementation of the *Health and Wellbeing Strategic Framework 2017 to 2026* was conducted and the report was released in March 2018.

Table 2: Assessment of progress - process indicators for Indigenous populations, 2017–18

No.	Intervention	Service/s delivered	Participation	Retention rate (%)	Geographic coverage
Interventions with specific focus					
1	Intensive quit support program for Aboriginal and Torres Strait Islanders		512 Indigenous participants (exceeded target by 71%)		
2	B.strong brief intervention	39	518 Indigenous participants		15 HHSs
3	Healthy Indigenous Communities	3 Councils			Cape York and Torres HHS
Whole-of-population interventions					
4	My health for life		2,211 Indigenous participants		
5	Quit Now		1,170 Indigenous smokers who want to quit		15 HHSs
6	Intensive quit support program		369 Indigenous smokers		
7	Smoking Cessation QIP		5,593 Indigenous inpatients with clinical pathways completed	58%	
8	Life Education		13,135 Indigenous primary school students		9 HHSs
9	Need for Feed high school cooking program – Tukka Tools	11	100 Indigenous high school students		
10	Heart Foundation Walking*	9 Indigenous walking groups	108 walkers who identified as Indigenous		
		310 walking sessions	2,639 interactions of Police Citizen Youth Club Indigenous Program Development Unit participants.		

*Data are for January–December 2017

Data in Table 2 are a subset of Table 1

3.3 Intermediate outcomes (impacts)

Using the framework's program logic (Figure 1, page 4), the impact of interventions was assessed across two domains: healthy environments and empowered people.

Some interventions have specific targets, while for others a target is not relevant. Progress towards positive outcomes can be assessed based on composite factors of achievement, both quantitative and qualitative.



3.3.1 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.

There were 27 interventions^{‡‡} with an objective to create or change environments conducive to the adoption of healthy behaviours.

Smoke-free

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

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



Smoke-free government precincts continues to assist in promoting wellbeing by protecting non-smokers from second-hand smoke and encouraging smokers to quit. A submission for 6 new smoke-free government precincts was passed by the Legislative Working Group on June 2018 and is planned to be progressed in the 2018–19 legislative agenda.

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. The reforms are being developed in-line with the findings of the Queensland smoking reduction model which details the projected impact on smoking rates through selected strategic approaches.

The 2017–18 investment in tobacco control contributed to informing the development of the reforms which are planned to be progressed in 2018–19 by: 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.

Tobacco legislation compliance plan: Localised enforcement to tobacco legislation was a commitment within the Tobacco and Other Smoking Products Act (TOSPA) Compliance Plan 2017–18. The project aimed to reinforce compliance with smoking bans at identified hot spots such as public transport waiting areas, within 5 metres of a non-residential building entrance, and shopping malls. These target locations had higher prevalence of non-compliance during 2016–17 smoking ban enforcement. A one-off funding was provided to Public Health Units to assist with enforcement, particularly travel, after-hours and overtime. A total of 17,101 areas across Queensland were assessed for compliance with outdoor smoking bans at identified hot spots between February and June 2018. Nearly 45,000 people were estimated to present at these areas. 564 smokers were non-compliant with the relevant outdoor smoking ban under TOPSA. In response to non-compliance, 244 smokers were given a warning and 213 were issued with a

^{‡‡} Interventions overlap across areas of healthy environments.

prescribed infringement notice (PIN). Compared with 2016–17, there was a 41% increase in the number of PINs issued under the TOSPA.

Queensland smoking reduction modelling tool has been developed in collaboration with The Australian Prevention Partnership Centre. The tool uses dynamic simulation modelling to assess the impact of strategies or combinations of strategies to reduce smoking. It was developed to inform the selection of policies and programs that will assist Queensland to meet the smoking reduction targets. The finalised modelling tool is informing the development of current work to develop a package of tobacco reforms by providing projected impacts of strategies.

In addition, the benefits of undertaking the development of the smoking reduction modelling tool include the strengthening of partnerships with the non-government organisations and academics involved in collaborative workshops.

Evidence of environmental change to reduce exposure to smoking



Smoke-free public higher education and training: Seven public universities and TAFE Queensland participated in the smoke-free initiative. All 7 university campuses implemented total smoke-free policies in a staggered approach throughout 2017–18. As at 1 July 2018 all public university and TAFE QLD campuses are smoke-free. The creation of entirely smoke-free campuses delivers health benefits to over 400,000 staff and students, protecting non-smokers from exposure to second-hand smoke, supporting current smokers to quit and encouraging young people to not start.

Engaging local government in tobacco control activities: Six local governments continued to implement smoke-free activities using extensions to grants. They have a plan to document case studies of their smoke-free activities. Four councils who did not receive a grant installed smoke-free stickers at public transport waiting points. Two councils who did not receive a grant were exploring options to engage new councillors in smoke-free activity or to incorporate smoke-free places in Council Plans.

Healthy Indigenous Communities: 165 strategies were identified to increase smoke-free public and workplace spaces across the three Indigenous pilot communities (Mapoon, Wujal Wujal and Napranum). Key actions included the installation of 63 'no smoking' signage in communities, establishment of additional smoke-free places in the community and development or strengthening of workplace no smoking policies.

Physically active

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

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

Queensland Cycling Strategy: Preventive Health Branch contributed to the implementation of the Queensland Cycling Strategy through development of appropriate messages across government to encourage walking and cycling in conjunction with Strategic Communications Branch. Walking and cycling, particularly for transport, is advocated across Queensland Government through collaborative partnership opportunities.



Queensland Sport and Active Recreation Strategy: Development of the Sport and Active Recreation Strategy is being led by the Department of Housing and Public Works. Preventive Health Branch provided expert prevention advice to strategy development and the state-wide consultation process.

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



iAIM builds active school cultures to support improved physical activity patterns in students. Activities have been embedded in many facets of participating schools with involvement from a range of school community members; alignment and integration with the curriculum and classroom setting; and creation of positive opportunities for students to increase their physical activity levels during the school day.

Heart Foundation Walking: The target of 35 new walking groups was exceeded with the establishment of 59 new walking groups in 2017. With a 75% retention rate, 269 walking groups were available in communities across Queensland at the end of 2017–18.

10,000 Steps: The 10,000 Steps program aims to support community organisations to embed 10,000 Steps strategies into their communities through walkway signage, a dog walking strategy that promotes physical activity and responsible dog ownership, and/or a 10,000 Steps community tournament. The 2017–18 target was exceeded with 44 community organisations within 27 councils delivering a total of 58 active 10,000 Steps community activities. Funding grants for 12 community organisations and ongoing promotion contributed to this achievement.

Healthy eating

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

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



Council of Australian Governments - Health Council reforms on children's food and drink: In October 2016, the Council of Australian Government's Health Council discussed the issue of childhood obesity and considered collective action that could improve children's health by limiting the promotion and availability of unhealthy food and drinks. Ministers agreed to five actions that could be taken to limit the impact of unhealthy food and drinks on children and to consult with Ministers in other portfolios to collaboratively develop joint approaches. Schools, sport and recreation, and public healthcare facilities are the focus of the national childhood obesity prevention project, along with potential enhancements for the food regulation system and nutrition profiling. Queensland is leading this national initiative and, in 2017–18, the program focussed on stakeholder consultation and further development of cross sector national initiatives for Ministerial consideration. The final outcomes of this work will be available in 2018–19.

National voluntary food service pledge scheme: The Healthy Food Partnership was established by the Commonwealth Government to improve the nutrition of Australians by supporting food reformulation, making healthier food choices easier and more accessible, and by raising awareness of better food choices and portion sizes. Preventive Health Branch contributed to a Food Service Working Group established to develop actions that restaurants, cafes, sporting venues, pubs and clubs could implement to support dietary guidelines.

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 on standard food items. Mandatory menu labelling encourages businesses to reformulate or introduce healthier food options. Information on business legislation compliance and the availability of healthier menus will be available in 2018–19.

Healthier drinks for healthcare facilities: By the end of 2017–18, all 16 HHSs were making progress towards removing or significantly reducing the supply of sugary drinks. Six HHSs committed to removing 100% of unhealthy drinks by the end of 2018, two HHSs committed to removing 80% of unhealthy drinks by the end of 2018, three HHSs were reducing availability on at least one site or via one source (e.g. vending machines); and five HHSs had engaged in limited activity except for project planning and recruiting to Project Officer positions.

Healthy tuckshop support program: Of the 184 menus voluntarily submitted for assessment, 96 (52%) achieved compliance with Smart choices with a score of 3 or above in 2017–18. This was an increase from only 39% (of 292 submitted menus) achieving compliance in 2016–17.

Healthy Indigenous communities: Social marketing and community engagement activities raised community's readiness for action to address sugary drinks and/or smoking. Three water bubblers (plus four pending installation), 63 no smoking and four nominated smoking area signs were installed across the three remote, pilot communities. Of community members who had seen or been involved in the sugary drinks campaign across all pilot communities, a majority (51%) reported choosing more water and some

(12%) reported choosing less sugary drinks. Sales data from one local store showed a significant increase in water sales and a decrease in soft drink sales.

Country Kitchens: Over 1400 copies of the Country Kitchens Healthy Catering Guidelines were distributed to Queensland Country Women's Association (QCWA) branches, local councils and other community based organisations to support them to provide healthy catering menus at community events. QCWA branches provided catering aligned with these guidelines for 54 community events in 2017–18.

Good Sports – healthy eating: Amateur sporting clubs are encouraged to move through levels of accreditation by decreasing availability of unhealthy food and drinks, promoting healthy food and drinks, and engaging in healthy fundraising and sponsorship arrangements. In 2017–18, 265 clubs achieved progression in accreditation (exceeding the target of 75 clubs) to provide healthy food environments for children and their families. Changes to the program to decrease dormancy and increase reach in priority regions is being explored.

Sun safe

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

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.

Fashion for the sun: This secondary school curriculum resource to encourage sun safe clothing design was reviewed and updated to support the Australian Curriculum Requirements for the Design and Technologies key learning area. The resource is currently being developed for an online format and will be made available to teaching staff in all Queensland State, Independent and Catholic schools to support students' learning outcomes.

Evidence of environmental change to assist Queenslanders being sun safe



Sun Smart shade creation initiative: One hundred and five not-for-profit organisations providing for children 0–18 years were supported with 50% matched funding up to \$2,000 for portable shade and up to \$5,000 for permanent shade structures. Demand for shade funding exceeded available resources with 220 applications received. Funding acted as a catalyst for further commitment to:

- sun safety: 25 early childhood centres or schools were awarded or renewed their SunSmart status with 48 already SunSmart organisations;
- healthy living behaviours including physical activity, smoke-free and healthy eating and drinking: 46 new organisations joined the Cancer Council QUEST healthy choices program.

Sun Smart shade creation initiative – Commonwealth Games: The Commonwealth Games Organising Committee used the Shade and Sun Safety in Public Facilities online guidelines and tools to create more shade at Commonwealth Games venues. This infrastructure legacy will contribute to reducing UVR exposure for sporting and other community events held in these venues.

Responsive system

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

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



Smoking Cessation Quality Improvement Payment (QIP) – inpatients: 12 HHSs were eligible for payment. Those not eligible: Mater, Central, Wide Bay and West Moreton. Overall state growth with year-to-date (YTD) pre-requisite (smoking status reported for in-scope patients) = 93% (range 92%–95%) and YTD target (pathway completed for identified smokers) = 60% (range 58%–62%).

Smoking Cessation Quality Improvement Payment (QIP) – community mental health: 14 HHSs were eligible for payment. Those not eligible: Central West. Overall state growth with YTD pre-requisite (smoking status reported for in-scope patients) = 83% (range 80%–88%) and YTD target (pathway completed for identified smokers) = 56% (range 47%–62%).

Smoking Cessation Quality Improvement Payment (QIP) – dental: All 15 HHSs eligible for payment. Overall state growth with YTD pre-requisite (smoking status reported for in-scope patients) = 81% (range 77%–85%) and YTD target (pathway completed for identified smokers) = 58% (range 49%–66%).

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. At the end of 2017–18, 518 participants were trained across the state which substantially increased workforce capacity.

Healthy Indigenous communities: A pilot project was conducted with three Cape York Aboriginal and Torres Strait Islander Councils to develop community-led strategies to influence healthy food and drink and smoke-free environments. Remote communities provide a unique opportunity to modify the environment to support healthier options as generally there is one Council, one local store, one school and one primary health care centre. Findings from this pilot demonstrated that it is possible to undertake prevention work in partnership with remote Aboriginal and Torres Strait Islander Shire Councils and communities. However, for this to be achieved, there must be respect for local leadership and thorough engagement in communities to effectively raise awareness of health issues and work together to create supportive environments.

Healthier. Happier. Workplaces: This initiative aims to build a positive cultural shift toward health and wellbeing within workplaces by engaging with peak industry bodies, member organisations and the Queensland public sector. Workplaces registering online with Healthier. Happier. Workplaces continues to increase and 51 workplaces have been recognised for their health and wellbeing commitment: 22 bronze, 26 silver and 3 gold awards as at end of June 2018.

An Office of Industrial Relations organisation restructure enabled the Work Health Design Team to move alongside other technical units which will assist with further integration of the Healthy Worker Initiative into the work of Queensland's health and safety regulator. A health and wellbeing focus has been integrated into Workplace Health and Safety Queensland's (WHSQ) Healthcare and Social Assistance strategy, four health and wellbeing industry workshops were conducted across the state, and health and wellbeing items have been included in the WHSQ Injury Prevention and Management program's workplace audit tool. Other examples of embedding health and wellbeing into systems includes:

- A continued partnership with an Independent School peak body to engage 11 schools with 8 completing action plans and 5 schools now having a health, safety and wellbeing committee.
- Facilitation of the Worker Health Initiative Network (WHIN) with 101 participants representing 20 of the 21 Government Departments continues and currently supports implementation of the Queensland Government Be healthy, Be Well framework.
- Establishing a HHS health and wellbeing network in partnership with Department of Health to build the capability of members to improve health and wellbeing in the healthcare sector.

Partners in Prevention Forum: Momentum was generated by the first Forum (Townsville June 2017) designed for HHSs to share and learn from current prevention efforts. Activity in preventive health has

progressed across the state in 2017-18 including increased uptake of showcased programs such as B.strong increased, and the creation of new health promotion programs such as 10,000 lives from Central Queensland HHS. Participants were asked in the post event evaluation how likely that they would take future action on something that they had learned during the forum. Half of participants indicated they would be highly likely and 34% indicated they would be more likely to take action.

Sun Safe School and Representative Sports Uniforms: Embedding best practice sun safety standards into Department of Education's established system and process for the procurement of school and representative sports uniforms will have a significant and sustainable impact on reducing childhood UVR exposure in Queensland primary and secondary schools.

3.3.2 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

There were 12 interventions^{§§} with specific objectives of empowering people to adopt healthy behaviours.



Increased knowledge

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

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, 73% (of 41 Queensland Association of School Tuckshops members surveyed out of 239 attendees) indicated that they had gained new information that improved their menu and 93% felt their attendance had contributed to improvements to their tuckshop menu. In the Facebook Live Chats, all 11 tuckshop convenor participants reported a high level of satisfaction with their attendance.

B.strong Indigenous Brief Intervention Training: This training intervention for health workers assessed workshop participants' improvement in knowledge on specific health issues relevant to 3 areas. Significant increases in knowledge between baseline and post-workshop were observed for:

- smoking-related health issues - heart disease, pre-term babies, low birth weight babies, sudden infant death syndrome and middle ear infections
- nutrition-related health issues - weight gain, stroke, bowel cancer, kidney disease, and high blood pressure
- physical activity-related health issues - diabetes, stroke, high blood pressure, cholesterol, and social isolation.

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.

Need for Feed high school cooking program: There was a 14% increase in correctly identifying the recommended intake of fruit and vegetables observed in 759 high school students surveyed between January 2016 to June 2018 who attended the 16 hours of hands-on cooking classes (52% at baseline to 66% at program completion). The target of an 80% increase was not achieved.

Life Education: Six weeks following delivery of Life Education modules in primary schools during April to June 2018, 88% of the 26 teachers surveyed strongly agreed or agreed that students had improved their health knowledge.

Multicultural Healthy Lifestyle program: Delivered to Culturally and Linguistically Diverse (CALD) community members at risk of or living with an existing chronic disease, the program aims to improve participants' knowledge of risk and protective factors for chronic disease (healthy eating, physical activity, smoking, risky alcohol consumption and obesity). The results demonstrated a significant improvement in knowledge from a mean score of 1.70 pre-program to 5.2 post program.

^{§§} Interventions overlap across areas of empowered people.

Menu labelling: In June 2018, 750 Queenslanders completed an online survey about menu labelling. One in two (51%) knew that kilojoules measure energy, however, only 7% knew that the average adult daily intake is 8700kJ.

Healthier. Happier. Workplaces: A health and wellbeing module was delivered within Workplace Health and Safety Queensland (WHSQ) inspector induction training. The 16 participants reported increased knowledge in work health, safety and wellbeing and the links between chronic disease, musculoskeletal disorders and psychosocial risks. Increased health and wellbeing knowledge was also reported by 21 central and north Queensland WHSQ inspectors and advisors attending a health and wellbeing training session.

Positive attitudes

Objective: Improving attitudes to healthy behaviour change.

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, 67% (of 41 surveyed out of 239 attendees) agreed or strongly agreed they had gained more confidence to introduce healthy options in the tuckshop.

iAIM: Staff participants in iAIM professional development events and/or involvement in teacher action research projects reported they felt confident to deliver physical activity activities in their school the next day.

B.strong Indigenous Brief Intervention Training: Participants were asked to rate their current level of confidence for assessing their client's readiness to change their health behaviour (smoking, nutrition and physical activity), at three separate time points -baseline (pre-workshop), post-workshop, and at 3-month follow up. Overall, a high proportion of respondents reported confidence in assessing their client's readiness to change their health behaviour. There was a steady increase in confidence from baseline, through to follow-up across all three health behaviours. A significant increase in confidence in assessing their client's readiness change their smoking behaviour was observed at baseline and follow-up, other increases in knowledge were not statistically significant.

Country Kitchens: Analysis of pre- and post-data demonstrated that of the 809 participants who completed the hands-on nutrition and cooking skills development workshops, 22% demonstrated improved attitudes in relation to reducing the use of sugar, salt and saturated fats in their cooking. 15% indicated that they felt more confident with cooking healthier meals and using new cooking methods.

Jamie's Ministry of Food program: Pre- and post-program results of 172 surveyed participants showed that level of confidence moved from neutral to confident or confident to very confident in being able to cook a healthy meal from basic ingredients, preparing and cooking new foods and recipes, and tasting foods not eaten before. Confidence levels were maintained or increased slightly at 6 months post program completion (100 surveyed participants).

Need for Feed high school cooking program: Final evaluation of program delivery (759 surveyed participants between January 2016 and 30 June 2018) showed a 35% increase in the number of students participating in the Need for Feed program who felt confident to cook a healthy meal. This increase in confidence was less for the 89 surveyed Tukka Tools participants at 24% however the target of 20% was exceeded. There was a 57% increase in confidence to plan a healthy meal from scratch in Need for Feed program participants and a 15% increase in Tukka Tools participants.

Across both programs ≥80% of 848 participants surveyed reported positive attitudes to cooking and healthy eating post program. Student awareness of number of fruit and vegetables they are eating daily increased by 24% (67% pre to 83% post). Enjoyment of cooking healthy food increased by 11%.

Long term attitudes to cooking and eating healthy food (from 116 participants surveyed 6 months post-program) slightly decreased at 6 months but remained at ≥80% of students. However, the belief that healthy food tasted good had increased by 5% six months later.

Multicultural Healthy Lifestyle program: Program participants (271 surveyed out of 306) showed a statistically significant improvement in confidence of reducing the risk of getting a chronic disease mean score 5.10 pre-program to 7.40 post-program, difference of 2.3 points. Improvement in confidence managing a chronic disease increased from mean score 5.2 pre-program to 7.50 post-program, difference of 2.3 points.

My health for life: Participants were surveyed about their confidence to make healthy behaviour changes 'even if it is very hard'. At session 5 (of 6 program sessions), participants aged <45 years reported a 24% increase in confidence from baseline, and participants aged 45+ years reported 22% increase from baseline. At session 6 (final program session) participants aged <45 years reported a 31% increase in confidence from baseline, and participants aged 45+ years reported a 28% increase from baseline.

Menu labelling: In June 2018, 1537 Queenslanders were surveyed about menu labelling (750 online surveys; 787 customer-intercept surveys across 11 businesses). Nearly half (49%) of the participants in the online survey believed having kilojoule information displayed gives them confidence to make healthy choices. This increased to 60% in the customer-intercept survey group.

Proportion of participants reporting intention to change to adopt healthy behaviour



10,000 steps: At the completion of a workplace tournament, 79% of participants indicated they are now more likely to continue to be active without the tournament, and 56% of participants reported that they intend to increase their physical activity within the next month. Participants were also asked to report intention to change healthy lifestyle behaviours other than physical activity in the next 6 months. For example, 52% reported intention to make positive changes to healthy eating, 48% intended to make positive changes to weight, and 31% intended to make positive changes to sedentary behaviour in the next 6 months.

Life Education: Following delivery of modules in primary schools during April to June 2018, teachers strongly agreed or agreed that working with Life Education would help them include health education in the classroom (98% for nutrition, 96% for physical activity and 89% for tobacco education).

My health for life: Participants were surveyed about their intention to make lifestyle changes. At session 1 (first of 6 program sessions) 96% reported an intention to change. At session 5 (of 6 program sessions), 97% reported an intention to change. At session 6, 97% reported an intention to change. This data indicates participants have an intention to make healthy lifestyle changes which increased slightly during the duration and was maintained at program completion. My health for life participants who chose a group based program mode reported a higher intention to change than those who chose telephone health coaching.

Improved skills

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

Proportion of participants reporting an increase in healthy behaviour skills



Healthy tuckshop support program: Of 41 surveyed participants of face-to-face tuckshop network meetings:

- 60% agreed or strongly agreed they had learnt new skills to improve the menu
- 67% 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 was assessed at commencement and post workshop. Since commencement of the program, data collection has been adjusted to ensure a greater focus on skill development in greater detail at post/follow-up. There has still been an observable increase in the skills respondents were currently using and planning to use to support

their clients change their smoking, nutrition and smoking behaviours for the following skills: assessing client's readiness to change behaviour, providing advice in line with the current Australian guidelines and assisting clients to track their own progress.

Country Kitchens: Analysis of pre- and post-data demonstrated that 53% of 809 surveyed participants were making healthier food choices and consuming more vegetables each day, 6 months after program completion. About one-third (37%) of participants reported improved behaviours regarding consumption of appropriate portion sizes and modifying recipes to be healthier, with 15% reporting use of healthier cooking techniques.

Jamie's Ministry of Food program: Analysis of pre-, post- and 6 months post-program data collected between 1 September 2016 and 31 January 2018 showed that on average participants increased the number of times a week they cooked a main meal from basic ingredients moving from 2-3 times pre-program to 4-6 times six months after the program was completed. Also, 26% of participants completing the survey, cooked a healthy main meal daily pre-program and this increased to 35% post program, continuing to increase to 43% six months later.

Need for Feed high school cooking program: Final evaluation of program delivery conducted between January 2016 and 30 June 2018 with 759 participants showed:

- an increase of 32% from pre- to post-program in the number of times students prepared a healthy meal or snack in the last week (exceeded the target of 25%)
- frequency of cooking at home increased by 48% (2.9 - 4.3 times a week) between pre- and post-program participants
- an increase (from 48% to 62%) in the number of students who reported including fruit and/or vegetables in some or most of meals made in previous week.

Students (68% of 814 surveyed) reported sharing the skills and recipes learnt with relatives and friends post program.

Life Education: Six weeks following delivery of Life Education modules in primary schools during April to June 2018, 85% of 26 surveyed teachers strongly agreed or agreed that students have improved their skills to make informed choices.

Menu labelling: In June 2018, 1,537 Queenslanders were surveyed about menu labelling (787 customer-intercept surveys across 11 businesses; 750 online surveys). Almost four in five (79%) of customers interviewed immediately after a purchase would not change the frequency of visiting fast-food outlets on the basis of knowing the kilojoule content of menu items. Less than one in ten (6%) of customers interviewed immediately after a purchase considered that kilojoule information had influenced their purchase; with swapping for healthier alternatives and reducing portion size the most common actions taken. In contrast, 30% of online participants were influenced by kilojoule information when purchasing fast-food. This was similar to the results to the online survey in May 2017.

Positive behaviour change

Objective: Helping Queenslanders undertaking healthy behaviour.

Proportion of participants reporting positive behaviour change at intervention completion



Healthy tuckshop support program: Through the support program network, 73% of participants (41 out of 239 attendees) responded that they had gained new information that improved their tuckshop menu.

iAIM: A case study in one iAIM school monitoring the physical activity of 56 primary school students showed students exceeded the Australian daily physical activity recommendation for children (60 minutes of moderate-to-vigorous physical activity per day) [65:09 minutes]. Teacher provision of active brain breaks and lunchtime physical activity provide the largest increase of daily physical activity. Schools that have participated in the program report improved student behaviour and improved readiness to learn. The 28 teacher action research projects revealed that, beyond increased physical activity, there were positive

impacts on other physical activity initiatives in the school and on student outcomes and school improvement such as positive behaviour and a culture that promotes learning.

Country Kitchens: Among the 809 QCWA members surveyed, there was an increase in self-reported vegetable intake post implementation of the Country Kitchens program from an average of 3 serves per day to an average of 4 serves per day. Furthermore 53% of program participants reported incorporating more fruit and/or vegetable into meals and 15% reported using herbs and spices to enhance flavours.

Jamie's Ministry of Food program: Analysis of pre- and post-program data collected between 1 September 2016 and 31 January 2018 showed that on average:

- participants increased their vegetable intake by half a serve a day from pre- to post-program
- participants increased their fruit intake by half a serve a day from pre- to post-program
- the proportion of participants including salad or vegetables daily with their main meal increased from 34% at baseline to 43% post-program
- the proportion of participants achieving the recommended intake of 2 serves of fruit daily increased from 52% at baseline to 64% post-program
- proportion of participants reporting eating in front of the television 5 or more times a week decreased from 30% at baseline to 25% post-program.

Need for Feed high school cooking program: Final evaluation of the program (delivered between January 2016 and 30 June 2018 with 759 participants) showed:

- consumption of vegetables increased from an average of 2.5 serves of vegetables pre-program to 3.2 serves post program which was an increase of 27% (not meeting the target of a 40% increase)
- consumption of fruit increased from an average of 1.9 serves pre-program to 2.1 post -program which was an increase of 13% (no target set)
- consumption of recommended intake of 5 or more serves of vegetables daily increased from 12% to 23% at program completion, however it did not meet the target of $\geq 80\%$ consuming recommended vegetable serves
- consumption of recommended intake of 2 serves of fruit daily increased from 63% to 75%, almost achieving the target of $\geq 80\%$ consuming recommended daily fruit intake
- there was a 12% reduction in the consumption of energy dense food and drinks in the last week from pre- to post-program, exceeding the target of a 10% reduction.

10,000 Steps: At completion of a workplace tournament, 81% of the 2441 workers surveyed between 2012 to 31 July 2018 reported being sufficiently active based on Australian guidelines. There was a significant increase (up from 70% at baseline) in the proportion of workers engaging in sufficient physical activity after adjusting for age, gender, BMI and organisation at 6 weeks post tournament completion.

Life Education: Six weeks following delivery of modules in primary schools during April to June 2018, 96% of 26 surveyed teachers strongly agreed or agreed that the Life Education program has made a positive impact to children's health and wellbeing.

Multicultural Healthy Lifestyle program: Participant progress was assessed post program, at eight weeks and follow up at 20 weeks. Based on 278 participants surveyed 8 weeks post program, results showed positive impact on cardiovascular risk with:

- an average weight loss of 1kg
- decreased mean BMI from 28.1 to 27.7
- decreased mean waist circumference from 91.7cm to 90.9cm
- decrease in participants with cardio-metabolic risk [waist/ height ratio >0.5] from mean 0.57 to 0.56
- decrease in participants with high blood pressure; from 23% to 17%.

Statistically significant improvement in self-reported nutritional behaviours at follow-up at week 20 showed:

- increased vegetable consumption (proportion meeting guidelines increased from 8% to 31%)
- increased fruit consumption with proportion meeting guidelines increased from 49% to 96%
- decreased discretionary food intake with proportions:
 - consuming fast food/takeaway rarely to never increased from 56% to 85%

- having sweet snacks less than once a week increased from 54% to 94%
- having salty snacks less than once a week increased from 62% to 94%
- consuming processed meat less than once a week increased from 54% to 88%
- proportion consuming sugar-sweetened drink less than once a week increased from 63% to 97%
- increase in physical activity: proportion meeting the guidelines increased from 57% to 92%
- decrease in alcohol consumption: proportion meeting safe alcohol drinking guidelines increased from 39% to 62%
- decrease in smoking rates: of the baseline smoking rate of 8%, 2% had quit smoking and 6% had tried to quit at week 20.

My health for life: Of those participants who completed all the 6 sessions in 2017–18:

- 19% who were overweight or obese achieved $\geq 5\%$ weight loss
- 45% achieved a reduction in waist circumference
- 45% met the Australian physical activity guidelines in the previous week
- 44% increased their consumption of fruit serves per day
- 53% increased their consumption of vegetable serves per day
- 35% reduced their consumption of sugar sweetened beverages.

Intensive Quit Smoking Program: For participants who completed the program in 2017–18, quit rates at program completion were:

- Workers in blue collar occupations = 56%
- Pregnant women and partners = 60%
- Aboriginal and Torres Strait Islanders = 43%
- People experiencing disadvantage = 44%
- Individuals living in HHS with an adult daily smoking rate $\geq 14\%$ = 55%
- Queensland Health & Queensland Ambulance = 60%.

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



Jamie's Ministry of Food program: Analysis of pre-, post- and 6 months post-program data collected between 1 September 2016 and 31 January 2018 showed the following achievements:

- The half serve a day increase in vegetable intake observed at program completion was sustained 6 months post-program. Additionally, at 6 months post-program, none of the participants consumed zero vegetables a day, compared to 3.8% at baseline.
- The increase in inclusion of salad or vegetables with a main meal continued to increase to 45% at 6 months post-program (34% at baseline; 43% post-program).
- There was a significant decrease in the frequency of participants consuming dinner in front of the television from baseline to 6 months post-program. Additionally, the reduction in eating in front of the television 5 or more times a week observed at program completion continued to reduce to 19% at 6 months post-program (30% at baseline; 25% post-program).

Need for Feed High School Cooking Program: Analysis of pre-, post- and 6 months post-program data collected from a long-term sample of 116 students showed the following achievements.

- Consumption of vegetables significantly increased from an average of 1.9 serves daily at baseline to 3.7 serves immediately following the program and slightly decreased but remained at 3.1 serves six months later. This is a 63% increase from pre- to 6 months post-program (exceeding the target of a 30% increase).
- Consumption of fruit significantly increased from an average of 1.9 serves daily at baseline to 2.3 serves post program and 2.2 serves 6 months post-program. This is an 18% increase from pre- to 6 months post-program (no target set).
- There was a sustained increase in achievement of the recommended vegetable intake with 20% of students surveyed consuming five or more serves 6 months post-program compared to 9% at baseline. This was an 18% increase (no target set).

- There was a sustained increase in achievement of recommended fruit intake with 78% of students consuming two or more serves six months post-program compared to 65% at baseline. This exceeded the target of $\geq 70\%$ of students consuming the recommended daily intake of fruit every day.
- Consumption of energy-dense food and drink in a week reduced from an average of 10.5 times at baseline to 8.7 times post-program, and further reduced to 8 times 6 months later. This was a 23% decrease (exceeding the target of a $\geq 5\%$ reduction).

10,000 Steps: At 18 weeks post completion of a workplace tournament, 77% of 954 workers surveyed between 2012 to 31 July 2018 reported being sufficiently active based on Australian guidelines. There was a significant increase (up from 70% at baseline) in the proportion of workers engaging in sufficient physical activity after adjusting for age, gender, BMI and organisation at 18 weeks. Results at eighteen weeks post workplace tournament also showed a self-reported positive change in healthy lifestyle behaviours other than physical activity. For example, 63% reported making positive healthy eating change and 33% making positive sedentary behaviour in the last 3 months. About one-third (36%) of participants reported a positive change in their weight in the last 3 months.

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

Intensive Quit Smoking Program: For participants who completed the program in 2017–18, quit rates at 6 months post-program completion were:

- Workers in blue collar occupations = 29%
- Pregnant women and partners = 36%
- Aboriginal and Torres Strait Islanders = 31%
- People experiencing disadvantage = 21%
- Individuals living in HHS with an adult daily smoking rate $\geq 14\%$ = 31%
- Queensland Health & Queensland Ambulance = 35%.

3.4 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).^{2,3} Sun protection for children was not assessed due to insufficient data points. The baseline prevalence and 2020 targets are presented in Appendix 2.

Table 3: Indicators likely to achieve their 2020 targets

<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.²</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 30% 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>
<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 will be achieved. However, broader trend assessment shows little improvement in the prevalence of adults being sun safe.²</p>	<p>Baseline - 22%</p> <p>2020 Target - 24%</p> <p>2026 Target 26%</p>

Table 4: Indicators unlikely 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 the first update (2017–18), the 2020 target (69%) may not be achieved.</p>	<p>Baseline - 66%</p> <p>2020 Target - 69%</p> <p>2026 Target - 73%</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>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 unlikely to be achieved based on current trends.</p>	<p>Baseline - 24%</p> <p>2020 Target - 23%</p> <p>2026 Target - 22%</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>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. Of note however that 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 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, this indicator is likely to show volatility.</p>	<p>Baseline - 10%</p> <p>2020 Target - 11%</p> <p>2026 Target - 13%</p>

Appendix 1: An overview of interventions

Table A: Health and wellbeing interventions by strategies (inputs)

Name of interventions	Strategy					
	Public policy & legislation	Sector development	Social marketing [‡]	Personal skills development	Risk assessment, early intervention	Health surveillance and research [#]
Interventions for creating environments to support healthier choices						
Smoke-free government precincts	X	x				
Tobacco legislation compliance plan	X			x		
Queensland smoking reduction modelling tool	X					
Smoke-free higher education and training	X	x	x			
Sun safe school uniforms	X	x				
COAG Health Council - children's food and drinks	X					
National voluntary food service pledge scheme	X					
Menu labelling for fast food	X		x			
Queensland Cycling Strategy	X					
Queensland Sport and Active Recreation Strategy	X					
Tobacco reform proposals	X					
Healthier drinks for healthcare facilities	x	X				
Healthy tuckshop support program		X				
Smart choices nutrition advisory service		X				
Good Sports - healthy eating		X				
Good Sports - alcohol		X				
iAIM program		X		x		
Smoking Cessation QIP - inpatients		X			x	
Smoking Cessation QIP - community mental health		X			x	
Smoking Cessation QIP - dental		X				
SunSmart shade creation (inc. Commonwealth Games)		X				
Fashion for the Sun		X	x			
Healthy Indigenous communities		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 pages 16–17.

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

Name of interventions	Strategy					
	Public policy & legislation	Sector development	Social marketing [‡]	Personal skills development	Risk assessment, early intervention, counselling	Health surveillance and research [#]
Healthier. Happier. Workplaces		X		x		
Partners in Prevention Forum		X				
Engaging local government in tobacco control activities		X				
Tuckshop snapshot survey		X				
Interventions to empower people to adopt healthy behaviours						
Brief Interventions for a healthy lifestyle training		X				
B.strong Indigenous brief intervention training		X				
Life Education				X		
Country Kitchens		x		X		
Jamie's Ministry of Food				X		
Need for Feed high school cooking program				X		
Heart Foundation Walking		x		X		
10,000 Steps				X		
Multicultural Healthy Lifestyle program				X		
My health for life		x	x	x	X	
Get Healthy Information and Coaching Service					X	
Quit Now Program					X	
Intensive Quit Support Programs					X	
Wuchopperen Indigenous Women's Preventive Health					X	
Total interventions: 41	11	18		7	5	

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.

The next section provides additional intervention information, grouped by healthy weight, smoking prevention and skin cancer prevention target areas.

[‡] 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 pages 16–17.

Healthy weight

Healthy lifestyle - multiple risk factors

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: Eligible Queensland adults are now able to access My health for life programs by either telephone health coaching (statewide), or group based programs (available in 14 HHSs), followed up with a 6 month online maintenance program. A suite of tailored program materials have 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.

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

Get Healthy Information and Coaching Service

Purpose: to 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. Additional to the Standard Coaching program and Information Only Program, specialised programs are available for pregnant women, Aboriginal and Torres Strait Islander peoples, and people who are at a higher risk of developing type 2 diabetes.

Key strategy: *Risk assessment, early intervention and counselling* – deliver lifestyle modification program over 6 months via telephone health coaching.

Current status / progress / achievement: Queensland Health has a Service Agreement with the New South Wales Ministry of Health to provide access to the program by Queensland residents. NSW MoH has a contract with Health Direct Australia (HDA) which contracts Remedy Healthcare to deliver the GHS. Data on the 2017-18 participation, retention and outcomes will be available for analysis in October 2018.

Implementing agency: Healthways delivers this service in Queensland. The GHS Qld website is currently undergoing a redesign to have a similar look and feel to the Healthier. Happier. campaign.

Website www.gethealthyqld.com.au

Multicultural Healthy Lifestyle program

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

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

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

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

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

Brief interventions for a healthy lifestyle training

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

Target group: Queensland health professionals and clinicians.

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

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

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

Life Education

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

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

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

Current status / progress / achievement: Student participation rates remain high. It has reached all prioritised HHS's except Central West.

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

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: Number of female clients aged 25-74 years, identified as Aboriginal and/or Torres Strait Islander, the number of women referred to other gynaecology/colposcopy clinics, and the number of women referred to other preventive health programs.

Implementing agency: Wuchopperen Health Service.

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: Increasing engagement with peak bodies and member organisations, continuing to shift health and wellbeing into core workplace health and safety strategies and training, and embedding the Healthy Worker Team with the Work Health Design Team in the Office of Industrial Relations.

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

B.strong Indigenous Brief Intervention Training

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

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

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

Current status / progress / achievement: 39 workshops were conducted to 518 participants via the face-to-face workshops. Uptake of the eModules training was a little slower, with 122 participants enrolled in the program of which 45 of these participants have completed.

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

Healthy Indigenous Communities project

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

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

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

Current status / progress / achievement: Social marketing and community engagement activities raised community's readiness for action to address sugary drinks and/or smoking with the following achievements observed in 2017-18:

- A total of 3 water bubblers (plus 4 pending installation), 63 'no smoking' and 4 nominated smoking area signs were installed across pilot communities
- Of community members who had seen or been involved in the sugary drinks campaign across all pilot communities, majority (51%) reported choosing more water and some (12%) reported choosing less sugary drinks

- Sales data from one local store showed a significant increase in water sales and a decrease in both soft drink sales.

The pilot project was completed in June 2018.

Implementing agency: Apunipima Cape York Health Council.

Partners in Prevention Forum

Purpose: The Partners in Prevention Forum is a joint initiative of the Hospital and Health Services (HHSs) and the Prevention Division which provides an opportunity to share, learn and network, strengthening our collective ability to promote healthy behaviours and reduce chronic disease in Queensland.

Target group: Hospital and Health Service staff

Key strategy: *Sector development* – Face to face forum held in Townsville

Current status / progress / achievement: Completed. Plans for 2018 Forum progressing.

Implementing agency: Queensland Health

Healthy food and drinks

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

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

Target group: Australian children

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: 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 draft joint statement between Health and Sport and Recreation and draft Key Directions paper have been developed for ministerial committee consideration

Schools: A three-pronged approach has been agreed. A draft joint statement between Education and Health has been developed for ministerial committee consideration. A Good Practices guide has been drafted with national consultation planned, and resources to support this work in schools have been assessed.

Healthcare: The development of national minimum nutrition standards for food and drink supply in public health care facilities has commenced.

Food promotion: A draft national interim guide for reducing children's exposure to unhealthy food and drink marketing has been prepared for consideration by Ministers for use on government owned facilities.

Food regulation: A review of national fast food menu labelling is in progress with initial public and stakeholder engagement through a Consultation paper: Review of fast food menu labelling schemes and two industry-only roundtables completed. A national Policy Thinktank was hosted to consider opportunities for the food regulation system to support obesity prevention, and a report is being prepared for consideration by Ministers.

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

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

Key strategy: *Personal skill development* – The program includes three, 5-hour hands-on cooking skills workshops with a strong focus on increasing daily fruit and vegetable consumption. The QCWA has developed the Country Kitchens Healthy Cookbook supporting community members to cook healthy meals

at home. The QCWA is also supporting local branches to implement the Country Kitchens Health Catering Guidelines to improve food and drinks supplied at branch meetings and promote healthier food environments in their local communities.

Current status / progress / achievement: Evidence of increasing capacity within local QCWA branches and among the trained Country Kitchens facilitators to deliver ongoing healthy eating, cooking and lifestyle programs within their local communities is very encouraging from a sustainability perspective. Some branches are also working with key influencers in communities that have capacity to influence what others eat including: school canteen coordinators, food service staff at aged care and disability care facilities, by providing healthy catering for local community events.

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

Jamie's Ministry of Food program

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

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

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

Current status / progress / achievement: In 2017-18 period the program exceeded required targets in terms of reach and access by target groups. Of particular note was the high participation by Aboriginal and Torres Strait islanders in the program and the successful delivery the program to the Indigenous community of Mossman Gorge from the Mobile Kitchen. 173 participants attended from a community of 200.

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

Need for Feed high school cooking program

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

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

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

Current status / progress / achievement: For 2017/18 the program was successful in achieving its delivery targets. In particular it exceeded its target for delivery of the culturally tailored program and it was successful in achieving increased engagement by Aboriginal and Torres Strait islander students and delivery in rural and regional areas. In addressing sustainability Diabetes Queensland has committed to updating and refreshing the Need for Feed program resources to align with the National Curriculum, ongoing promotion of these resources and ensuring they are available to teachers and schools through the Diabetes Queensland website
Implementing agency: Diabetes Queensland. Website www.needforfeed.org.au

Healthy tuckshop support program

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

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

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

Current status / progress / achievement: Schools submitting menus to be assessed continue to be increasingly compliant against the 2016 Ready Reckoner, although less submissions are being made. Participants still value face to face network meetings but increased use of online mechanisms being by QAST are reaching more tuckshop staff. Final report submitted.

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

Tuckshop snapshot survey

Purpose: To undertake the 2018 Queensland tuckshop snapshot survey, aimed at gaining an increased understanding of how school tuckshops currently operate with regard to the availability of healthier food and drink options in school settings.

Target group: School tuckshop convenors will be surveyed, with results available for schools and tuckshop operators.

Key strategy: sector development - Collection of data and factors influencing how school tuckshops offer healthier food and drink options to support successful and profitable tuckshops, and links with other school activities.

Current status / progress / achievement: This ten-year survey provides the opportunity to gain understanding of how state and non-state schools operate across Queensland, providing basic demographics, barriers and enablers in offering healthier food and drink options. Findings will assist key stakeholders in determining needs of school tuckshops and their operators, in relation to training and resource needs.

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

Smart Choices Nutritional Advisory Service (addendum to the Healthy tuckshop support program)

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

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

Key strategy: *Sector development* – Provision of support service for industry / suppliers, with consultation with key stakeholders (including DET for endorsement).

Current status / progress / achievement: 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 program (Alcohol and healthy eating)

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

Target group: Queensland amateur sporting clubs with junior members.

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

Current status / progress / achievement: Good sports (alcohol): The Program has exceeded their progression and participation targets but have been unable to reduce the dormancy rates (no active participation in last 2 years). Good sports (healthy eating): Exceeding targets for participation and accreditation progression. Reached 13 of 35 priority regions and is not yet achieving targets to decrease the number of dormant clubs.

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

Healthier drinks for healthcare facilities

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

Target group: Employees and visitors of Queensland Healthcare facilities

Key strategy: *Sector development* – the Healthier drinks best practice guide was developed to support education in the provision and sale of sugar-sweetened drinks in healthcare facilities. The Guide was provided to Chief Executives of HHSs in mid-2016. It is being used by administrators who oversee the supply of drinks in retail outlets, vending machines, catering and fundraising activities. 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: All HHS's have made progress to reducing availability of unhealthy drinks. 6 HHSs have committed to completely removing sugary drinks, and a further 2 have committed to reducing supply to no more than 20%.

Implementing agency: Department of Health.

Menu labelling for fast-food

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

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

Key strategy: *Public policy and legislation* – This evidence-informed intervention, which was found effective in reducing choice and consumption of energy-dense food in fast food environment, 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: Most businesses, which are required to display kilojoule information in Queensland, are implementing menu labelling. There is support from customers that kilojoule information is displayed by smaller food chains. There continues to be limited understanding among Queenslanders of kilojoules, impacting the extent that menu labelling is understood and used to inform purchasing decisions. Evaluation findings will be available in 2018-19.

Implementing agency: Department of Health.

National voluntary food service pledge scheme

Purpose: To increase the healthy food and drink items for sale or provided for consumption from Queensland food service outlets.

Target group: Food services in Queensland, including fast food outlets, restaurants, clubs and pubs, cafes, caterers, businesses selling ready-to-eat convenience foods and event/leisure venues.

Key strategies: *Public policy and legislation* – Participate in the Healthy Food Partnership Food Service Working Group to develop recommendations for a national voluntary food service pledge scheme.

Current Status: The Healthy Food Partnership Executive Committee endorsed the Food Service Working Group recommendations for a national scheme in May 2018. The Department of Health will support implementation of the national scheme in Queensland food services when available.

Implementing agency: Department of Health

Physical activity

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: Recruitment targets have been exceeded, supported by actively seeking opportunities for cross-promotion, face to face mentoring /recruiting of local coordinators and community activation in priority regions, and the National Prime Ministers 1M steps initiative. However, retention rate targets may not be reached due to changes in the data methodology used nationally.

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

10,000 Steps program

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

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

Key strategy: *Personal skill development* – The provision of virtual Step Challenges, health and physical activity information, resources and support via an interactive 10,000 Steps website, Apps for tracking progress, a 10,000 Steps Workplace Guide and Community Grants.

Current status / progress / achievement: Recruitment on track for workplaces and community, and individual registrations reaching 90% of the target. Outcomes from community grants were positive and aim to increase longer term sustainability by embedding 10,000 Steps strategies and infrastructure into communities.

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

Queensland Cycling Strategy

Purpose: Active transport and urban design are best-buys for increasing regular physical activity at a population level. Active transport (cycling, walking and public transport) can increase the prevalence of regular physical activity on a large scale, over time and in multiple locations. Urban design can also embed regular, incidental physical activity in and when moving between urban settings, especially at or near where people earn, learn, shop, recreate and live.

Target group: Queensland urban population.

Key strategy: *Public policy and legislation* – Preventive Health Branch builds collaboration to influence public policy and legislation, as responsibility for population drivers of physical activity lies with multiple government departments. Efforts focus 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: 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).

Implementing agencies: The Department of Transport and Main Roads is the lead agency of Queensland Cycling Strategy (Queensland Health has carriage of two initiatives).

Queensland Sport and Active Recreation Strategy

Purpose: Sport and active recreation systems and programs that promote participation by everyone across the life span is recognised as a good investment for increasing the prevalence of regular physical activity.

Target: Queensland

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: Preventive Health Branch contributed to a cabinet submission for the consultation and development of a Queensland Sport and Active Recreation Strategy 2019-2019.

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

iAIM program

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

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

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

Current status / progress / achievement: iAIM was active in the Darling Downs South West education region with 37 registered schools reaching 3447 students.

Implementing agency: Department of Education and Training.

Smoking prevention

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: (1) reduce the acceptability and appeal of smoking products (2) increase smoke-free outdoor public places (3) decrease accessibility of smoking products (4) increase the number of Queenslanders quitting.

Current status/progress/achievement: policy options have been drafted and are being refined for inclusion in a proposed package of reforms

Implementing agency: Department of Health

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* statewide confidential telephone service available from 7am to 10pm, 7 days a week and offering friendly, evidence-based support, encouragement and resources to help with quitting smoking.

Current status / progress / achievement: Quit Now program provides $\geq 16,300$ interactions. In 2017-18, the program achieved over 18,000 interactions with people wanting to quit smoking.

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

Intensive quit smoking program (includes 7 cohorts of target individuals)

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: Intensive Quit Support Program provides access to 5000 participants. In 2017-18 the program exceeded capacity by 10%.

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

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

Current status / progress / achievement:

- QIP – inpatients:
 - a) 93% smoking status reported (monthly range 92%–95%) (pre-requisite)
 - b) 60% pathway completion for identified smokers (monthly range 58%–62%)
 - c) 12 HHSs (excluding Mater) qualified for ≥ 1 monthly payment.
- QIP – Community mental health:
 - a) 81% smoking status reported (bi-annual range 77-85%) (pre-requisite)
 - b) 58% pathway completion for identified smokers (bi-annual range 49%–66%)
 - c) 14 HHSs qualified for bi annual payment.
- QIP-dental:
 - a) 83% smoking status reported (monthly range 80%–88%) (pre-requisite)
 - b) 56% pathway completion for identified smokers (monthly range 47–62%)
 - c) 15 HHSs qualified for ≥ 1 monthly payment.

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

Engaging local government in tobacco control activities

Purpose: Strengthen stakeholder awareness of local government tobacco compliance activity and encourage local management and capacity for smoke-free activity.

Target group: Local governments.

Key strategy: *Sector development* – Disseminate findings from 2016–17 sector development report, provide ongoing information and support and explore future opportunities to enhance engagement in tobacco control activities.

Current status / progress / achievement: Examples of local government tobacco control activities were disseminated to stakeholders and key barriers and enablers explored to inform future options.

Implementing agency: Department of Health delivers this program.

Queensland smoking reduction modelling tool

Purpose: Development of a system dynamics smoking reduction modelling tool.

Target Group: All Queenslanders

Key Strategies: Develop a smoking reduction modelling tool that can be used to inform the selection of strategies or combinations of strategies to reduce smoking. Completed tool to be used to inform the selection of a package of tobacco reform proposals.

Current Status: Completed.

Implementing agency: Department of Health.

Tobacco Legislation Compliance Plan

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

Target group: All Queenslanders.

Key strategies:

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: Localised enforcement activity has been completed, with all PHU's undertaking activity and reporting as required.

Implementing agency: Department of Health.

Smoke-free higher education and training

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

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

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

Current status / progress / achievement: Since 1 July 2018, all public universities and TAFE Queensland campuses are smoke-free. All organisations have provided access to quit support for staff and students. The smoke-free initiative is now complete.

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: A proposal to prescribe smoke-free government precincts around nominated buildings in Bundaberg, Cairns, Hervey Bay, Maroochydore, Rockhampton and Townsville was endorsed. These precincts will be a first for each of their regional towns.

Implementing agency: Department of Health.

Skin cancer prevention

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Sun smart shade creation initiative

Purpose: To support enhanced uptake of sun safe behaviours.

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

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

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

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

Sun Safe School and Representative Sport Uniforms

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

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

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

Current status / progress / achievement: Best practice specifications for sun safe school uniforms were incorporated into the Department of Education RFO for the supply of school and representative sport uniforms. Preventive Health Branch supported Department of Education with the RFO evaluation to assess and ensure potential uniform suppliers' compliance with sun safe specifications.

Implementing agency: Department of Education.

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: this existing resource has been reviewed and updated to align with the Australian Curriculum Requirements and supports secondary school teachers in the Design and Technology provide sun safety learning opportunities.

Appendix 2: Health and wellbeing target outcomes for 2020

Children

Target outcomes	2014 baseline (2014-15 for healthy weight)	2020 Targets	Number needed to reach 2020 targets*
Increased healthy weight	66% healthy weight**	69% healthy weight**	29,000 more healthy weight children
Reduced overweight & obesity	24% overweight or obese	23% overweight or obese	47,000 fewer overweight or obese children
Improved physical activity	39% children active every day	43% children active every day	154,000 more children active everyday
Improved fruit consumption	67% eating recommended fruit serves daily	74% eating recommended fruit serves daily	265,000 more children eating recommended fruit serves daily
Improved vegetable consumption	6% eating recommended vegetable serves daily	7% eating recommended vegetable serves daily	25,000 more children eating recommended vegetable serves daily
Improved sun protection	47% practicing sun protection behaviours	51% practicing sun protection behaviours	186,000 more children using 30+ sunscreen, wearing broad brimmed hats and protective clothing

Adults

Target outcomes	2014 baseline (2014-15 for healthy weight and 2015 for sun protection)	2020 Targets	Number needed to reach 2020 targets*
Increased healthy weight	35% healthy weight**	37% healthy weight**	69,000 more healthy weight adults
Reduced overweight & obesity	58% overweight or obese	55% overweight or obese	114,000 fewer overweight or obese
Reduced daily smoking	14% smoking daily	10% smoking daily	157,000 fewer adults smoking daily
Improved physical activity	60% physically active	66% physically active	217,00 more adults becoming active
Increased fruit consumption	58% eating recommended fruit serves daily	64% eating recommended fruit serves daily	231,000 more adults eating recommended fruit serves daily
Increased veg consumption	10% eating recommended veg serves daily	11% eating recommended veg serves daily	41,000 more adults eating recommended veg serve daily
Improved sun protection	22% practicing sun protection behaviours in 2015	24% practicing sun protection behaviours	87,000 more adults using 30+ sunscreen, wearing broad brimmed hats and protective clothing

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

**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

Appendix 3: Methods

Data collection

Preventive Health Branch staff (project officers) who managed the Health and Wellbeing interventions provided data which informed the Performance Report. 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.^{2,3}

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 4: Abbreviations

CALD	Culturally and linguistically diverse
COAG	Council of Australian Governments
DET	Department of Education and Training
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

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